290848

☆

EX·LIBRIS·COLL·MED·PHILAD·INSTIT·A·D·MDCCLXXXVII

NON SIBI SED TOTI

Class______ No.______

GIFT

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

Digitized by the Internet Archive
in 2016 with funding from
The National Endowment for the Humanities and the Arcadia Fund

https://archive.org/details/missourimedicine7419miss

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

FEB 1 1977

JANUARY, 1977

VOLUME 74, NUMBER 1

Scientific Articles

BRONCHOGENIC CARCINOMA: A PLEA FOR CONSERVATIVE MANAGEMENT, Allen J. Patton, M.D. and Carl G. Kardinal, M.D. 19

'POST-APPENDECTOMY COTTON SWABS' RETAINED FOR 55 YEARS, Manju Devgan, M.D. and Eugene F. Tucker, M.D. 23

PULMONARY VASCULITIS IN A PATIENT TAKING NITROFURANTOIN, Ronald W. Oxenhandler, M.D. 25

Special Features

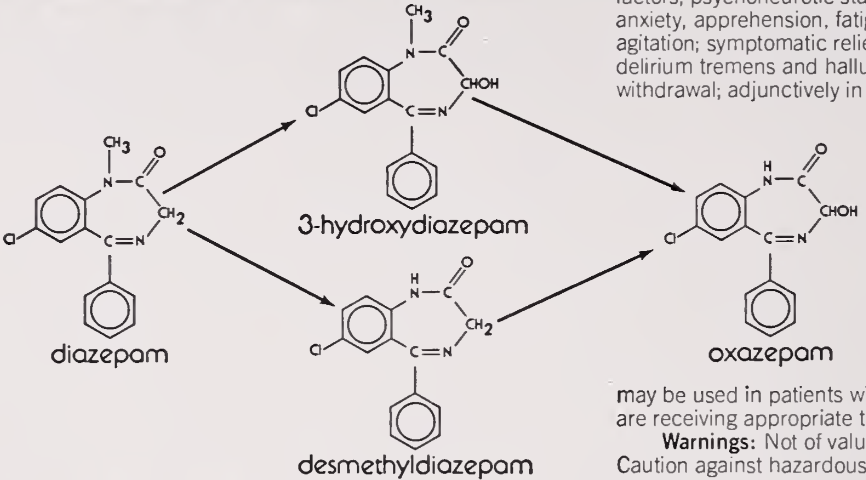
MSMA 119th ANNUAL SESSION PRELIMINARY PROGRAM 6

MALPRACTICE PRE-SCREENING PANEL—PANACEA OR PANDORA'S BOX?, John M. Kilroy, J.D. 11

Contents on Page 5

119th MSMA Annual Session
April 14-17, 1977 St. Louis

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) Ⓘⓥ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

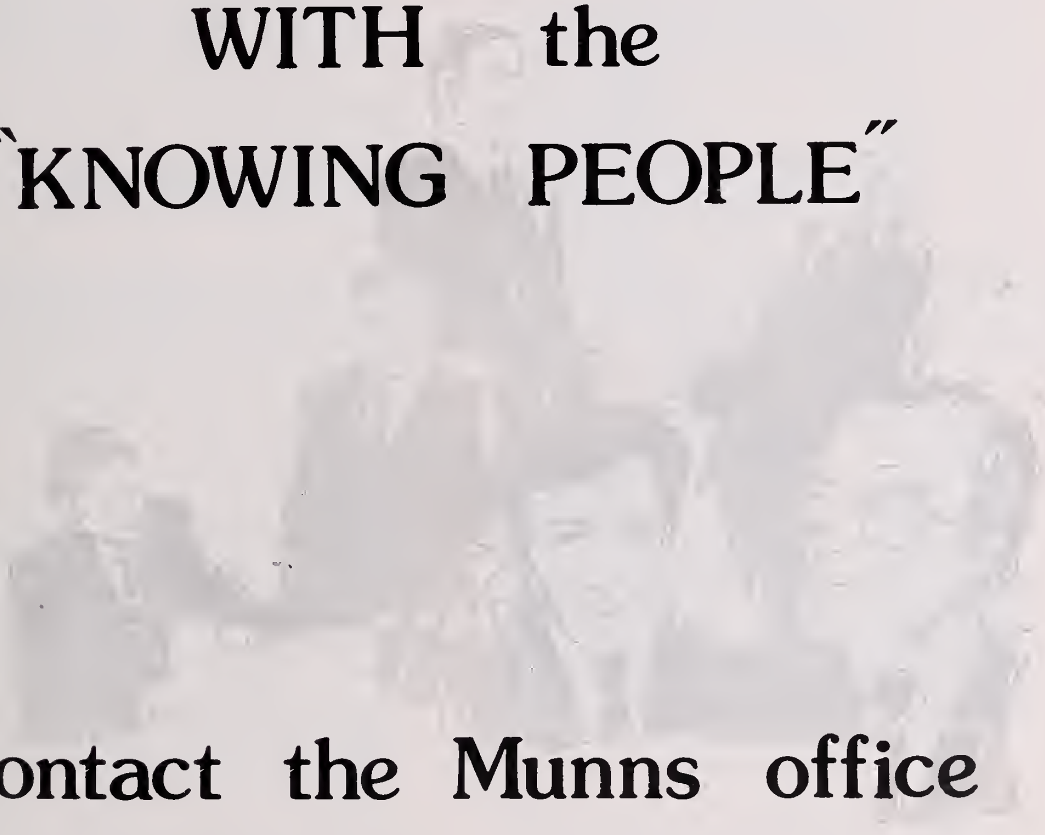
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



MUNNS OFFERS A STEP OUT OF THE ORDINARY WITH the "KNOWING PEOPLE"

Contact the Munns office nearest YOU!

MUNNS MEDICAL SUPPLY

Topeka	Kansas City	Wichita	St. Louis	Tulsa
272-2300	421-2088	522-8111	645-0300	622-9300

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missou State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Published monthly, excep semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Sul scription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Pres Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in MISSOURI MEDICINE is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MSMA

NEWS ROUND - UP

January, 1977

Royal Cooper named Executive Secretary

Royal O. Cooper has been named Executive Secretary of the Missouri State Medical Association. Cooper will succeed Ray McIntyre, who announced his retirement effective Jan. 1, 1977.

Cooper has been Assistant Executive Secretary since 1972 after joining the 4,900-member physicians' Association as Field Secretary in 1969. He is a former commodity broker and served as Missouri State Purchasing Agent from 1961 to 1965.

As Assistant Executive Secretary, Cooper has been the Association's lobbyist at the Missouri General Assembly, has handled the Placement Service, staffed the Committees on Legislative Affairs, Medical Economics and Third Party Medicine, Planning and Professional Liability. He currently serves as secretary-treasurer of MSMI, Inc.

A graduate of the University of Missouri, Cooper is past president of the Missouri Society of Association Executives, a member of the American Association of Medical Society Executives and the Professional Convention Management Association, and an affiliate member of the American Medical Association.

C. C. Swarens, who has been Public Relations Director for the Association since 1972, will assume the position of Assistant Executive Secretary.

Royal O. Cooper

Moratorium is called on ALL flu shots

Effective December 16, 1976, a moratorium was called on the national swine flu immunization program. Evidence of the "Guillian-Barre" syndrome, an ascending paralysis, has cropped up following swine flu immunization programs in some areas.

While the Communicable Disease Center (CDC) is studying this issue, a moratorium on ALL flu immunizations has been placed in effect.

If MSMA members have questions concerning flu immunizations, they should contact Dr. H. Denny Donnell Jr. at the Missouri Division of Health.

MMPAC shows gain

Membership in the Missouri Medical Political Action Committee (MMPAC) recorded a gain in 1976, but failed to increase in proportion with the number of additional physicians beginning to practice in Missouri.

The contributions of those physicians who did chose to join MMPAC proved to be very important in the November general elections. Monies collected were used to assist the campaigns of candidates.

Of the 94 members of the Missorui House of Representatives who received MMPAC funds, 91 were elected for a 98% showing. In the Missouri State Senate, 15 of the 17 MMPAC-supported candidates, or 88%, were elected.

MMPAC donated funds to 11 candidates for the U.S. House of Representatives and 7 of these won for a 64% record. MMPAC contributed to both U.S. Senate candidates.

Resolution deadline Feb. 28 for Session

MSMA members, County Medical Societies and Student Delegates desiring to introduce resolutions at the 1977 Annual Session of the Missouri State Medical Association are reminded that February 28 is the deadline for insertion of resolutions in the Delegates' Handbook.

Any resolutions to be introduced after that time must be made available to the House 24 hours before the session in which it is to be introduced and at least 200 copies of the resolution, or funding for same, must be submitted by the sponsor.

The same MSMA Bylaw procedure applies for the Second Session, but introduction requires two-thirds approval. Unanimous approval is needed for introduction at the Final Session.

Hidden watch trick caught by physician

Physician helps solve crime!!

According to an Associated Press story out of Columbia, police needed the services of a physician as a retriever in a stolen watch case recently.

Police were questioning a 28-year-old woman about a stolen $500 watch she was wearing when they suddenly realized the watch had disappeared.

A metal detector indicated the watch was inside the woman so she was taken to Boone County Hospital where a helpful physician retrieved the watch.

Police would comment only that the woman did not swallow the watch!

Medicare premium hiked

The Social Security Administration has ordered a 19 per cent increase in the amount of money the nation's 25 million Medicare recipients must pay to cover their portion of hospital or nursing home costs.

The increase, which will take effect Jan. 1, means any elderly or disabled person receiving Medicare will have to pay the first $124 of his hospital bill for any stay of less than 60 days. The current charge is $104.

It also means a recipient will have to pay 19 per cent more for hospital stays of more than 60 days and for posthospital admittances in skilled nursing homes.

The record increase Thursday follows a 13 per cent increase that took effect less than a year ago. The portion paid by Medicare beneficiaries for short hospital stays now has jumped $32 in less than two years.

The 'Unexpected' requires unity among profession

In the face of a changing White House whose attitude toward our profession is ambiguous and possibly very dangerous, we need unity as never before.

And this means having an American Medical Association that is buttressed by unified membership. Only the AMA has the moxie, the expertise, and the experience to fight all our joint fights.

But in Washington's gimlet eyes, those qualities are diluted unless the AMA also has great numerical strength. And that's where you come in — you as individuals and as component societies.

Calling for unity against our common dangers is not a case of the boy crying "Wolf!" against make-believe wolves. The wolves are all too real. Consider some of them.

Regardless of a distaste for specifics, President-elect Carter has made it pretty clear that he will take an activist stance on health issues.

The sociologically oriented freshmen of the last Congress will be back in force, and without fear of Presidential vetoes.

You can expect moves for a heavily federalized, blow-by-blow form of National Health Insurance, with the Social Security Administration as its mismanager.

You can expect a drive for an even more repressive and arbitrary Health Planning Act (which comes up for renewal in 1977) — provided this act survives the joint lawsuit of the AMA and the State of North Carolina. The drive could include an amendment mandating all states to regulate health-care rates.

You can expect a move to expand Medicare-Medicaid benefits without increasing the cost. How would this sleight of hand be achieved? By greater reliance on allied health professionals.

You can expect intensified efforts to federalize the standards for medical licensure and tilt the pharmaceutical wheel toward generic simulations.

How effectively can the AMA resist all the threats?

Well, ponder what it achieved in the last Congress. As the objective *National Journal* stated, the AMA got the fangs taken out of health-manpower legislation. It got the PSRO law amended to permit statewide PSROs and affirm the limitation of review to samples. It got the HMO Act amended, so that individual employees (including union members) can decide on their own whether to enroll in an HMO. It helped hold the line on NHI.

The AMA did all of this while forging ahead on many other programs — such as honing the skills of component societies in negotiating with third parties; expanding its program of continuing education; pressing its suit against the MAC rules; pressing for action against the Medicaid fraud that some politicians are using to smear our whole profession; establishing a firm (AMACO) to reinsure physician-controlled professional-libility programs.

The AMA's achievements have been your advantages. Its future and yours are one and inseparable. Your membership in the AMA is a paving block in your only sure road to a good tomorrow.

Legislature eyes health bills

A completely new Administration and a Legislature composed of one-third freshmen members are gearing up for the first Regular Session of the 79th Missouri General Assembly. The Session begins Jan. 5.

Again this year, many medical and health-related bills will be considered by the Legislators. To date, the MSMA has tagged 30 Senate bills and 44 House bills to ollow during the Session. This number is expected to double before introduction of bills ceases in March.

Three bills will deal further with the malpractice insurance situation in Missouri. Senate Bill 327 would provide for structured awards in successful suits of over $200,000 rather than a lump-sum payment. House Bill 466 would require that medical expert witnesses in cases be from Missouri or a contiguous state. A bill soon to be introduced will seek the reduction of malpractice awards by deducting payments made from collateral sources.

Interestingly, the Missouri Bar has had a package of bills introduced to deal with the soaring rates of malpractice insurance for lawyers. The bills would set up review boards, establish a Statute of Limitations and require that all malpractice cases against lawyers be reported to the State Division of Insurance. Similar bills affecting physicians were passed last Session.

Other bills of interest which have been introduced thus far include:

SB 36, which would require prescriptions to be written on numbered forms; SB 48 and HB 324, which would lower the age for medical consent to 18; SB 50 and HB 105, which would include "brain death" in Missouri's definition of death; SB 59, a Good Samaritan bill; SB 110, which would protect the confidentiality of medical records;

SB 201, which would place additional regulations on Blue Cross-Blue Shield and require the companies to pay for chiropractic services; SB 228, which would expand the practice of chiropractic; SB 231, which would establish a "certificate-of-need" statute to regulate expenditures for health care facilities and equipment;

HB 27, which would set up educational programs to deal with heart attacks; HB 104, a "Right-to-Die" measure; HB 156, which deals with confidentiality of mental health records; HB 211, which calls for licensing of opticians; HB 245, which would require X-ray technicians to be licensed; HB 314, which would establish an abortion law; HB 325, which would correct a technicality in the law regarding tests given by the Board of Healing Arts;

HB 340, which would require health insurance policies to cover alcoholism; HB 341, which would decriminalize alcoholism; and HB 426, which would establish a statewide "911" emergency telephone number.

'Key Man' program gears up

With the opening of the 1977 Missouri General Assembly, another important activity begins — the startup of the MSMA "Key Man" Program.

Approximately 500 MSMA and MSMA Auxiliary members participate in the "Key Man" Program. A weekly Legislative Report is sent to these individuals informing them of the current status of important bills before the Legislature, reporting upcoming Legislative Committee hearings and requesting the "Key Man" to relay medicine's stand to their local lawmakers and fellow physicians.

It is the responsibility of each "Key Man" to inform the physicians in his area of important actions pending in the Legislature so that solid, unified support can be garnered from throughout each area of the state.

In the past, some physicians have asked if they could be informed sooner of future Legislative Committee hearings so they could plan ahead to attend. Dr. John I. Matthews, chairman of the MSMA Legislative Affairs Committee, reports that every effort is made to provide early notice of hearings but, often, the various Legislative Committees post notice on Thursday afternoon of a hearing to be held on the following Monday. Therefore, distribution of advance notice is difficult.

The weekly Legislative Report is limited to the 500 "Key Men" because the Association can produce that size mailing in one day. It would be impossible to make timely mailings to the entire 5,000 MSMA members each week.

The Association is constantly seeking new "Key Man" Program members who are private physicians of Legislators who know their lawmakers well and can explain medicine's point of view on vital issues. Interested members are urged to contact MSMA Headquarters.

Directory is available

The 1976-1977 "Missouri Legislative Directory" is available to MSMA members upon request from Association Headquarters.

The Directory lists members of Congress from Missouri, State Senators and Representatives and includes maps showing the boundaries of each lawmaker's district.

Council accredits eight organizations for CME

Eight institutions or organizations received accreditation to present Continuing Medical Education (CME) programs from the MSMA Council at the December meeting in Columbia.

Following accreditation, the institutions can offer CME programs acceptable for Category I credit toward the MSMA and AMA Physician Recognition Award. Those receiving accreditation were: Greene County Medical Society (Springfield); SEMO Foundation for Medical Care (Cape Girardeau); Missouri State Allergy Association (Kansas City); Academy of Health Professions (Kansas City); Ellis Fischel State Cancer Hospital (Columbia); Mercy Medical Center (St. Louis); Trinity Lutheran Hospital (Kansas City); Freeman Hospital (Joplin).

The Council also approved a 1977 MSMA budget figure of $488,010, or a 4 per cent increase over the 1976 budget of $469,142. The Council recommended that the $10 annual assessment on each member to fund the Missouri State Medical Foundation Student Loan Program be continued for three additional years and that a committee be appointed to study the future of the Foundation.

The MSMA Auxiliary requested and received permission to make another mailing to all MSMA members regarding an "Immunization Program" to be conducted in February or March. In addition, a Staff member was assigned as liaison to the Auxiliary.

The Council commended the dedicated service of Dr. Stanley S. Peterson, Springfield, as an AMA Delegate and recommended that Dr. Peterson be named to the AMA's Department of Negotiations. Dr. Peterson chose not to stand for re-election as a Delegate.

A report form MSMI, Inc., showed that about 800 MSMA members are currently insured with that program. In the coming months, MSMI plans to again exhaust the market looking for another carrier and develop educational programs for the prevention of medical accidents for the benefit of members.

In other action, the Council:

*Decided the 1978 Annual Session will be held at Crown Center in Kansas City.

*Heard the report of the Committee on Legislative Affairs concerning the upcoming General Assembly.

***Approved the new name and Constitution and Bylaws of the Cape Girardeau County Area Medical Society.**

*Accepted the report of the meeting of County Medical Society Representatives.

*Assigned the matter of payment for CAT scanner services to the Commission on Medical Economics.

*Heard reports from the Missouri Division of Health and the Missouri Cancer Programs, Inc.

***Discussed formation of a Resident Physician Section in the Association, but recommended that such not be established at this time and that residents be encouraged to become members through their local medical societies.**

*Set the next Council meeting for Feb. 4-5, 1977, in Columbia.

New Tax Reform Act could affect YOU!

The Tax Reform Act of 1976 recently signed into law is by far the most sweeping reform measure since 1954 when the current Internal Revenue Code was enacted. MSMA members should become aware of how the new law affects them.

Among the many changes in the law is a chapter which alters radically the former estate and gift tax law. The changes remove some previously useful estate planning tools. The now unified rates for estate and gift taxes eliminates the tax advantage for lifetime transfers. Generation-skipping transfers will not avoid or minimize estate taxes.

Because these two devices alone form the basis for a great number of estate plans, extensive review of wills, trusts, and other planning mechanisms should be considered at this time. The provisions will affect everyone one way or another since the announced intent is to bring relief to small and medium sized estates while taxing larger estates more heavily.

Other provisions which should be noted are changes in rules for deducting expenses for foreign conventions, alteration in holding period for characterizing capital assests, new strict rules on rental of vacation homes and business use of home, new rules for computation of maximum and minimum tax, and strict provisions relating to tax shelters. Your attorney should be consulted regarding the changes in the tax law with respect to your own financial situation.

MSMA involvement

In a continuing effort to increase MSMA participation in governmental activities relating to medical and health planning, staff members attended seven meetings last month.

Among the meetings staffed were the Area IV HSA, Missouri Hospital Association Convention, Division of Health's Physician Manpower Study Team, Health Insurance Association of America, Missouri Health Data Corporation and the Health Manpower-Placement Study and a Missouri Bar review of the Tax Reform Law of 1976.

Computer dues statement mailed to MSMA members

A new, computer-type dues statement has been mailed to all MSMA members seeking payment of 1977 dues.

The statement format is much different from past statements and members are reminded that they should detach the lower portion of the bill and return it and their check to their county society.

Each local society secretary has been furnished with a set of instructions on how to record and report membership dues to the MSMA. If a member or a society secretary has questions concerning the new billing technique, he should contact Cork Swarens at MSMA Headquarters.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Max S. Franklin, M.D., St. Louis
President-Elect, Howard J. McAlhany, M.D., Springfield
Vice-President, Hubert A. Ritter, M.D., St. Louis
Vice-President, Charles H. Appleberry, M.D., Rivermines
Vice-President, Miles C. Whitener, M.D., St. Louis
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, James T. Brown, M.D., Springfield
Vice-Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau

DELEGATES TO THE AMA

Stanley S. Peterson, M.D., Springfield
James C. Sisk, M.D., St. Louis, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald R. Judd, M.D., St. Louis, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*

COUNCILORS

1st District, John N. Martin, M.D., St. Joseph, *Chairman*
7th District, Andrew McCanse, M.D., Kansas City, *Vice-Chairman*

2nd District, J. Russell Comer, M.D., New London
3rd District, Richard V. Bradley, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
5th District, H. Peter Ekern, M.D., Mexico
6th District, R. John Torontow, M.D., Nevada
8th District, Walter A. German, Jr., M.D., Springfield
9th District, Claude W. Cooper, M.D., Thayer
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff

R. Allen Chandler, M.D., Kansas City, *Immediate Past-President*

Executive Secretary, Royal O. Cooper

Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

Contents for January, 1977

Scientific Articles:

Bronchogenic Carcinoma: A Plea for Conservative Management; Allen J. Patton, M.D. and Carl G. Kardinal, M.D. 19

'Post-Appendectomy Cotton Swabs' Retained For 55 Years, *Case Report;* Manju Devgan, M.D. and Eugene F. Tucker, M.D. . . . 23

Pulmonary Vasculitis in a Patient Taking Nitrofurantoin, *Case Report;* Ronald W. Oxenhandler, M.D. 25

Special Features:

MSMA 119th Annual Session Preliminary Program 6

Malpractice Pre-Screening Panel—Panacea or Pandora's Box?, John M. Kilroy, M.D. . . 11

News and Features:

MSMA News Round-Up . . . . Insert (4-5)

In Brief 8

Continuing Education Coming Events . . . 16

In Memoriam 28

President's Message 29

Woman's Auxiliary 30

Editorial 31

County Society News 32

From the Medical Schools 34

New Members 35

Index to Advertisers 37

Missouri Medicine in Review 38

203818
JAN 18 1980

Preliminary Program
119th Annual Session

MISSOURI STATE MEDICAL ASSOCIATION

Stouffer's Riverfront Towers, St. Louis April 14-17, 1977

Thursday, April 14

8:30 AM Practice Management Workshop.
11:00 AM Registration of Delegates.
1:30 PM House of Delegates Meeting, opening session.
3:00 PM Reference Committee Meetings.
6:30 PM Missouri State Surgical Society Executive Council Meeting.

Friday, April 15

8:00 AM Registration.
8:00 AM Missouri University Alumni Board of Governors Breakfast Meeting.
9:00 AM General Session. Current Issues Confronting the Physician.
Introduction: Max S. Franklin, M.D., St. Louis, MSMA President.
10:30 AM Intermission to View Exhibits.
10:30 AM Presiding: Robert E. Bolinske, M.D., St. Louis, President, Missouri State Allergy Association.
Speaker:
Current Concepts in Pulmonary Function Testing, Wilbur G. Avery, M.D., Chief, Division of Pulmonary Diseases, South Miami Hospital, South Miami, Fla.
Sponsored by the Missouri State Allergy Association and the Missouri Chapter American Academy of Pediatrics.
°11:00 AM Program to be Sponsored by the American Cancer Society, Missouri Division, Inc.
°11:00 AM Program to be Sponsored by the Missouri State Surgical Society.
°11:00 AM *Brasher Memorial Lecture* sponsored by the American Lung Association of Missouri and the Missouri Thoracic Society.
Adult Respiratory Distress Syndrome, Stephen S. Lefrak, M.D., Pulmonary Section, Jewish Hospital, St. Louis.
12:30 PM Missouri University Alumni Luncheon.
12:30 PM Missouri Thoracic Society Luncheon and Business Meeting.
1:00 PM *Medicine and Marriage,* Gordon Deckert, M.D., Professor and Chairman, Department of Psychiatry, University of Oklahoma, Norman, Okla.
Sponsored by the MSMA Woman's Auxiliary and the Missouri Psychiatric Association.
° 2:00 PM *Pathology and Cytology of Bladder Cancer.*
Speaker: Leopold G. Koss, M.D., Cytopathologist, Montefiore Hospital and Medical Center, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology and the Federation of Missouri Urologists.
° 2:00 PM Program sponsored by the Missouri State Surgical Society.
° 2:00 PM Presiding: Donald Youll, M.D., Kansas City, President-Elect, Missouri State Allergy Association.
Speaker: Wilbur G. Avery, M.D., *Program on Current Concepts in Pulmonary Function Testing* (Continued).
Sponsored by the Missouri State Allergy Association and the Missouri Chapter American Academy of Pediatrics.
3:30 PM Intermission to View Exhibits.
3:30 PM Missouri State Medical Foundation Board Meeting.
4:00 PM House of Delegates, second session.
4:30 PM Missouri State Allergy Association Business Meeting.
6:00 PM Reference Committee Meetings.
6:00 PM Cocktails and Dinner Meetings:
  Missouri Society of Pathologists.
  Missouri Psychiatric Association.
  Missouri State Surgical Society.
  Missouri State Allergy Association.

Saturday, April 16

7:30 AM MSMA Woman's Auxiliary Public Affairs Breakfast.
8:00 AM Registration.
° 9:00 AM *Program on Current Concepts in Pulmonary Function Testing.*
Speaker: Wilbur G. Avery, M.D., Chief, Division of Pulmonary Diseases, South Miami Hospital, South Miami, Fla.

° Concurrent Sessions.

Sponsored by the Missouri State Allergy Association and the Missouri Chapter, American Academy of Pediatrics.

*9:00 AM Program to be Sponsored by the Missouri Heart Association, Inc.

*9:00 AM Slide Seminar on *Gynecological Pathology.*
Speaker: Leopold G. Koss, M.D., Cytopathologist, Montefiore Hospital and Medical Center, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology, the American College of Obstetrics and Gynecology (Missouri Section) and Missouri OB-GYN Society.

*9:00 AM Program sponsored by the Missouri Ophthalmological Society, Inc.

*9:00 AM Program sponsored by the Missouri State Surgical Society.

10:00 AM *Sexuality,* Theodore M. Cole, M.D., Professor, Department of Physical Medicine and Rehabilitation, University of Minnesota, Minneapolis, Minn.
Sponsored by Physical Medicine and Rehabilitation.

10:30 AM **Intermission to View Exhibits.**

*11:00 AM Speaker: Marvin E. Chernosky, M.D., Clinical Professor of Dermatology, University of Texas, Houston, Tex.
Program sponsored by the Missouri Dermatological Society.

*11:00 AM *Fundamentals of Acid-Base Therapy and Practice.*
Speaker: Walter C. Bernards, M.D., Chairman, Department of Anesthesiology, St. Vincent's Hospital, Portland, Ore.
Moderator: Melvin M. Schwartz, M.D., St. Louis.
Sponsored by the American College of Obstetricians and Gynecologists, Missouri Section.

*11:00 AM Slide Seminar on *Non-Gynecological Pathology.*
Speaker: Leopold G. Koss, M.D., Cytopathologist, Montefiore Hospital and Medical Center, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology.

*11:00 AM Program sponsored by the Missouri State Surgical Society.

12:30 PM Missouri Ophthalmological Society, Inc. Luncheon.

12:30 PM Missouri OB-GYN Society and American College of Obstetricians and Gynecologists Luncheon.

12:30 PM Fitfy-Year Club Luncheon.

12:30 PM Physical Medicine and Rehabilitation Luncheon.

12:30 PM Missouri Society of Neurosurgeons Luncheon.

1:30 PM Program sponsored by the Missouri Ear, Nose and Throat Association.

1:30 PM Program sponsored by the Missouri Radiological Society.

*2:00 PM Panel Discussion sponsored by the Missouri Dermatological Society.

*2:00 PM Panel Discussion on *Fetal Management.*
Moderator: Fernando Arias, M.D., St. Louis.
Participants: *Patricia Monteleone,* M.D., Associate Professor of Pediatrics, St. Louis University, St. Louis.
Eugene G. Hamilton, M.D., Professor of OB-GYN, St. Louis University, St. Louis.
James P. Crane, M.D., Assistant Professor of OB-GYN, Washington University, St. Louis.
Sponsored by American College of Obstetricians and Gynecologists.

3:30 PM **Intermission to View Exhibits.**

5:00 PM Missouri University Medical Alumni Cocktail Party.

5:00 PM St. Louis University Medical Alumni Cocktail Party.

5:00 PM Washington University Medical Alumni Cocktail Party.

5:00 PM Missouri Dermatological Society Dinner.

6:30 PM Social Hour for those attending Annual Banquet.

7:15 PM **Annual Banquet in honor of MSMA Past-Presidents.**

Sunday, April 17

7:30 AM **House of Delegates Meeting, Breakfast and Final Session.**

---

*Concurrent Sessions.

Give now to your student loan fund!
Send A Generous Contribution To
MISSOURI STATE MEDICAL FOUNDATION
113 Madison, Jefferson City, Missouri 65101

in Brief

A summary of AMA, medical & health news

American Medical Association/535 North Dearborn Street/Chicago, Illinois 60610/Phone (312) 527-1500/TWX 910-221-0300

THE NATIONAL COUNCIL on Drugs, an independent panel of recognized drug experts, held its organizational meeting in Washington, D. C. Represented at the meeting were the AMA, American Society for Clinical Pharmacology and Therapeutics, American Society for Pharmacology and Experimental Therapeutics, American Dental Association, American Osteopathic Association, American Nurses Association, National Medical Association, Pharmaceutical Manufacturers Association, and American Pharmaceutical Association. The AMA helped organize the council when the National Academy of Sciences-National Research Council terminated its Drug Research Board. The Ccuncil will act in an advisory capacity to the government, the scientific community and the public on matters pertaining to the development and use of drugs.

THE AMA'S STAFF Task Force on Professional Liability has developed a state-by-state report on the medical liability situation. The report covers such subjects within each state as insurance availability, legislative activities, public relations/public education, continuing medical education and society medical discipline.

THE SECOND National Conference on the Impaired Physician will be on February 4-6 in Atlanta, Ga. Successful programs and specific treatment techniques for the drug addicted, alcoholic or mentally ill physician will be featured in workshop sessions. The conference is co-sponsored by the AMA and the Medical Association of Georgia.

AVAILABLE FROM AMA: *The American Medical Association—Working for a Healthier America,* formerly *The Little-Known Story of How America's Physicians Work Together to Improve Your Health.* Copies of the pamphlet, Comp. 43, are complimentary. . . . *Standard Nomenclature of Athletic Injuries,* OP 43, for physicians practicing internal medicine and surgery as well as for specialists involved in the study and care of athletes. Cost is $2.00 ea. for 1-10 copies; $1.80 ea. for 11-49 copies; and $1.60 ea. for 50 or more. . . . "To All My Patients," OP 33, physician's fee plaque for wall or desk. Cost is $5.50 ea. for 1-10 plaques; $4.95 ea. for 11-49; and $4.40 ea. for 50 or more. Write Order Dept., AMA Headquarters.

HEW'S MEDICAL Services Administration, in a memo to the states, encouraged adoption of the AMA uniform health insurance claim form by all state Medicaid agencies. The agency said the AMA form would meet most Medicaid requirements. The form was developed by the Council on Medical Service in response to a House of Delegates action calling for a means of reducing paperwork and simplifying billing.

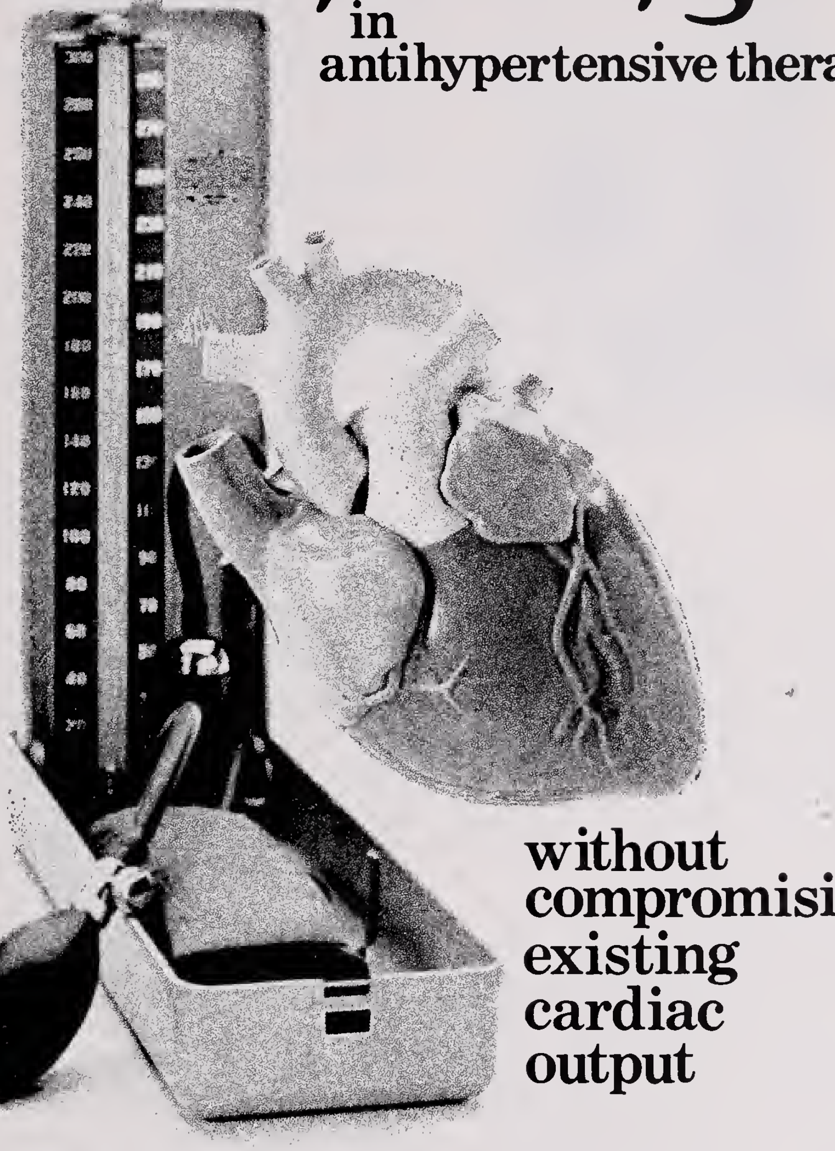
THE AMA OFFERED assistance and cooperation to the Medicaid Task Force of the National Governors Conference in its efforts to develop proposals to improve the program. The task force, headed by Gov. George Busbee of Georgia, included representatives from 11 other states. The group will present its recommendations to the National Governors Conference in February. Federal legislation aimed at abuses of the Medicaid program is expected to be introduced early in the 95th Congress.

"A CRITICAL DIFFERENCE," a 60-minute documentary film produced by the AMA for the general TV viewing audience, has been shown in eight cities on network-affiliated stations to approximately 400,000 viewers. The film explores various aspects of health care in America and contrasts federally run health care programs with physician control of patient care.

THE AMA ANNOUNCED a grant of $25,000 to the National Citizens Committee for Broadcasting, a media reform group based in Washington, D. C., concerned with documenting the amount of television violence portrayed in prime time network television. AMA EVP James H. Sammons, M.D., said the grant "represents a strong commitment by the AMA to endorse and finance activities that will encourage the industry to reduce the amount of violence in TV programming."

THE AMA'S Reinsurance Company—American Medical Assurance Co.—officially went into business with the signing of a service agreement with the Kemper Reinsurance Co. Kemper will handle AMACO's accounting, taxes and insurance commission statements, provide underwriting consultation, and manage investments. AMACO will provide reinsurance for qualifying physician-owned medical liability companies.

A Dual Challenge
in
antihypertensive therapy



to lower
blood pressure
effectively...

without
compromising
existing
cardiac
output

in hypertension
TABLETS: 250 mg, 500 mg, and 125 mg

ALDOMET® (METHYLDOPA | MSD)

helps lower blood pressure effectively...
usually with no direct effect on
cardiac function–cardiac output
is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders.
It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

For a brief summary of prescribing information, please see following page.

MSD
MERCK
SHARP&
DOHME

in hypertension

ALDOMET®

(METHYLDOPA|MSD)

helps lower
blood pressure
effectively...
usually with no
direct effect on
cardiac function–
cardiac output is
usually maintained

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movement
occur in patients with severe bilateral cerebrovascu
lar disease. Patients may require reduced doses o
anesthetics; hypotension occurring during anes
thesia usually can be controlled with vasopressors
Hypertension has recurred after dialysis in patient
on methyldopa because the drug is removed by th
procedure.

Adverse Reactions: *Central nervous systen*
Sedation, headache, asthenia or weakness, usual
early and transient; dizziness, lightheadednes
symptoms of cerebrovascular insufficienc
paresthesias, parkinsonism, Bell's palsy, decrease
mental acuity, involuntary choreoathetotic mov
ments; psychic disturbances, including nightmar
and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angir
pectoris. Orthostatic hypotension (decrease da
dosage). Edema (and weight gain) usually reliev
by use of a diuretic. (Discontinue methyldopa
edema progresses or signs of heart failure appea

Gastrointestinal: Nausea, vomiting, distention, co
stipation, flatus, diarrhea, mild dryness of mouth, sc
or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundi
liver disorders.

Hematologic: Positive Coombs test, hemoly
anemia. Leukopenia, granulocytopenia, thro
bocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlar
ment, gynecomastia, lactation, impotence, decreas
libido, dermatologic reactions including eczema
lichenoid eruptions, mild arthralgia, myalgia.

Note: Initial adult dosage should be limited
500 mg daily when given with antihypertensi
other than thiazides. Tolerance may occur, usu
between second and third month of therapy;
creased dosage or adding a thiazide freque
restores effective control. Patients with impa
renal function may respond to smaller doses. S
cope in older patients may be related to increa
sensitivity and advanced arteriosclerotic vasc
disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125
methyldopa each, in bottles of 100; Tablets, cont
ing 250 mg methyldopa each, in single-
packages of 100 and bottles of 100 and 10
Tablets, containing 500 mg methyldopa each,
single-unit packages of 100 and bottles of 100.

For more detailed information, consult your
representative or see full prescribing infor
tion. Merck Sharp & Dohme, Division of Merc
Co., Inc., West Point, Pa. 19486 J6AM07(7

MSD MERCK SHARP & DOHME

Malpractice Pre-Screening Panel —Panacea or Pandora's Box?

By
JOHN M. KILROY, J.D.,
Kansas City

A CRISIS was reached in medical malpractice in 1975. The immediate cause was the increase in insurance premiums, reluctance of doctors to practice without insurance and a threatened breakdown of the health care system in some areas of the United States.

The increased number of lawsuits filed against the providers of health care and the greater amounts of money damages claimed have been attributed to loss of rapport between physicians and patients due to specialization, consumer expectations of near perfect results and advanced medical techniques that, at times, increased the severity of the patients' injuries. Not the least part of this problem was an explosion of litigation, not only in medical malpractice, but in almost all fields.

Those physicians who are convinced that the lawyers are the principal cause of suits against them will be pleased to know that suits against lawyers are increasing. It is suggested that lawyers' professional liability insurance will be the next radical market shortage.[1]

Most state legislatures, including Missouri's, began to consider and to pass bills designed to avert or mitigate this crisis and to assist the health care providers with the growing dilemma facing them.[2] This legislation enacted by the several states in 1975 and 1976 has usually included a removal of the ad damnum clause from petitions for damages,[3] revisions in the statutes of limitations,[4] attempts to establish a ceiling on the amount of damages recoverable,[5] allowing or requiring review by panels of experts before such cases could be filed in the courts and guaranteeing the availability of malpractice insurance by providing for the creation of joint underwriting associations.[6] This discussion is limited to the panel review procedures.

Pre-screening panel review for medical malpractice claims is not new. In some areas of the country, such cases have long been submitted on a voluntary basis for review.[7] These panels usually are comprised of one or more attorneys, physicians and even lay members. A voluntary pre-screening procedure approved by the Jackson County Medical Association and the bar associations in Kansas City has been in operation since January, 1976. Its findings are limited to whether there exists cause for the patient's claim. If cause is found, the claimant is furnished with an expert witness. Ten requests for review were filed in the first ten months and six of those were concluded in that period. In only one instance did a lawsuit result. It is probable that most of those involved small claims. When a substantial injury is involved, an attorney normally would not voluntarily submit to that pre-screening because he must withdraw if the panel finds against his client.

It will soon become mandatory in Missouri that all malpractice claims against health care providers be filed and decided by a professional liability review board whose authority is created under the office of the Attorney General.[8] An appointed executive secretary shall organize the operation of the review boards throughout the state. Prior to filing any action for damages for malpractice, it is required that the claimant must give written notice to the review board secretary. The contents of that notice shall include a statement of the claim,

It will soon become mandatory in Missouri that all malpractice claims against health care providers be filed and decided by a professional liability review board whose authority is created under the office of the Attorney General of Missouri. Mr. Kilroy explains in detail the Missouri Senate Bill 471, which is under Sections 538.010-538.080 inclusive, R.S. Missouri.

Mr. Kilroy, who is in the private practice of law, is a graduate of the University of Missouri-Columbia School of Law and a Fellow, American College of Trial Lawyers. He is a member of the Kansas City, Missouri and American bar associations and the American College of Legal Medicine among other legal societies. A frequent contributor to legal periodicals, he also is a lecturer and has served as panelist for various legal and medical organizations.

when and where it occurred, the circumstances, the nature of the alleged negligent act or omission, the injury and damages allegedly sustained and the relief that is being demanded. A copy of the notice filed by the claimant is to be sent simultaneously by registered or certified mail to each party against whom the claim is being asserted. The statute of limitations is tolled until the review board has completed its hearing, made its recommendations and given the parties an opportunity to act pursuant to its findings.

After the secretary of the review board has received notice of the claim, a malpractice review panel shall be convened and not more than one claim may be decided by any one panel. The panel shall include six persons, including a judge of the circuit court; two attorneys; two professionals (at least one of whom is a member of the specialty involved); and one lay representative. The circuit judge shall preside at the hearing, but he shall have no vote. Members of the panel are to be paid $100 per day for their services plus reimbursement for their expenses.[9]

Under the Missouri plan, there will be created a master panel from which individual panel members will be selected by the executive secretary. That master panel shall include a list furnished by the Missouri Bar of 100 attorneys who are licensed in Missouri and who reside in the state. The Board of Registration for the Healing Arts shall furnish a list of 50 physicians in each of the recognized medical and osteopathic specialty areas who are likewise residents and licensed in the state. Then a list of 50 other health care providers who are residents of the state and licensed to practice therein are to be prepared by the appropriate professional regulatory board of the state. The Attorney General shall prepare a list of 50 laypersons, who reside in Missouri. The list of personnel for the review panels will be kept in the office of the executive secretary who shall select panel members by designating the first name on each panel list and continuing in order for succeeding panels. Panel members shall serve for a period of two years. All parties are allowed a preemptory challenge for one professional, one attorney and the lay representative. The judge who presides shall not preside at a subsequent trial of the case or, for that matter, take any action that is not connected with the panel review itself.

The parties to the panel proceeding are to be given at least three-weeks notice of the hearing date and the hearing must be concluded within 90 days after the secretary has been notified that a claim is being made. The panel has the power to subpoena records, reports and other evidence; the presiding judge is to set dates, times and places of the hearings and he shall, of course, rule on the order of presenting the evidence. It is contemplated that the hearings shall be informal, but the testimony is to be given under oath and a record is to be made.[10]

Recommendations of the panel on the issues of liability and on damages must be made by a formal statement within 30 days after the hearing and must be mailed to each party. Each party then has 30 days from the date of mailing to make a written acceptance or rejection of the panel recommendations. If the parties accept the recommendations or, even, of parts thereof, they shall then execute the agreement in good faith within 30 days after it was submitted to them. If no answer is received within the 30 day period, it is presumed that any party failing to respond has rejected the recommendations. The presiding judge may extend the time for execution of the agreement by an additional 30 days. In the case of a minor, if the recommendations are accepted, a petition shall be filed in court to secure approval of the agreement.

If a party either rejects the recommendations of the panel or fails to execute the acceptance agreement within the time allowed, an action may then be filed in court. In such event, no reference may be made to any recommendation of the panel. The statute is silent on whether any member of the panel may be called as an expert, as allowed in a few states. It would seem that by prohibiting the reference or mention to the review panel findings that that also would preclude the members of the panel from giving testimony in a later civil trial.

Whether the findings of the panels are admissible in a lawsuit if the panel decision is not accepted varies in the states which have adopted this procedure. In some instances, the finding of the panel may be introduced into evidence in a subsequent jury trial.[11] One state permits the admission of findings of the panel and that the physician members of the panel may be subpoenaed into court as witnesses.[12] Some states have provided that if the panel's findings are favorable to the patient, expert witnesses will be provided for the patient.

When any new program is set up, the question of who will pay for its operation must be considered. The costs of the Missouri Medical Review Panel are to be borne by the insurance companies who are writing professional liability coverage for the health care providers. Those insurers are to be taxed on their net deposits or net premiums received for business done in the state at a rate to be established by the Director of Insurance. They must make a return by March 1, 1977 and yearly thereafter, stating the amount of their gross premiums or deposits and credits as of the last day of the preceding year. Following receipt of that information, the insurers will be notified what they are to pay into the Department of Revenue.

There is some confusion as to exactly when this Missouri panel review becomes mandatory. The bill creating this procedure specifically states: "This act shall become effective on January 1, 1977, provided, however, that no professional liability review board shall be convened prior to July 1, 1977." Inquiry with legislators and the office of the Attorney General has failed to provide the writer with any answer as to whether claims for review must be filed after January 1, 1977 or after July 1, 1977. It may be that the legislature felt that a six-month interval after the effective date of the bill was necessary to create and implement this new screening procedure. Also, the fact that the cost is to be borne by the insurers and that their reports are initially to be filed by March 1, 1977 may be a further argument that the July 1, 1977 date is the mandatory filing time.

Kansas, too, has recently provided for panel review.[13] Such review procedure may be called by the District Court Judge (1) when a petition is filed in the District Court claiming damages of malpractice of a health care provider or (2) when the parties to such a dispute jointly sign a request that a panel be convened even though no suit has been filed. The panel shall consist of a health care provider named by each side plus a third health care provider jointly agreed upon and a nonvoting attorney member named by the judge. It is foreseeable that getting agreement of the parties for the third health care provider may be difficult. The written report of the panel shall not be admitted into evidence in subsequent legal proceedings, but either side may subpoena panel members as witnesses at the trial.

Malpractice review panels are being attacked on constitutional grounds. In Florida, a patient contended that the mandatory panel review was unconstitutional as special legislation for doctors and that it violated her rights of due process and equal protection. The panel there is comprised of a doctor, a lawyer and a circuit judge. The Florida Supreme Court held the statute constitutional on the basis that its legislature realized there was a crisis in medical care which it had attempted to resolve by the exercise of its police power for the general health and welfare of its citizens.[14]

The Illinois Supreme Court reached an opposite result the same month that Florida decided the Carter case. The panels under the Illinois law were composed of a judge, one physician and one attorney, and the Illinois court felt that this panel composition invested judicial duties in nonjudicial panel members. The court held that the panel review procedure prescribed as a prerequisite to a jury trial was an impermissible restriction on the right of trial by jury under the Illinois Constitution.[15] It is of interest to note, however, that the court specifically mentioned that it did not mean to imply that a valid pretrial procedure could not be devised. It is not clear what type of panel procedure would be approved by the Illinois Supreme Court.

In February, 1976, a New York trial court upheld legislation of that state authorizing that its provision allowing the recommendations made by the review panel to be shown before a jury was constitutional since the recommendation of the panel was not binding on the jury.[16] More recently, however, a different New York trial court held that permitting introduction of a medical malpractice panel's recommendation in the trial was unconstitutional.[17] There the court stated that "to allow the panel's recommendation to be introduced into evidence would nullify plaintiff's constitutional right to a meaningful jury trial." Even though under the New York legislation the panel recommendation was not binding on the jury (or upon the court in a jury waived case), that court felt that it was totally unrealistic to believe that a jury would not accept the panel's recommendation. Tennessee recently held the law creating its medical malpractice review panel unconstitutional on the theory that it violated the patient's right to a free and open access to the courts.[18]

These laws providing for one type of panel review or another are limited to claims by persons allegedly injured by medical malpractice. These do not extend to persons who are injured by the acts and omissions of nonhealth care providers. An Ohio trial court recently held that there was no satisfactory reason for such unequal treatment.[19] Whether a party should be required to submit to this panel process without a full opportunity to take depositions and to have the issues defined, or to allow the panel findings to be admitted in evi-

All oral bronchodilators are pretty much the same. Right? Wrong!

The difference is in their action—both before and after symptoms begin. That's the reason for TEDRAL®.

- ☐ effective and prolonged bronchodilation from the synergistic effect of ephedrine and theophylline
- ☐ β-ADRENERGIC ACTION RELAXES BRONCHIAL SMOOTH MUSCLE
- ☐ α-ADRENERGIC ACTION REDUCES BRONCHIAL EDEMA AND SECRETIONS
- ☐ dosage forms to meet individual patient needs

For proven performance...

Tedral®/Tedral® SA/Tedral® Elixir

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer), 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer), and 25 mg phenobarbital in the immediate release layer

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32 5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

See next page for brief summary.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-72-B/

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

(Continued from page 13)

dence in a trial, or to have panel members called as witnesses in the trial, and whether there is a denial of the right to trial by jury are all legal questions going to due process of law. If constitutional questions of equal protection of the laws, right to a trial and due process are raised in opposition to the new Missouri statute, the Missouri appellate courts must then decide whether this legislation related to a reasonable state objective and satisfies all constitutional requirements.

The principal benefits of a pre-screening panel review are that it may be less time consuming and less expensive as a method of processing claims. Such procedures do not keep the parties from resorting to the courts after the panel makes its findings. It is too early to know what effect the new panel review procedure will have on this growing problem for the health care providers in this state. Hopefully, it may eliminate many cases, particularly those in which there was in fact no negligence or no causal connection or little or no damage.

In the cases in which substantial injuries are involved, the panel procedure is almost certain to result in more cost to the parties. Each side will be required to make thorough preparations for the panel hearing, but that hearing will not end the controversy. Whichever side loses at that point will likely refuse to agree to the result and, then, the preparation and cost for the court battle will begin anew. The parties will request that the reporter who appeared and made the record for the panel should transcribe all of the testimony so that it will be available for impeachment of witnesses in trial. The cost of that record would be substantial, and if the case were one of some potential neither side could affort not to incur that cost. Finally, the panel procedure may well be viewed as the first round in the large cases, one in which each side can hear the total case and, then, can set about to strengthen its position and correct any mistakes it might have made in the panel hearing. Only time will tell how getting some of the smaller cases disposed of by the panel will compare in cost savings with what is certain to be additional costs in the processing of the larger cases.

REFERENCES

1. *See.* Lawyers Professional Liability—A Developing Crisis? Insurance Counsel Journal XLIII (4):532, Oct. 1976.
2. Journal of Legal Medicine 3 (8):25-33, Sept. 1975.
3. *See,* Missouri House Bill 1307 which amended Supreme Court Rule 55.06 now requiring plaintiff to pay for such damages as are "fair and reasonable" instead of a dollar amount in malpractice actions.
4. Section 516.140, R.S.Mo., has been amended so that the stat-

(Continued on page 17)

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132

Feb. 2	Cancer: Hodgkin's Disease and Other Lymphomas (Fourth Annual Seminar)
Apr. 6	Thyroid Disease: Update 1977
June 1	Pulmonary Disease (Third Annual Seminar)
Aug. 3	Critical Care

University of Kansas Medical Center
Div. of Continuing Education
College of Health Sciences
Kansas City, Kan. 66103
(913) 831-7130

Feb. 14-15	Neurological Diseases
Mar. 7-9	Pediatrics
Mar. 17-18	Emergency Medicine: The First 90 Minutes
Mar. 28-30	Ophthalmology
Mar. 31-Apr. 1	Rehabilitation Medicine
Apr. 20-21	Family Practice
Apr. 22	Infectious Diseases

The Edward Mallinckrodt Institute of Radiology
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
Contact: Ronald G. Evens, M.D.

Jan. 10	Oral Cholecystography
Feb. 14	Esophageal Ulcer Disease
Apr. 11	Osteophytes, Syndesmophytes and other "Syghtes"
May 9	Newer Trends in Mammography—Medical and Physical

Missouri Chapter—American College of Physicians
Contact: Thomas W. Burns, M.D., F.A.C.P., University of Missouri School of Medicine, Columbia 65201

Feb. 25-26	Missouri Regional Meeting

University of Missouri-Kansas City School of Medicine—Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

Jan. 23-28	Mid-Winter Traveling Medical Education Course (Steamboat Springs, Colo.)
Feb. 18-19	The Long Weekend—Fluid and Electrolyte Disorders I & II
March 5-12	Late-Winter Traveling Medical Education Course, Maui, Hawaii

St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
(314) 569-6000
Contact: James G. Blythe, M.D., Chairman, Dept. of Obstetrics and Gynecology

Mar. 31-Apr. 1	Update in Gynecology
Apr. 15-16	The Long Weekend—Diabetes Mellitus/Endocrinology
Apr. 21-22	Ninth Annual Matt Weis Symposium—*Medical Complications in Obstetrics and Gynecology*
May 12-13	Management of Problems in Gastrointestinal Surgery
June 2-3	Symposium on Physical Fitness

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

Apr. 17	A Potpourri of Oculoplastic Surgery

Washington University School of Medicine
Continuing Medical Education
Box 8063
660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
***Contact:* Loretta Giacoletto**

Mar. 7-May 23	Internal Medicine Board Examination Review (Monday evenings)
Apr. 11-12	Fourth Annual Symposium on Ob-Gyn
Apr. 22	An Approach to the Patient With Diarrhea
May 11-13	Washington U. Medical Center Alumni Reunion
May 18	Surgical Problems in Children
May 20-21	Neuromuscular Diseases
May 26-27	Current Topics in Hypertension and Its Management
une 9	Perinatal Medicine

Malpractice Practice

Continued from page 15)

te of limitations in medical malpractice actions, while still limited o two years from the date of the act of neglect, now has exceptions. hose are (1) that a minor under ten has until his 12th birthday to le and (2) in the case of a foreign object left in the body, the paient has two years from date of discovery to file, but in no event ore than ten years.

5. Illinois limited recovery to $500,000, but same was held unonstitutional, *Wright vs. Central Dupage Hosp. Assoc.*, 63 Ill.2d 13, 347 N.E.2d 736 (1976).

6. Missouri House Bill 1309.

7. Pima County, Arizona (Tucson), set up a review panel proedure in 1957, and a few others followed in the 1960s. *See* Morris nd Moritz: Doctor and Patient and The Law, 5th Ed., p. 451 *et eq.;* Report of the Secretary's Commission on Medical Malpractice, ppendix, Screening Panels, pp. 224-227.

8. Missouri Senate Bill 471, which will be found under Sections 38.010-538.080, inclusive, R.S.Mo.

9. Many doctors and lawyers may consider this inadequate comensation, but Louisiana has provided only $25 per day for its panel embers (three physicians and a non-voting attorney). L.S.A.-R.S. 0:1299.47J.

10. It is difficult to see how proper preparation could be made ithout the use of depositions and interrogatories, but the statute oes not mention these or other discovery devices.

11. Fla. Stat. Ann. 768.133-768.134 (Approved 5-20-76).

12. L.S.A.-R.S. 40:1299.47; 1976 Kan. Sess. Laws Ch. 249 findings not admissible, but panel members may be called as witesses).

13. 1976 Kan. Sess. Laws Ch. 249.

14. *Carter vs. Sparkman*, 335 So.2d 802 (Fla. 1976).

15. *Wright vs. Central Dupage Hosp. Assoc., supra.*

16. *Halpern vs. Gozan*, 85 Misc. 2d 753, 381 N.Y. Supp. 2d 44 (1976).

17. *Comiskey vs. Arlen*, 45 L.W. 2019 (N.Y. S. Ct. July 2, 976).

18. *Arnold vs. State of Tennessee, ex rel. Blanton*, (Tenn. Chanery Ct., Nashville, Docket No. A-6030, Dec. 4, 1975).

19. *Grayley vs. Satayuthum*, 343 N.E.2d 832 (1976).

Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

KANSAS CITY SOUTHWEST
CLINICAL SOCIETY

In cooperation with University of Missouri-Kansas City School of Medicine

Presents

LATE-WINTER TRAVELING
MEDICAL EDUCATION COURSE
March 5-12, 1977, Maui, Hawaii

J. Judson McNamara, M.D.
Professor of Surgery
University of Hawaii, Honolulu
"Trauma"

Joseph C. Meek, Jr., M.D.
Professor of Medicine
University of Kansas, Kansas City
"Endocrine Diseases"

Jere H. Mitchell, M.D.
Professor of Physiology and Medicine
Southwestern Medical School, Dallas
"Exercise"

Harold G. Muchmore, M.D.
Professor of Medicine
University of Oklahoma, Oklahoma City
"Antibiotic Selection"

Accreditation

AMA—16 hours Category I
AAFP—16 prescribed hours

Information

K. C. Southwest Clinical Society
2220 Holmes Street
Kansas City, Missouri 64108
816/471-3876

contains no aspirin

tablets
Darvocet-N® 100

100 mg. Darvon-N® (propoxyphene napsylate)
650 mg. acetaminophen

Lilly

Additional information available to the profession on request.
Eli Lilly and Company, Inc.
Indianapolis, Indiana 46206

700043

Volume 74, Number 1—January, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

ALLEN J. PATTON, M.D. *and*
CARL G. KARDINAL, M.D., *Columbia*

Bronchogenic Carcinoma: A Plea For Conservative Management

For an individual at the time of birth, the probability of developing cancer is approximately 30% and the probability of dying of cancer is approximately 17%. The lung is the most common site of cancer in men and the third most common site in women. An average of 102 new cases of lung cancer are seen at the Ellis Fischel State Cancer Hospital each year. Once the diagnosis of lung cancer is made, the patient's chance of being alive in five years is only 7% to 10%.

Advances in surgery, radiation therapy, chemotherapy and immunotherapy over the past several decades have done little to change this poor prognosis. Because of this poor prognosis, all diagnostic and therapeutic considerations must be made critically. We must not deny the chance of a cure to the small fraction of people in whom it is possible. But it must be recognized that most therapy is truly palliative. Therefore, any unnecessary invasive diagnostic procedures, surgical procedures or therapy that will only add to the patient's morbidity, mortality or expense must be avoided. When the duration of life is measured in weeks or months, a prolonged hospitalization for evaluation or therapy represents a significant proportion of the patient's remaining life.

Prognostic Indicators

Individual cases of lung cancer are by no means the same and the prognosis, although uniformly poor, is dependent on several factors. The most important factors are histology, the stage of disease at diagnosis and the patient's performance status or general condition. These factors need to be considered whether one is evaluating a new patient, reading a report of a new treatment or constructing a prospective clinical trial.

Histology

Histology is probably the most important prognostic indicator in lung cancer because each of the histologic types has to a degree its own biological and clinical behavior.[1] A simplified outline of the World Health Organization classification is presented in Table 1.

Epidermoid carcinoma is the most common his-

In spite of medical advances, bronchogenic carcinoma remains a disease of poor prognosis. When the patient survival is brief, all diagnostic and therapeutic procedures must be of optimal expediency without jeopardizing the chance for cure. Prognostic indicators and guidelines to evaluation and therapy are reviewed by the authors. Dr. Patton is Associate Internist and Dr. Kardinal is Director of Internal Medicine, Ellis Fischel State Cancer Hospital. This investigation was supported by Western Cancer Study Group Grant CA-06800 awarded by the National Cancer Institute, DHEW.

TABLE 1

WORLD HEALTH ORGANIZATION CLASSIFICATION OF LUNG CANCER

Histologic Type	*Frequency* %	*5-Year Survival* %
I. Epidermoid (squamous cell carcinoma)	30	24
II. Small cell anaplastic (oat cell carcinoma)	24	<1
III. Adenocarcinoma (including bronchoalveolar carcinoma)	26	13
IV. Large cell anaplastic carcinoma	20	13

TABLE 2

STAGING OF BRONCHOGENIC CARCINOMA

Stage	
0	Occult carcinoma, positive sputum cytology without other evidence of disease.
I	A tumor of <3 cm in diameter with or without positive ipsilateral hilar nodes; or a tumor of >3 cm in diameter with negative regional nodes.
II	A tumor of >3 cm in diameter and >2 cm distal to the carina with positive ipsilateral hilar nodes.
III	A tumor with direct extension into other structures such as the chest wall, ribs or pericardium; or a tumor <2 cm from the carina; or a tumor with spread to mediastinal or supraclavicular nodes; or a tumor associated with distant metastases.

tologic type. It has the best prognosis and frequently grows to a large size before metastasizing. Since epidermoid carcinoma may remain localized for relatively long periods, this type of lung cancer is most amenable to possible surgical cure. Even though almost half of the new cases of epidermoid carcinoma have disease restricted to the thorax at the time of diagnosis, many of these have regional or mediastinal node involvement or invasion of pericardium, chest wall or ribs rendering them unresectable.

Small cell or *oat cell* carcinoma of the lung has an extremely poor prognosis and five-year survivors are essentially unknown. It appears that oat cell carcinoma is almost always a disseminated disease at the time of diagnosis with metastases most commonly being to regional nodes, pleura, the opposite lung, brain, bone, liver and adrenal. A diagnosis of oat cell carcinoma in and of itself is a sign of inoperability because of this tendency to disseminate during the preclinical period.[2]

Adenocarcinomas and anaplastic *large cell* carcinomas of the lung also tend to metastasize early. Less than 20% of these cases have disease confined to the thorax at the time of diagnosis. Because of this tendency to metastasize early, cure rates are low and most cases are inoperable at the time of clinical presentation.

STAGING OF LUNG CANCER

A staging system for lung cancer based upon the international TNM system is outlined in Table 2.[3] The influence of stage on survival is illustrated in Table 3. Careful staging of all patients at the time of diagnosis is mandatory since all therapeutic decisions are dependent upon it. Stage I and II patients are potentially resectable and curable, but they constitute a relatively small percentage of all patients. To avoid the morbidity, mortality and expense of an unnecessary thoracotomy, every attempt must be made to determine the potential operability of the patient. Because of the exceedingly poor prognosis, all patients should be considered inoperable and operability should be proved. One should be concerned with criteria for operability rather than the standard criteria of inoperability (Table 4). A search for distant metastases should be made in all cases being considered for thoracotomy.[4] This search for metastases should be specifically directed to preferred sites such as bone, brain, liver and adrenal. Regional spread to mediastinal or supraclavicular nodes or the carina renders the patient inoperable. Therefore, bronchoscopy and mediastinoscopy should be routine parts of a preoperative staging evaluation.[5] When mediastinoscopy is negative, only 5% of cases are unresectable.

TABLE 3

SURVIVAL (MEDIAN/5-YEAR) IN BRONCHOGENIC CARCINOMA BY STAGE AND HISTOLOGIC TYPE

Histologic Type	*Stage I (%)*	*Stage II (%)*	*Stage III (%)*
Epidermoid	27 months/38	20 months/16	8 months/9
Adenocarcinoma	24 months/32	9 months/ 7	6 months/3
Large cell	19 months/30	10 months/ 6	8 months/5
Small cell	8 months/ 0	7 months/ 0	6 months/0

AMA Expands Continuing Medical Education Opportunities in 1977.

Now you can choose from 15 regional CME meetings!

Recognizing the importance of continuing medical education to its members, the AMA has greatly expanded its CME programs. During 1977, the AMA will offer 15 regional CME meetings around the country in addition to its scientific programs at both the Annual Convention and Winter Meeting.

The purpose of the regional programs is to make it easier and more convenient for you to continue your medical education by bringing the meetings closer to your hometown and by scheduling them on the weekends to avoid interference with your practice.

All courses are approved by the AMA Council on Continuing Physician Education for Category 1 credit toward an AMA Physician's Recognition Award. A syllabi written by medical school faculties is provided with every course.

Specific information on course location, fees, academic program, faculty, and hotel reservations will be available approximately 2 months before each course date. Please write to address below at that time stating your selection(s). Print name, address, and office phone number.

1977 Regional Schedule

Tulsa, Oklahoma	January 22-23
Birmingham, Alabama	February 5-6
*Lake Tahoe, Nevada	February 11-13
Denver, Colorado	February 19-20
*Tarpon Springs, Florida	March 4-6
Detroit (Southfield), Michigan	March 26-27
New York (Westchester), New York	April 16-17
Houston, Texas	May 15
Hartford, Connecticut	September 10-11
*Lake of the Ozarks, Missouri	September 16-18
Chicago, Illinois	September 24-25
*Hot Springs (Homestead), Virginia	Sept. 30-Oct. 2
*Huron, Ohio	October 7-9
*Honolulu, Hawaii	Oct. 30-Nov. 4
Hershey, Pennsylvania	November 18-19

AMA's 126th Annual Convention

San Francisco, California	June 18-22

AMA's Winter Scientific Meeting

Miami Beach, Florida	December 10-13

AMA Spokesmanship Seminars

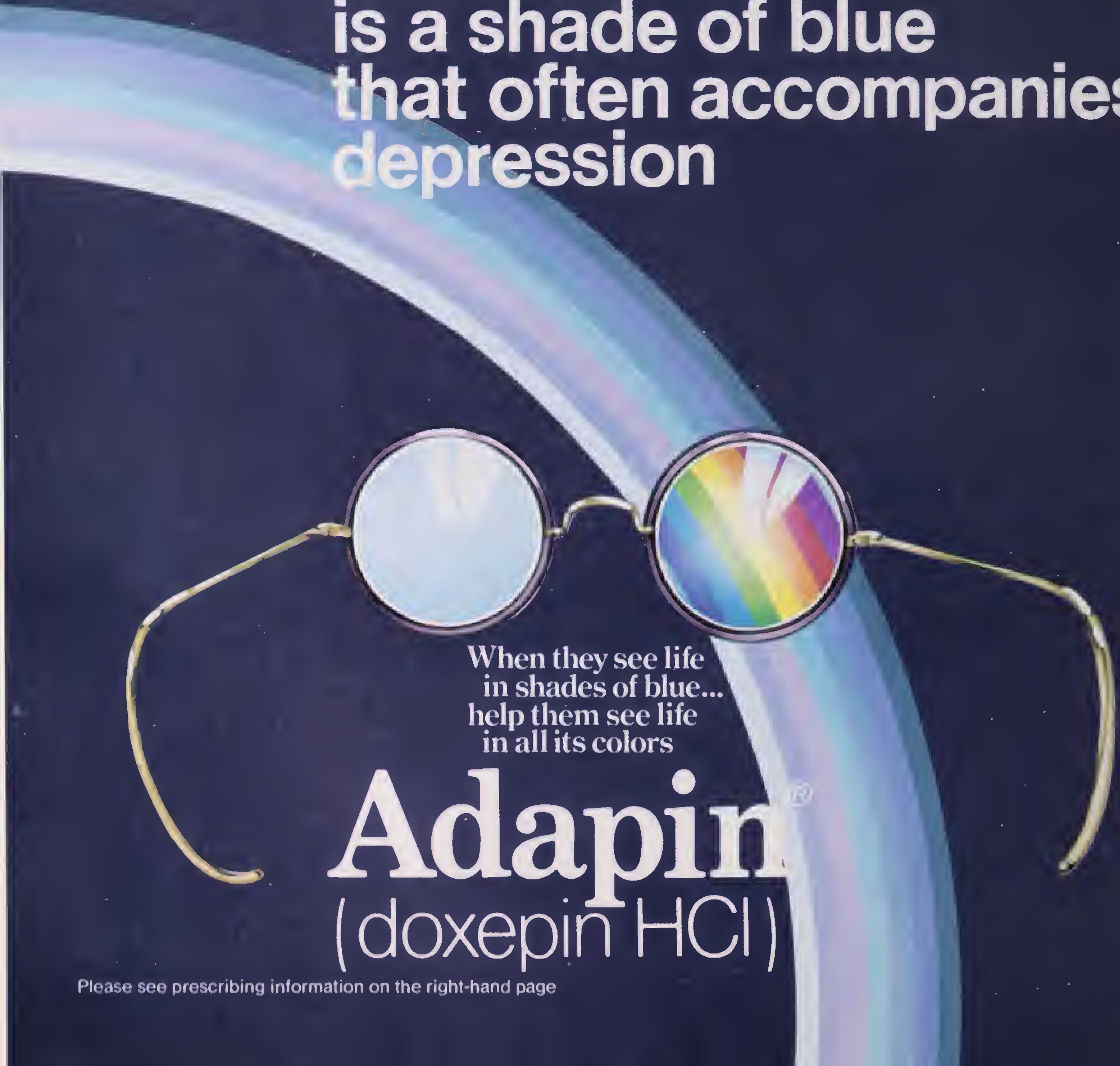
Chicago, Illinois (Marriott O'Hare Hotel)	August 13-14 November 12-13

*Courses end at midday for recreation activities

AMA Department of Meeting Services
535 North Dearborn Street
Chicago, Illinois 60610

Depression comes in shades of blue

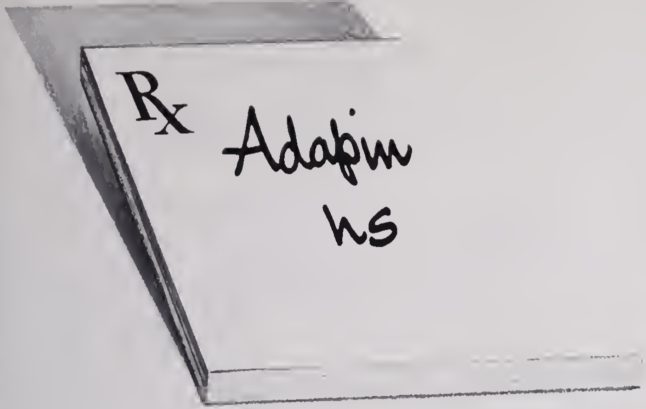
Insomnia is a shade of blue that often accompanies depression



When they see life
in shades of blue...
help them see life
in all its colors

Adapin®
(doxepin HCl)

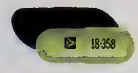
Please see prescribing information on the right-hand page



Available as

10-mg. capsules

25-mg. capsules



50-mg. capsules

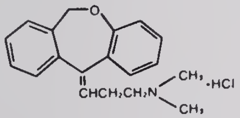
ADAPIN®

(Doxepin HCl)

Prescribing information:

DESCRIPTION

Adapin (doxepin HCl) is an isomeric mixture of N, N-dimethyl-dibenz(b,e) oxepin- $\Delta^{11(6H)}$, γ propylamine hydrochloride.



ACTIONS

Adapin has a variety of pharmacological actions with its predominant action on the central nervous system. While its mechanism of action is not known, studies have demonstrated that it is neither a monoamine oxidase inhibitor nor a primary stimulant of the central nervous system.

INDICATIONS

In controlled clinical evaluations, **Adapin** has shown marked antianxiety and significant antidepressant effects. **Adapin** has been found to be well tolerated even in elderly patients.

Adapin is indicated for the treatment of patients with:

1. Psychoneurotic anxiety and/or depressive reactions.
2. Mixed symptdms of anxiety and depression.
3. Anxiety and/or depression associated with alcoholism.
4. Anxiety associated with organic disease.
5. Psychotic depressive disorders including involutional depression and manic-depressive reactions.

Target symptoms of psychoneurosis that respond particularly well to **Adapin** include: anxiety, tension, depression, somatic symptoms and concerns, insomnia, guilt, lack of energy, fear, apprehension and worry.

Because **Adapin** provides antidepressant as well as antianxiety effects, it is of particular value in patients in whom anxiety masks depression. Patients who have not responded to other antianxiety or antidepressant drugs may benefit from **Adapin.**

In a large series of patients systematically observed for withdrawal symptoms, none were reported—a finding which is consistent with the virtual absence of euphoria as a side effect and the lack of addictive potential characteristic of this type of chemical compound.

CONTRAINDICATIONS

Because **Adapin** has an anticholinergic effect, it is contraindicated in patients with glaucoma or a tendency toward urinary retention.

Use of **Adapin** is contraindicated in patients who have been found hypersensitive to it.

WARNINGS

Usage in Pregnancy—Adapin has not been evaluated in pregnant patients. Therefore, it should not be used during pregnancy unless, in the judgment of the physician, it is essential to the welfare of the patient.

In animal reproduction studies of **Adapin (doxepin hydrochloride),** gross and microscopic examination of the offspring gave no evidence of drug-related teratogenic effect. Following doses of up to 25 mg./kg./day for 8 to 9 months, no changes were observed in the number of live births, litter size, or lactation. A decreased rate of conception was observed when male rats were given 25 mg./kg./day for prolonged periods—an effect which has occurred with other psychotropic drugs and has been attributed to drug effect on the central and/or autonomic nervous systems.

Usage in Children—The use of **Adapin** in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors—Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with **Adapin.** The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

PRECAUTIONS

Drowsiness may occur with **Adapin;** therefore, patients should be warned of its possible occurrence and cautioned against driving a motor vehicle or operating hazardous machinery while taking the drug.

Patients should also be cautioned that the effects of alcoholic beverages may be increased.

Since suicide is an inherent risk in depressed patients and remains a risk through the initial phases of improvement, depressed patients should be closely supervised.

Although **Adapin** has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Compounds structurally related to **Adapin** can block the effects of guanethidine and similarly acting compounds. However, at the usual clinical dosages, 75 mg. to 150 mg. per day, **Adapin** has been given concomitantly with guanethidine without blocking its antihypertensive effect. But at dosages of 300 mg. per day or higher, **Adapin** has exerted a significant blocking effect.

Adapin, like other structurally related psychotropic drugs, potentiates norepinephrine response in animals. But this effect has not been observed with **Adapin** in humans, which is in accord with the low incidence of tachycardia reported clinically.

ADVERSE REACTIONS

Anticholinergic Effects: Dry mouth, blurred vision and constipation have been reported. These are usually mild, and often subside as therapy is continued or dosage reduced.

Central Nervous System Effects: Drowsiness has been observed. It usually occurs early in the course of therapy and tends to subside as therapy continues. (See Dosage and Administration section.)

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported adverse effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects (such as increased sweating), weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

DOSAGE AND ADMINISTRATION

In most patients with mild to moderate anxiety and/or depression: 10 mg. to 25 mg. t.i.d. to start. A starting dosage of 10 mg. t.i.d. for a period of four days may reduce the initial drowsiness experienced by some patients, and may be tried in cases where drowsiness is clinically undesirable. Decrease or increase the dosage at appropriate intervals according to individual response. Usual optimum dosage is 75 mg. to 150 mg. per day.

In some patients with mild symptomatology or emotional symptoms accompanying organic disease, dosage as low as 25 mg. to 50 mg. per day has provided effective control.

In more severe anxiety and/or depression: 50 mg. t.i.d. may be required to start—if necessary, gradually increase to 300 mg. per day. Additional effectiveness is rarely obtained by exceeding 300 mg. per day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

OVERDOSAGE

Symptoms—An increase of any of the reported adverse reactions, primarily excessive sedation and anticholinergic effects such as blurred vision and dry mouth. Other effects may be: pronounced tachycardia, hypotension and extrapyramidal symptoms.

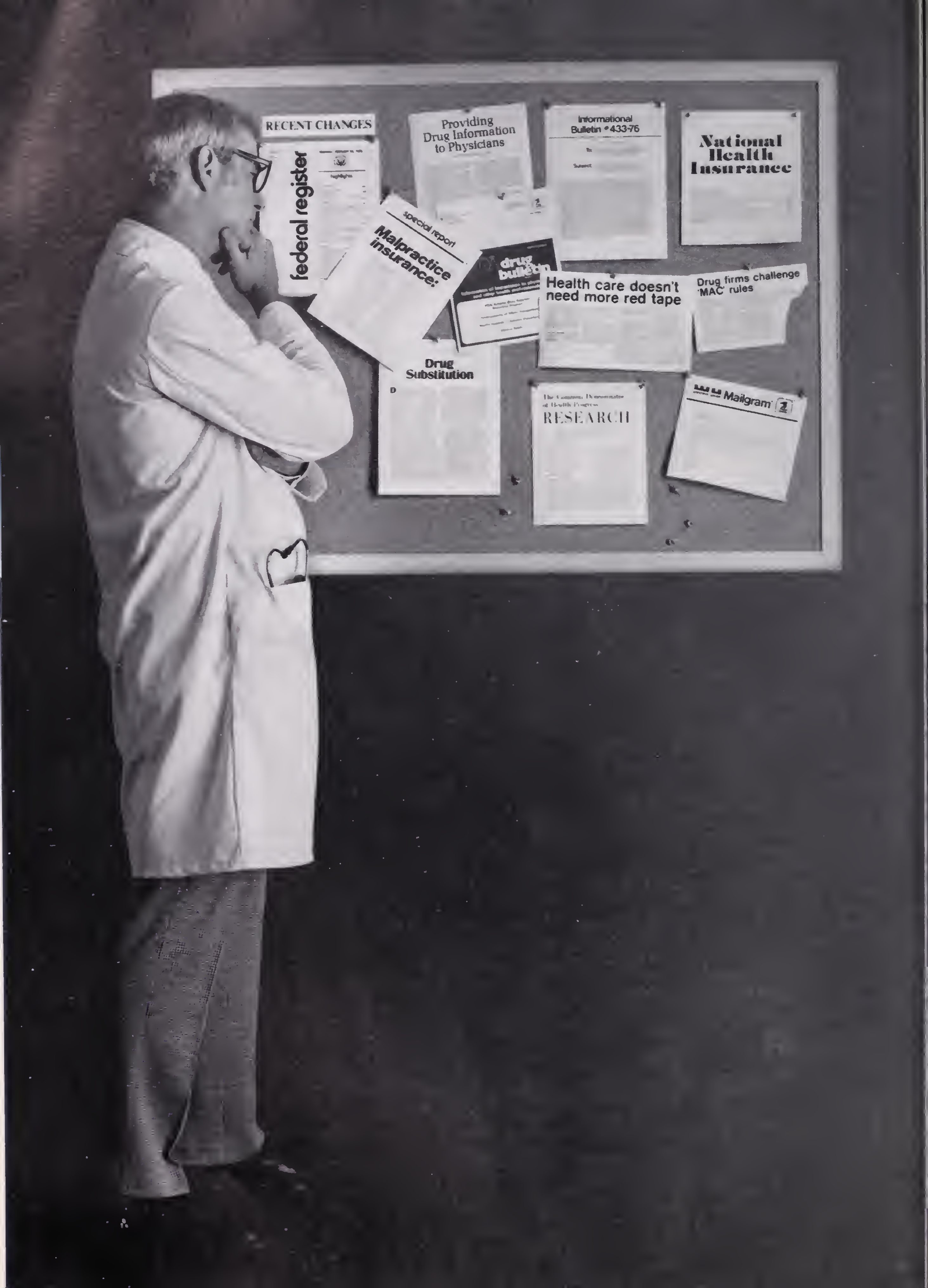
Treatment—Essentially symptomatic; supportive therapy in the case of hypotension and excessive sedation.

HOW SUPPLIED

Each capsule contains doxepin, as the hydrochloride, 10 mg. (NDC 0018-0356), 25 mg. (NDC 0018-0357), and 50 mg. (NDC 0018-0358) capsules in bottles of 100 and 1000.

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603


RECENT CHANGES
federal register
Providing Drug Information to Physicians
Informational Bulletin #433-76
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all ·ds of scrutiny. Your control over patient therapy is ıg monitored, judged and occasionally abrogated, netimes by unknown third parties.

The worry is that in the wake of this focus, the rela- nship between you and your patient will be weakened, hout offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, ulations or professional custom stipulate that your ı-generic prescriptions be filled with the precise prod- s you prescribe. But in the last five years, a dozen or re State laws have been changed, permitting the phar- cist in most cases to select a product of the same ıeric drug to fill any prescription.

Ironically, this dilution of physician control has en place against a background of growing evidence t purportedly equivalent drug products may be in- ıivalent, since neither present drug standards nor their orcement are optimal. In fact, the FDA itself says it not enforced the same standards for hundreds of llow-on" products that it had applied to the original)A approvals. Thus physician control over patient rapy is being eroded with a risk that patients may be posed to drugs of uncertain quality.

The major advertised claim for substitution is reduced scription prices for consumers. Yet no documentation any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is ederal regulation designed to cut the Government's ıg bill by setting price ceilings for drugs dispensed to dicare and Medicaid patients. Unless the prescriber tifies on the prescription that a particular product is dically necessary, the Government intends to pay only the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

TABLE 4

CRITERIA OF OPERABILITY

1. Non-oat cell histology.
2. Demonstrated absence of distant metastases (especial care must be given in evaluation of sites of preferred metastases such as bone, liver, and brain).
3. Demonstrated absence of mediastinal node involvement.
4. Demonstrated absence of carinal involvement.
5. Absence of any other criteria that would establish the patient as Stage III.
6. Absence of medical contraindications.

Radiation Therapy

Since the majority of lesions are unresectable and since chemotherapy is generally ineffective, the role of radiation therapy in the treatment of lung cancer becomes dominant. Even in stage I and II lesions, the five-year survivals approach those of surgery.[6] Preoperative radiation therapy is of benefit in superior sulcus tumors rendering some of these patients operable.[7] Radiation therapy also is the treatment of choice in the management of superior vena cava obstruction as well as in the palliation of lesions metastatic to the mediastinum, bone or central nervous system.

Chemotherapy

The responsiveness of lung cancer to a variety of chemotherapeutic regimens is being reported with increasing frequency in the medical literature. Each year at the American Association for Cancer Research meeting, five to ten new regimens are reported. The initial impact of the reports and the enthusiasm of the authors are impressive. However, critical review of these data often fails to show any true benefit in terms of improvement in the quantity or quality of life. There seems to be a strong underlying bias in favor of chemotherapy with an implication that chemotherapy is of established value and that all patients with advanced lung cancer should receive it. Stratification of cases is often inadequate with reference to cell type, stage or performance status of the treated patients. Treated patients are not compared to an equivalent control group, but responders are compared to nonresponders which often leads to the conclusion that "responders live longer than nonresponders." Important questions not asked are the following: Do nonresponders have a shortened survival? And are responders those patients who have a better prognosis, either by stage, cell type, performance status or immune competence even without therapy?

Several things can be definitely stated: (1) For each cell type, there are five to eight agents which will obtain an objective response rate of 20% or greater; (2) Different cell types respond differently to any single agent; (3) Objective responses are short with a median duration of two to three months; (4) Combination chemotherapy results in a slightly greater response rate.[8]

Since controlled studies are not available, it becomes important to know the approximate survival of patients receiving only symptomatic supportive care. The median survival for unresectable lung cancer treated symptomatically is two to three months for oat cell and four to five months for the other histologic types.[9] Survival in non-oat cell carcinoma of the lung treated with any of the available chemotherapeutic regimens remains only four to five months. Thus, if survivors do respond longer, then nonresponders must have shortened survival.

Paradoxically, oat cell carcinoma with its wide dissemination, rapid doubling time and poor prognosis responds best to chemotherapy. Several regimens have been reported which produce a 60% or greater response rate and an increase in the median survival from two to three months to nine to 12 months.[10, 11] Although this is a highly significant increase in survival, the disease recurs, becomes resistant to further therapy and the patient dies of disseminated disease less than one year from the time of the initial diagnosis.

Adjuvant chemotherapy in postoperative breast cancer prevents or delays disease recurrence.[12] The object of this type of treatment is to treat a patient at high risk of recurrence of disease at a time when there is a minimal tumor burden. Unfortunately, reported studies of both postoperative and postradiation adjuvant chemotherapy for lung have been disappointing.[13, 14] There has been no increase in the disease-free interval, no increase in survival and, in fact, some studies have shown a suggested disadvantage to the early use of chemotherapy in lung cancer.

We do not mean to imply by the above discussion that chemotherapy should not be administered to lung cancer patients. That is a decision that must be individualized according to the physician's judgment and the patient's histology, stage, performance status and desires. We do wish, however, to change the emphasis from a *guilt* for withholding treatment to a *justification* for administering it.

(Continued on page 28)

MANJU DEVGAN, M.D., *Memphis, Tenn.* and
EUGENE F. TUCKER, M.D., *St. Louis*

'Post-Appendectomy Cotton Swabs' Retained for 55 Years

Case Report

This case report emphasizes the importance of considering the possibility of a retained foreign body in the preoperative differental diagnosis of a patient with an abdominal mass and the need for the patient's medical history of events even in the distant past. Dr. Devgan is from the Department of Pathology, University of Tennessee College of Medicine and Dr. Tucker is from the Department of Pathology, Saint Louis University Hospitals.

THERE ARE INNUMERABLE LITIGATIONS on record for a retained foreign body. These often are a source of pain, discomfort and prolonged suffering. However, they also may be asymptomatic and remain undiscovered for years following surgery.[1-5] Our case illustrates this latter instance in which a cotton sponge remained walled off within the abdomen for 55 years. The foreign body was discovered only upon investigation for weight loss, which was due to dieting.

CASE REPORT

This 73-year-old man was admitted to the surgical service because of a history of a 20 lb. weight loss over a six-month period (April-August, 1973). He attributed some of this to his adoption of a strictly vegetarian diet. He denies nausea, vomiting, diarrhea, constipation, hematemesis or melena. There have been no changes in his bowel habits, but there has been some loss of appetite.

His past history included the usual childhood illnesses, an appendectomy at age 18 and transurethral resection of prostate at age 70.

The appendectomy was performed under extraordinary circumstances in 1918 in Texas. The story states that the patient had abdominal pain and vomiting one evening. The family doctor volunteered to operate by the candlelight at his home, but the father refused due to lack of adequate light. The next day, the patient was being taken to the doctor's office when the family car broke down. The doctor had to meet them half way and operate in a nearby tavern.

The patient now recalls that he did have a protracted course for about six weeks following surgery.

The patient has been healthy ever since, has been married twice and has never seen a doctor until recently.

A physical examination revealed a thin man whose vital signs were stable and within normal limits. The positive findings included a scaphoid abdomen with a visible and palpable mass in the right lower quadrant superior to the appendectomy scar. The mass was firm, nontender and could be moved freely.

Results of the rest of the physical examination were negative, and the preoperative diagnosis was "right lower quadrant mass R/O carcinoma colon." The laboratory investigations were all within normal limits. X-rays (Fig. 1) of the large bowel series showed a calcified soft tissue mass lying medial to the cecum with no reflux of medium into ileum.

At laparotomy, two masses were removed. The second mass removed was in close association with the small bowel due to adhesions, necessitating a resection of a short segment of ileum with an end-to-end anastomosis. The postoperative course was unremarkable.

PATHOLOGY

The resected mass was opened and revealed a central cystic cavity filled with a creamy pasty material. A thin fibrous capsule surrounded the cavity. The mass measured 3.1 cm x 2.2 cm x 1.2 cm. Microscopic examination showed dense fibrous connective tissue surrounding an amorphous material.

The surgeon then proceeded to resect the second mass, which necessitated removal of a 13 cm length of small bowel, which was looped around it. Sectioning revealed a 6 cm x 4 cm cystic mass which was filled with a yellow, pasty material embedded in which was a partially calcified gauze sponge. Sections (Fig. 3) are characterized by a fibrohyaline wall of variable thickness surrounding numerous macrophages, foreign body giant cells and multiple segments of cotton sponge which appear as amorphous hyaline tube.

DISCUSSION

Despite utmost precautions, retained foreign bodies continue to be a serious problem, particularly after abdominal surgery.[6-12] They occur even

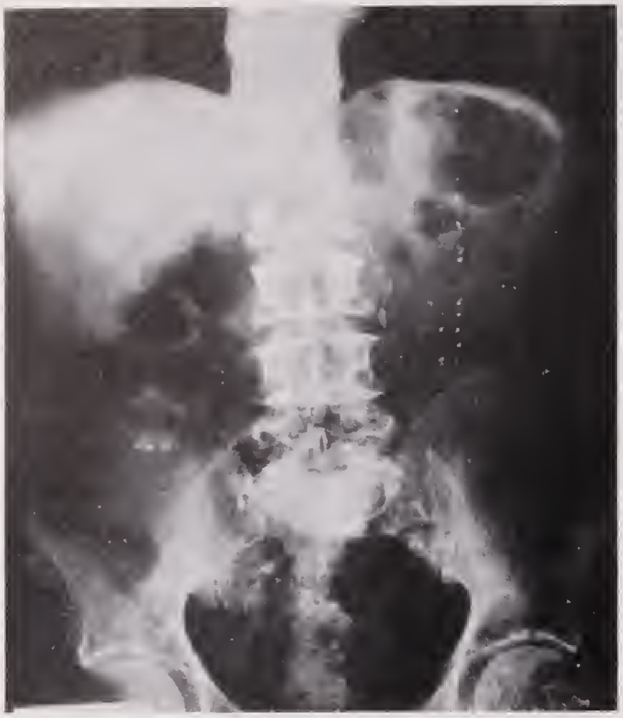


Fig. 1 X-ray of the abdomen shows a calcified, soft tissue mass lying medial to cecum.

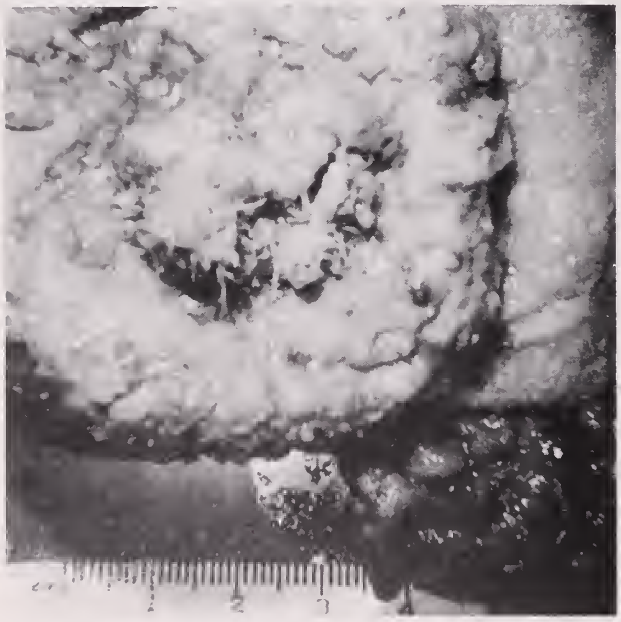


Fig. 2 Cystic mass filled with yellow, pasty material and a partially calcified gauze sponge.

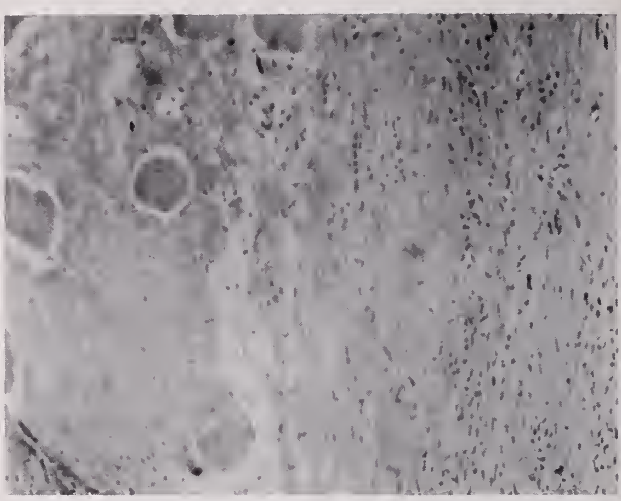


Fig. 3 Cotton sponge surrounded by fibrohyaline wall. (x 100)

when sponge and needle counts are correct. The present case is reported primarily because of its prolonged benign course. It is a striking tribute to the ability of the bodily defense mechanism to so wall off foreign matter. In this instance, the operation was performed under less than ideal circumstances with the likelihood that contamination existed. It is surprising that there were no complications other than the prolonged convalescence.

Diagnosis of a postoperative foreign body can be lessened by using radio-opaque labeled materials. The body reacts to the presence of foreign bodies by dissolving, absorbing and excreting or metabolizing those which are absorbable and by causing fibrosis or encapsulating those which are nonabsorbable. In spite of a prolonged interval since abdominal surgery, a retained foreign body must be considered in the preoperative differential diagnosis of a patient with an intra-abdominal mass.

Acknowledgement: The authors express appreciation to Theodore Dubuque, M.D. for permission to report this case.

REFERENCES

1. Jones, S. A.: The Foreign Body Problem After Laparotomy. Am. J. Surg. 122:785-786, 1966.
2. Giittner, J.: Forgotten Surgical Sponge Removed From the Abdominal Cavity 10 Years Later. Rozhlchis 47:62-64, 1968.
3. Forbes, R. D.: Retained Abdominal Sponges. West J. Surg. 56:585-589, 1948.
4. Zawadzki, E. S. and Truemner, K. M.: Foreign Bodies in Abdomen. J. Mich. Med. Soc. 48:630-631, 1948.
5. Symmers, D.: The Clinical Significance of Foreign Body Granulomas: A Review. J. S. C. Med. Asso. 47:14-20, 66-71.
6. Lehman, E. P.: Challanges of the Foreign Body. Arch. Surg. 63:663-674, 1951.
7. Levenc, G.: New Design of Radiopaque Element for Surgical Sponges. JAMA 146: 1320-21, 1951.
8. Kilgore, A. R.: Standards of Precautions Against Leaving Sponges and Instruments in Surgical Wounds. Presidential Address 60:485-487, 1952.
9. Hilton, J. H. B.: Mislaid Foreign Bodies During Surgery Canad. M.A.J. 73:414-415, 495, 578, 1955.
10. Olmch, H. M., Weems, H. S. and Rogers, J. V.: Radiologic Diagnosis of Retained Surgical Sponges. JAMA 159:1525-27, 1955.
11. Nelson, O. A.: Count During Surgery, Am. J. Surg. 90:680-681, 1955.
12. Gonzalez, B. T. and Rivera Pratts J. E.: "Spongeoma, Legacy of Forgetful Surgeion" Boletin de la Asociation medica de Purerto Rico 41:93-94, 1949.

Reprints: Manju Devgan, M.D.
University of Tennessee
College of Medicine
Dept. of Pathology
858 Madison Ave.
Memphis, Tenn. 38163

RONALD W. OXENHANDLER, M.D., *Columbia*

Pulmonary Vasculitis in a Patient Taking Nitrofurantoin

Case Report

Up to 5% of hospital admissions are for the treatment of drug-induced disease and 3% of hospital deaths are drug-related.[1] Although the respiratory system is involved in between 1% and 5% of these cases,[2] the importance of drug-induced pulmonary disease has only recently been stressed.[1, 3, 4] This report deals with a patient who had been taking macrocrystals of nitrofurantoin daily in combination with reserpine and hydrochlorothiazide (Diupres) intermittently for three years prior to the insidious development of chronic pulmonary fibrosis and pneumonitis with vasculitis. Relevant autopsy findings, including immunofluorescent studies of the lung, are described.

Case Report

A 67-year-old white woman received nitrofurantoin and a combination of reserpine and hydrochlorothiazide in 1969, following a nephrectomy on the left side for staghorn calculus and chronic pyelonephritis. A routine chest x-ray in April, 1972 was normal. In January, 1973, she began to complain of a dry cough without fever, chills or dyspnea. By April of 1973, the cough was worse and was associated with exertional dyspnea without chills, fever, rash or other systemic symptoms. She was hospitalized for two weeks in May, 1973 at her local hospital, where chest x-rays showed diffuse interstitial fibrosis and alveolar infiltrates without cardiomegaly or hilar adenopathy. Sputum cultures were negative. The erythrocyte sedimentation rate (ESR) was 24 mm/hr (Wintrobe). The remainder of the laboratory workup, including complete blood cell count (CBC), lupus/erythematosus (LE) preps and serum protein electrophoresis, was normal. She was treated with a five-day course of 30 mg of prednisone per day, which was tapered rapidly with no improvement in symptoms.

She was readmitted in December, 1973, because her chest x-ray suggested increased fibrosis (Fig. 1). She was now complaining of pleuritic chest pain on the left side. Her white blood cell count (WBC) was 6,700/cu mm with 3% eosinophils and an erythrocyte sedimentation rate (ESR) of 42 mm/hr (Wintrobe). Her purified protein derivative (PPD) and histoplasmin skin tests were negative, but she had a positive skin test to mumps antigen. She received isoniazid (INH), para-aminosalicylic acid (PAS) and streptomycin two days before being transferred to the University of Missouri Medical Center, at which time the antituberculous therapy was stopped.

On admission, she was dyspneic at rest with a pO_2 of 61 ml/Hg, pCO_2 of 35 ml/Hg. and a pH of 7.41 breathing room air. Pulmonary function tests showed marked restrictive disease. Open lung biopsy showed nonspecific interstitial fibrosis. Cultures of the lung were negative. Fluorescent antinuclear antibody (FANA) drawn the day after admission was positive diluted 1:160 with a speckled pattern; Rheumatoid latex agglutination was negative; ESR was 32 mm/hr (Wintrobe); serum creatinine was 1.3 mg per 100 ml. Other values were total protein, 6.6 gms per 100 ml; albumin, 3.25 gms per 100 ml; alpha-1, 0.2 gm per 100 ml; alpha-2, 0.55 gm per 100 ml; beta, 0.59 gm per 100 ml; gamma, 2.02 gm per 100 ml; IgG, 1,600 mg per 100 ml; IgA, 145 mg per 100 ml; IgM, 105 mg per

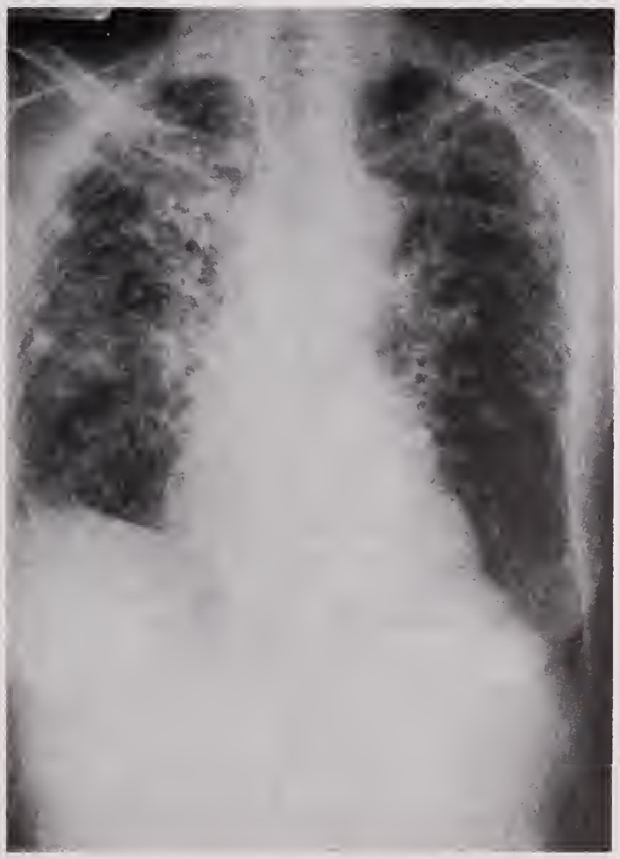


Fig. 1 Chest X-ray three days before death demonstrates bilateral diffuse interstitial lung disease.

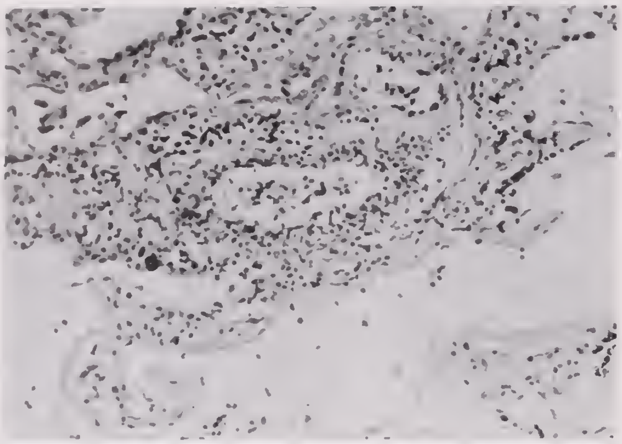


Fig. 2 Small pulmonary vein showing vasculitis. Its wall is infiltrated by lymphocytes, polymorphonuclear neutrophils (PMN) and eosinophils. Surrounding alveoli are lined by hyaline membranes.

100 ml. Liver function tests were not performed. She was discharged on a regimen of 60 mg of prednisone daily, which was tapered to 20 mg per day over ten days, and 300 mg of INH per day.

One month after discharge, she developed nightly fever, increasing fatigue and dyspnea, and she was readmitted. At this time, it was realized that she was taking nitrofurantoin daily and a combination of reserpine and hydrochlorathiazide intermittently since 1969. Her fever continued, but extensive studies failed to reveal any specific cause. She was continued on a regimen of 20 mg of prednisone per day and 300 mg of INH per day. To the best of our knowledge, the patient ceased taking nitrofurantoin when admitted to our hospital. The FANA had decreased to a titer of 1:10. The C3 was 86 mg per 100 ml (123-167 mg per 100 ml) and C4 was 24 mg per 100 ml (14-51 mg per 100 ml). Alkaline phosphatase, serum glutamic oxaloacetic transaminase (SGOT) and lactic acid dehydrogenase (LDH) were within normal limits. Progressive respiratory insufficiency terminated in death five days after admission. High tension oxygen (100%) had not been administered except in the final eight hours of life. Prior to that time she only received intermittent low tension oxygen therapy.

Postmortem Studies

The left and right lungs were consolidated, showed focal to diffuse areas of fibrosis and weighed 700 gm and 800 gm, respectively. A recent thromboembolus occluded the right main pulmonary artery and smaller branches in the left upper lobe. The heart and other organs were grossly unremarkable.

Microscopically, all lobes of the lungs demonstrated a diffuse interstitial pneumonitis which included varying degrees of fibrosis and an infiltrate of plasma cells, histiocytes, lymphocytes and eosinophils. In the areas showing the least fibrosis, there were alveolar septal thickening, hyaline membranes and occasional alveoli which showed proliferation of granular pneumocytes. Vasculitis involving the small pulmonary veins was uniformly present in areas least involved by fibrosis, sparing the fibrotic areas (Fig. 2). These pulmonary veins were infiltrated by lymphocytes, polymorphonuclear leucocytes and eosinophils. Lung cultures, including viral studies and special stains for mycobacteria, fungi and pneumocystis carinii were nonrevealing. Lung tissue, which was quick frozen at the time of autopsy, was prepared for direct immunofluorescence by a modification of the method outlined by Beutner et al[5] and stained with fluorescein-labeled anti-human immunoglobulin, C3, albumin and fibrinogen. No vascular or parenchymal immune complexes were seen. The hyaline membranes stained strongly positive for fibrinogen and albumin and with moderate intensity for immunoglobulins. The third component of complement (C3) was present focally within the hyaline membranes. Tissue for electron microscopy, prefixed in buffered formalin, was processed in the usual fashion. Nothing resembling immune deposits were seen. Microscopically, the liver demonstrated an intact lobular architecture with portal and parenchymal noncaseating granulomas (Fig. 3). There was no vasculitis or cholestasis, and special stains for AFB and fungi were negative. Detailed examination of the kidney and other tissues failed to disclose vasculitis, granulomas or other significant changes.

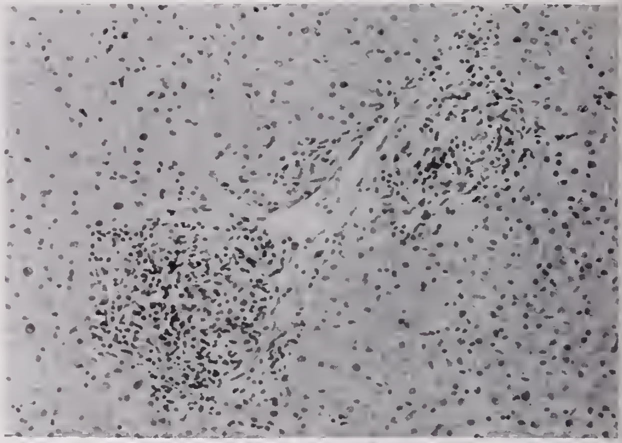


Fig. 3 Noncaseating granulomas in portal area of liver.

Discussion

This patient developed increasing dyspnea after having taken nitrofurantoin for three years. Two months after INH therapy was started, she developed unexplained fever. At autopsy, she had diffuse interstitial pneumonitis with fibrosis and vasculitis and a granulomatous hepatitis suggestive of drug-induced disease. These findings suggest that this patient suffered from two independent drug toxicities, chronic nitrofurantoin lung reaction and INH hepatitis.

The clinical history and the diffuse interstitial pneumonitis with fibrosis and vasculitis found in this case is consistent with the reported cases of chronic nitrofurantoin lung disease.[6, 7] Whereas thiazides and reserpine have caused acute reversible pulmonary reactions, progression to pulmonary fibrosis has not been reported with these drugs.[1, 4]

Although McCombs[8] and Gell and Coombs[9] list vasculitis as the pathological finding in nitrofurantoin lung disease, the histopathology has been described only in one case.[7, 10] The vasculitis involving the small pulmonary veins in this case reaffirms that vasculitis may contribute to the morphogenesis of chronic nitrofurantoin lung disease. A close association was noted in this case between the hyaline membranes and vasculitis (Fig. 2). It is, therefore, proposed that vasculitis caused local necrosis of adjacent alveolar epithelium with loss of fluid into the interstitium and alveoli, thus contributing to the formation of hyaline membranes. It is known that organization of hyaline membranes may result in nonspecific pulmonary fibrosis.[11] It is unlikely that oxygen toxicity accounted for the hyaline membranes since she received 100% oxygen only eight hours before death.[12, 13] Examination primarily of fibrotic areas in previous reports may account for the low incidence of vasculitis, since vasculitis in the present case was only seen in areas least involved by fibrosis.

Isoniazid, streptomycin, para-aminosalicylic acid (PAS), thiazides and reserpine have all been associated with positive FANA. Nitrofurantoin has just recently been associated with a positive FANA.[14] It seems unlikely that the antituberculous drugs are responsible for the antinuclear antibody since they were taken for only two days before the FANA was first drawn. While the intermittent use of reserpine or hydrochlorothiazide may have been responsible for the positive FANA, it seems more likely that the nitrofurantoin was the cause when considered in the context of the pulmonary vasculitis and the low level of serum complement.

Immunofluorescent studies in the present case and in the case reported by Israel[15] failed to demonstrate immune complexes. However, Israel's[15] conclusion that immune complexes therefore are not the cause of chronic nitrofurantoin, lung disease is not justified because in experimental immune complex vasculitis of the Arthus type, complexes may only be detected within the first 24 to 48 hours.[16] The low serum complement and the positive FANA are further circumstantial evidence for the participation of immune complexes in the pathogenesis of the chronic pulmonary reaction to nitrofurantoin. Cell-mediated immunity has been implicated in the pathogenesis of the acute lung reaction to nitrofurantoin.[17] Recently, the participation of both cell-mediated and humoral immunity has been suggested as the mechanism underlying the chronic reaction to nitrofurantoin.[14] The present case suggests that vasculitis, possibly of immune complex origin, may play a central role in the pathogenesis of the chronic nitrofurantoin lung reaction.

The patient described in this case report developed diffuse pulmonary fibrosis and vasculitis after taking nitrofurantoin for three years. Although vasculitis is listed as the cause of chronic nitrofurantoin lung disease, only one previous report documents this association. This patient had a decreased C3 and a positive antinuclear antibody. These findings support the possibility that an immune complex vasculitis may contribute to the pathogenesis of chronic nitrofurantoin lung disease. Dr. Oxenhandler is from the Department of Pathology, University of Missouri School of Medicine.

Although a previous report shows an association between idiopathic pulmonary fibrosis, liver disease and positive FANA, the liver histology in those cases was not a granulomatous hepatitis as it was in the present case.[18] Black *et al* reported two patients who had nitrofurantoin-induced pulmonary fibrosis and the lupus syndrome. Both had abnormal liver function tests, but no biopsies were reported.[14]

Isoniazid is the only drug our patient took that has been associated with granulomatous hepatitis.[19, 20] A regimen of isoniazid was begun two months before the onset of unexplained fever. No infectious cause for the fever could be found and no clinical suggestion of hepatic disease was present. The granulomatous hepatitis with parenchymal and portal eosinophilia in the presence of negative bacterial, fungal and mycobacterial studies, coupled with the absence of granulomas in other organs, suggests a drug-induced process, probably secondary to INH.

Conclusion

From the evidence presented, it is most likely that this patient had chronic interstitial pneumonitis with fibrosis and vasculitis secondary to nitrofurantoin. Fever and granulomatous hepatitis most likely represented an adverse reaction to the INH.

REFERENCES

1. Drug-Induced Lung Disease: The price of progress—Medical Staff Conference, University of California, San Francisco, Calif. Med. 119:48-55, Oct. 1973.

2. Caranasos, C. J., Stewart, R. B. and Cluff, L. E.: Drug-Induced Illness Leading to Hospitalization. JAMA 228:713-717, 1974.

3. Whitcomb, M. E.: Drug-Induced Lung Disease. Chest 63:418-422, 1973.

4. Rosenow, E. C.: The Spectrum of Drug-Induced Pulmonary Disease. Ann of Int. Med 77:977-991, 1972.

5. Beutner, E. H., Hale, W. L., Nisengard, R. J. et al: Defined Immunofluorescence in Clinical Immunopathology, Immunopathology of the Skin. Labeled Antibody Studies. First Edition. Edited by Beutner, E. H., Chorzelski, T. P., Bean, S. F. and Jordon, R. F. Dowden, Hutchinson & Ross, Inc., 1973, p. 214.

6. Rosenow, E. C., DeRemee, R. A. and Dines, D. E.: Chronic Nitrofurantoin Pulmonary Reaction. Report of Five Cases. NEJM 279:1258-1262, 1968.

7. Ochsner, S. F., Hatch, H. B. and Leonard, G. L.: Hypersensitivity in the Lungs. Am. J. Roent. Ther. Nucl. Med. 107:290-299, 1969.

8. McCombs, R. P.: Diseases Due to Immunologic Reactions in the Lungs. NEJM 286:1245-1252, 1972.

9. Gell, P. G. H. and Coombs, R. R. A.: Clinical Aspects of Immunology. Oxford, Blackwell, 1968.

10. Rose, M. C. and Cosentino, A. M.: Letter to the Editor. NEJM: 287:308-309, 1972.

11. Liebow, A. A.: New Concepts and Entities in Pulmonary Disease (Chapter 24). The Lung. Edited by Liebow, A. A. and Smith, D. E. Baltimore, Williams and Wilkins Co., 1968.

12. Sevitt, S.: Diffuse and Focal Oxygen Pneumonitis. J. Clin. Path. 27:21-30, 1974.

13. Winter, P. M. and Smith, G.: The Toxicity of Oxygen. Anesthesiology 37:210-241, August, 1972.

14. Back, O., Lundgren, R. and Wilman, L.: Nitrofurantoin-Induced Pulmonary Fibrosis and Lupus Syndrome. Lancet 1:930, 1974.

15. Israel, K. S., Brashear, R. E., Sharma, H. M. et al: Pulmonary Fibrosis and Nitrofurantoin. Amer. Rev. Resp. Dis. 108:353-356, 1973.

16. Cochrane, C. G. and Koffler, D.: Immune Complex Disease in Experimental Animals and Man. Adv. Immunol. 16:186, 1973.

17. Pearsall, H. R., Ewalt, J., Tsoi, M. S. et al: Nitrofurantoin Lung Sensitivity: Report of a Case With Prolonged Nitrofurantoin Lymphocytes With Alveolar Cells. J. Lab. Clin. Med: 83:728-737, May, 1974.

18. Turner-Warwick, M.: Fibrosing Alveolitis and Chronic Liver Disease. Quart. J. Med. 37:133-149, 1968.

19. Moss, J. D., Lewis, J. E. and Knauer, C. M.: Isoniazid-Associated Hepatitis—A Study of Five Cases. Am. Rev. Resp. Dis. 106:849-856, 1972

20. Rudoy, R., Stuenky, J. and Poley, R.: Isoniazid Administration and Liver Injury. Am. J. Dis. of Child. 125:733. May 1973.

Reprints: *Ronald W. Oxenhandler, M.D.*
Dept. of Pathology
University of Missouri School of Medicine
Columbia, Mo. 65201

Bronchogenic Carcinoma

(Continued from page 22)

REFERENCES

1. Matthews, M. J.: Morphology of Lung Cancer. Semin. Oncol. 1:175-182. 1974.

2. Mountain, C. F.: Surgical Therapy in Lung Cancer: Biologic, Physiologic, and Technical Determinants. Semin. Oncol. 1:253-258, 1974.

3. Carr, D. T. and Mountain, C. F.: The Staging of Lung Cancer. Semin. Oncol. 1:229-234, 1974.

4. Delarue, N. C. and Strasburg, S. M.: The Rationale of Intensive Preoperative Investigation in Bronchogenic Carcinoma. J. Thorac. Cardiovasc. Surg. 51:391-411, 1966.

5. Goldberg, E. M., Shapiro, C. M. and Glicksman, A. S.: Mediastinoscopy for Assessing Mediastinal Spread in Clinical Staging of Lung Carcinoma. Semin. Oncol. 1:205-215, 1974.

6. Lee, R. E.: Radiotherapy of Bronchogenic Carcinoma. Semin. Oncol. 1:245-252, 1974.

7. Mallams, J. T., Paulson, D. L., Collier, R. E. *et al:* Presurgical Irradiation in Bronchogenic Carcinoma, Superior Sulcus Type. Radiology 82:1050-1054. 1964.

8. Selawry, O. S.: The Role of Chemotherapy in the Treatment of Lung Cancer. Semin. Oncol. 1:259-272, 1974.

9. Carbone, P. P., Frost, J. K., Feinstein, A. R. *et al:* Lung Cancer: Perspectives and Prospects. Ann. Intern. Med. 73:1003-1024, 1970.

10. Alberto, P.: Remission Rates, Survival, and Prognostic Factors in Combination Chemotherapy for Bronchogenic Carcinoma. Cancer Chemother. Rep., Part 3, 4:199-206, 1973.

11. Selawry, O., Hansen, H., Carr, D. *et al:* Improved Chemotherapy for Advanced Bronchogenic Carcinoma. Proc. Am. Assoc. Cancer Res 15:118. 1974.

12. Bonadonna, G., Brusamolino, E., Valagussa, P. *et al:* Combination Chemotherapy as an Adjuvant Treatment in Operable Breast Cancer. N. Engl. J. Med. 294:405-410, 1976.

13. Shields, T. W., Robinette, D. and Keehn, R. J.: Bronchial Carcinoma Treated by Adjuvant Cancer Chemotherapy. Arch. Surg. 109:329-333. 1974.

14. Bergsagel, D. E., Jenkin, R. D. T., Pringle, J. F. *et al:* Lung Cancer: Clinical Trial of Radiotherapy Alone Versus Radiotherapy Plus Cyclophosphamide. Cancer 30:621-627, 1972.

Reprints: *Allen J. Patton, M.D.*
Ellis Fischel State Cancer Hospital
Columbia, Mo. 65201

In Memoriam

George J. Schaefer, M.D., 1112 Surrey Hills Dr., St. Louis 63117. a graduate of Beaumont Hospital Medical College, 1922; member St. Louis Medical Society; age 79; died Dec. 3, 1976.

John J. Hennelly, M.D., 6500 Chippewa, St. Louis 63109. a graduate of St. Louis University, 1931; member St. Louis Medical Society; age 71; died Dec. 5, 1976.

William J. Cremer, M.D., State Hospital #1, Fulton 65251, a graduate of Washington University, 1937; member Callaway County Medical Society; age 67; died Dec. 7, 1976.

Robert S. Williams, M.D., P.O. Box 147, Mexico 65265, a graduate of National University of Arts and Science Medical Department, 1916; member Audrain County Medical Society; age 84; died Dec. 13, 1976.

Lawrence M. Lawton, M.D., 1040 N. Mason Rd., St. Louis 63141, a graduate of Oklahoma University, 1949; member St. Louis Medical Society; age 53; died Dec. 19, 1976.

Edmond Guldner, M.D., 1103 Broadway, Lamar 64759, a graduate of Strasbourg Medical College, 1914; member Barton County Medical Society; age 86; died Dec. 27, 1976.

20/150 H

20/100 EAR

20/70 ING IS

20/50 AS PRECIOUS

20/40 AS SIGHT HAV

20/30 YOU HAD YOUR HE

20/20 TESTED LATELY A SI

20/15 COMFORTABLE HEARING

20/10 INVESTMENT OF A FEW MIN

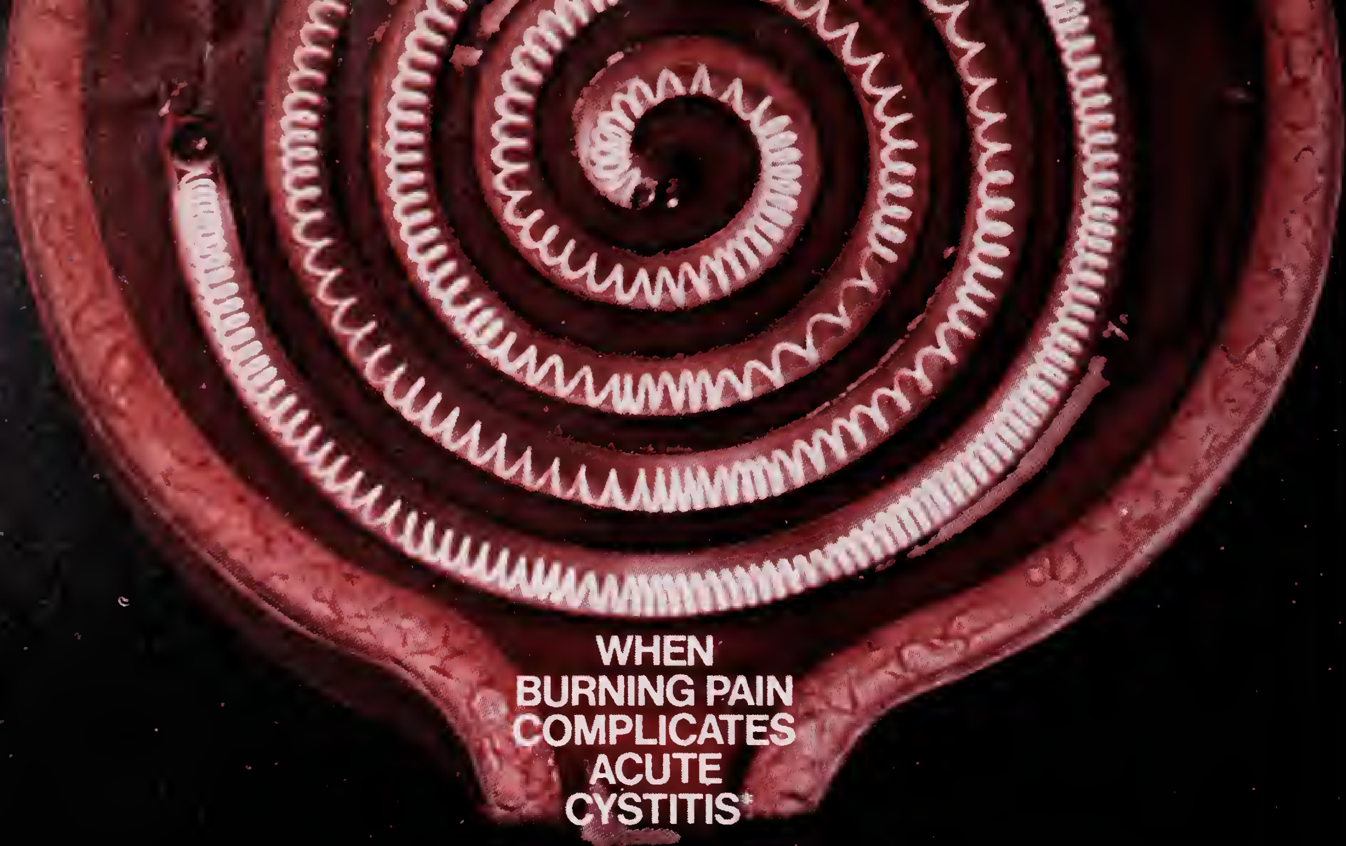
Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING AID WILL HELP



TURN IT OFF WITH

AZO GANTANOL®

Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl.

FOR THE PAIN

- Quickly relieves painful symptoms such as burning and pain associated with urgency and frequency.
- Recommended antibacterial therapy: up to 3 days with Azo Gantanol, then 11 days with Gantanol (sulfamethoxazole).

FOR THE PATHOGENS

- Effectively controls susceptible pathogens such as *E. coli, Klebsiella-Aerobacter, Staph. aureus, Proteus mirabilis* and, less frequently, *Proteus vulgaris*.

*nonobstructed; due to susceptible organisms

Before prescribing, please consult complete product information, a summary of which follows:

Indications: In adults, urinary tract infections complicated by pain (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli, Klebsiella-Aerobacter, Staphylococcus aureus, Proteus mirabilis,* and, less frequently, *Proteus vulgaris)* in the absence of obstructive uropathy or foreign bodies.

Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Children below age 12; sulfonamide hypersensitivity; pregnancy at term and during nursing period; because Azo Gantanol contains phenazopyridine hydrochloride it is contraindicated in glomerulonephritis, severe hepatitis, uremia, and pyelonephritis of pregnancy with G.I. disturbances.

Warnings: Safety during pregnancy not established. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, Stevens-Johnson syndrome, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *G.I. reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia. Cross-sensitivity with these agents may exist.

Dosage: Azo Gantanol is intended for the acute, painful phase of urinary tract infections. *Usual adult dosage:* 2 Gm (4 tabs) initially, then 1 Gm (2 tabs) B.I.D. for up to 3 days. If pain persists, causes other than infection should be sought. After relief of pain has been obtained, continued treatment with Gantanol (sulfamethoxazole) may be considered.

NOTE: Patients should be told that the orange-red dye (phenazopyridine HCl) will color the urine.

Supplied: Tablets, red, film-coated, each containing 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl—bottles of 100 and 500.

ROCHE

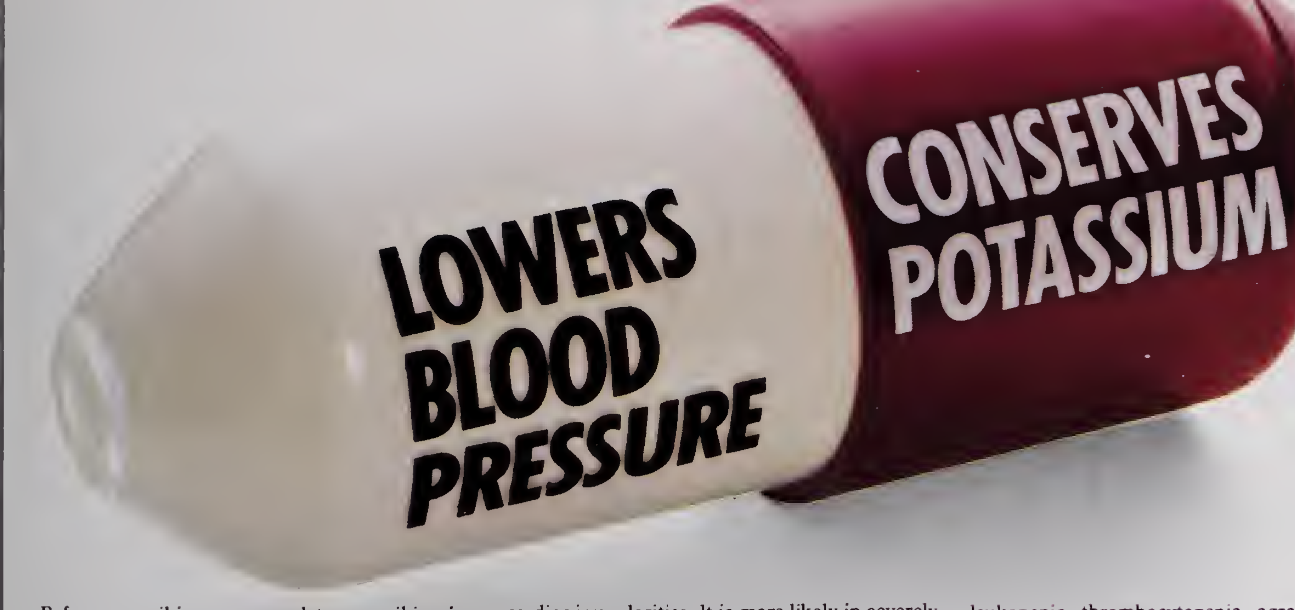
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* WARNING
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Preexisting elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K^+ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy.** Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium® (triamterene, SK&F Co.), and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

BURROUGHS WELLCOME CO. MAKES CODEINE COMBINATION PRODUCTS.

YOU MAKE THE CHOICE.

EMPIRIN® COMPOUND c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 32 mg (gr ½),
(Warning: May be habit-forming);
aspirin, 227 mg; phenacetin, 162 mg;
and caffeine, 32 mg.

C-III

EMPRACET™ c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 30 mg (gr ½),
(Warning: May be habit-forming);
and acetaminophen 300 mg.

C-III

Wellcome
Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

President's Message

This is the beginning of the New Year and the time when most people make resolutions on how to improve themselves during the coming year. A thought struck me that it would be wonderful if the executive and legislative branches of our Federal Government would make a set of resolutions such as—

Max S. Franklin, M.D.

1. That both branches would resolve not to pass any legislation that would increase our national deficit which is now around $650 billion.
2. That the President would veto any such legislation and would advise the Congress that he would continue to do so.
3. That HEW would resolve to control its lower bowels to stop the diarrhea of regulations that are gushing out by the thousands, thus raising the cost of medical care.
4. That the Federal Trade Commission would resolve to take an educational course in Professional Ethics.
5. That PSRO would resolve to follow Resolution #3 about cutting the excess outpouring of regulations.
6. That certain Senators would resolve not to violate States' Rights and Physicians' Civil Rights by introducing bills for Federal Licensure and Re-Licensure of physicians without doing the same for all professions.
7. That Congress should resolve to pass Representative Philip M. Crane's bill, H.R. 15043 (note the large number), which is designed "to guarantee the right of all members to quality medical care by alleviating many of the detrimental side effects of federal intervention in the nation's private health care system."
8. That Congress would resolve not to pass any law to create Socialized Medicine unless it also socializes the news media, the legal profession and used car salesmen.

Of course, all of the above is wishful thinking, albeit sincere and straightforward.

FOUNDED 1924
WOMAN'S AUXILIARY TO THE MISSOURI STATE MEDICAL ASSN.

Woman's Auxiliary

> *"Here's to your good health, and*
> *your family's good health, and may*
> *you all live long and prosper."*
> —Washington Irving

The problem of protecting the public's good health is ever with us. Where the recent influenza immunization effort is concerned, the total commitment evidenced by the medical profession, Missouri Division of Health and volunteer forces attest to the effectiveness which is possible through cooperation.

More than half of Missouri's immunizable citizens have been vaccinated. When measured against a 9% immunized population in some states, Missouri can be proud of its achievement in reaching its citizens. More than 100,000 volunteer hours were contributed, and MSMA Auxiliary leadership and participation have been consistent throughout.

Mrs. George P. Wilson
President

Early December brought news of an outbreak of measles in a Southwest Missouri community and, with it, a new concern described as "an epidemic and a critical situation" by Dr. H. Denny Donnell, Jr., state epidemiologist. The national designation of an Immunization Action Month last fall was deferred with the hope of directing all public attention to the influenza immunization program. Indications are that public attention now **must be redirected** toward the need for protection against **all** immunizable diseases.

For the second year, the Woman's Auxiliary joins forces with the Missouri State Medical Association and the Missouri Division of Health in a concerted effort to increase public awareness through a direct mailing from physician to patient.

You will soon receive a letter of information from the MSMA. A return card will be enclosed to provide easy means for requesting immunization record books and timetables which will be sent to you without charge and in any quantity you indicate. Both can be included in your monthly statement.

Last year, distribution of these materials reached 500,000 Missourians and had the desired effect of reaching and motivating families to seek immunization for adults as well as children. Your Auxiliary is pleased to promote this positive effort. Your requests also may be sent directly to our Auxiliary Health Education Chairman, Mrs. Calvin E. Engelmann, 2000 West 68th St., Shawnee Mission, Kan. 66208.

Whatever your practice, we urge you to take advantage of this effective and simple means of communicating the need for immunization knowledge and protection.

EDITORIAL

MEDICAL SCHOOLS FIND AN INTRUDER

Some obscure but pernicious language in a new federal law is threatening severe difficulties for American schools of medicine.

Stanford and Yale universities are seeking support now to change the law's requirements. Their initiative is welcome.

During final House-Senate conference work on a medical-school assistance bill in September, unprecedented language was inserted. It requires medical schools to reserve places for Americans who were rejected before, and are pursuing their medical studies abroad. The law means that schools could lose their federal grants and loans if they refused to admit some of these previously rejected Americans.

The Administration has not yet drafted regulations to implement this mandate. No proportions or standards have been set. But even the mildest requirement would be an unwarranted intrusion.

Virtually every American medical school is confronted year after year with many more qualified applicants than it has the capacity to accept and train. That some of these rejected applicants seek training abroad is testimony of their pluck and their financial resources. It is no basis for seating the federal government on selection committees.

The issue is emotional and complex. Many schools have established controversial special admission programs to bring in more members of minority groups. Many of these minority students have college records that would otherwise shut them out of medical schools. So some rejected white applicants feel that they are victims of discrimination. That's not quite right, for the sheer numbers of outstanding applicants mean that many well-qualified whites would be turned aside whether the special programs existed or not. The expatriates are victims more of competition than of discrimination.

It is appropriate for a school to adjust its policies to help redress years of discrimination. But it is most inappropriate for government to intrude in the details of selection standards that have little to do with questions of discrimination.

—Los Angeles Times

★

Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Borgmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
Suite 202-B, 6600 West 95th Street, Overland Park, Kansas 66212
Telephone: (Area Code 913) 381-4222

County Society News

FIRST DISTRICT

COUNCILOR
JOHN N. MARTIN, M.D., ST. JOSEPH

Buchanan County Medical Society

The annual meeting and installation dinner of the Buchanan County Medical Society was held at Moila Country Club on December 2. Dr. G. Tyson Carpenter presided and served as installing officer for those who will head the Society during the coming year.

Dr. Richard O. Craig was installed as President. His father, Dr. Owen W. D. Craig, headed the Society in 1970.

Other officers who were installed were Dr. Edmund W. Kline, President-Elect; Dr. Carl K. Ness, Vice-President; Dr. Charles N. Mullican, Secretary; and Dr. Gary A. Dyer, Treasurer.

Dr. Robert F. Tobin was named to the Board of Censors. Dr. Wallace McDonald and Dr. Ernest E. Wadlow were elected MSMA Delegates with Drs. R. Philip Acuff, Gerald E. Fox, Berwyn H. Moen and Gordon S. Paulson being chosen as Alternate Delegates.

Dr. Edward M. Beheler was designated as a member of the Committee on Public Policy. Dr. Edward H. Andres will serve on the Board of Trustees to 1982 and Dr. Carpenter will be on the executive secretary committee.

Following the installation, the Mini-Kicks Band played for dancing. Arrangements for the event were made by Mrs. Robert R. Stuber, Mrs. G. Tyson Carpenter and Mrs. John N. Martin.

Charles N. Mullican, M.D., *Secretary*

Clay County Medical Society

Dr. William D. Soper, Liberty, was chosen as President-Elect of Clay County Medical Society at a meeting in November. In 1978, he will succeed Dr. William R. McPhee of Kansas City, who assumed the presidency of the Society on Jan. 1, 1977.

Dr. Jerry Cook, Gladstone, was elected Vice-President and Dr. Nicola Katf, Kansas City, was elected Secretary-Treasurer.

Dr. John Dernoncourt, Smithville, was elected to a three-year term on the Board of Censors.

Elected to the Society's Executive Committee were Drs. Caroll D. Patterson, John C. Hagan III, Carl Slaughter and Paul Revare of Kansas City.

Drs. Donald A. Fakhoury, Richard C. Hedges, William R. McPhee and Truman B. Schertz were elected as Delegates to the Missouri State Medical Association.

SECOND DISTRICT

COUNCILOR
J. RUSSELL COMER, M.D., NEW LONDON

Chariton-Macon-Mönroe-Randolph County Medical Societies

The Chariton-Macon-Monroe-Randolph County Medical Society held its regular meeting on December 9 in the Library Conference Room of Woodland Hospital in Moberly.

Those attending were Drs. R. L. Bautista, G. R. Hudson, Antonio Aguilera, Jose Hori, C. H. Lin, H. T. Lin, L. E. Huber, R. V. Tompson, W. D. Chute, C. C. Cohrs, J. Will Fleming, Jr., Moberly; F. A. Barnett, Paris; F. L. Harms, Salisbury; P. V. Dreyer, Huntsville; and J. E. Campbell and D. E. Eggleston, Macon. Guests present were Dr. Kurt Vogel, Columbia; Dr. Leopold LeChance, Centralia; and the speaker for the evening, Dr. C. E. Ridenhour of Columbia.

The minutes of the previous meeting were read and approved.

Dr. Eggleston introduced Dr. C. E. Ridenhour whose subject was "Advancements in Vascular Surgery in the Last 20 Years." He called attention to the fact that stroke is the third ranking cause of death in the United States and that more than one-half million people are afflicted annually, 200,000 of whom die. The estimated annual cost to the nation is in excess of $1 billion.

Dr. Ridenhour said that approximately 70% of stroke cases are due to extracranial occlusion of the carotid or vertebral arteries and gave a brief historical review of the study, diagnosis and treatment of carotid artery disease. He illustrated his lecture with a large number of colored slides illustrating the anatomy and pathology of stroke and various method and techniques of surgical treatment.

The meeting was adjourned at 8:30 P.M.

G. R. Hudson, M.D., *Secretary*

•Serving MSMA Since 1943•

MSMA Disability Insurance Programs

Administered By

ALTMAN-SINGLETON & CO. **EGGERT-CARROLL-SCHROEDER AGENCY, INC.**

Disability Income

Benefits up to $2,166 per month—An Individual Contract with special Renewal Guarantees. Lifetime Accident/To Age 65 Sickness—Flexible waiting periods—Designed for the individual or incorporated physician. Plans available for employees.

Office Overhead Expense

Benefits up to $2,000 per month to pay your office expenses during a disability period. Individual contract, Guaranteed Renewable—benefits assignable to corporation—30-day waiting period with retroactive benefit to 1st day. Premium is tax-deductible!

Major Hospital-Nurse Expense

Pays 80% of expenses incurred over deductible you select of $250, $500, or $1,000 up to $20,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Local professional service on a personal basis through our offices on claims or other matters is as close as your telephone.

For full particulars, the Administrators invite you to call or write today.

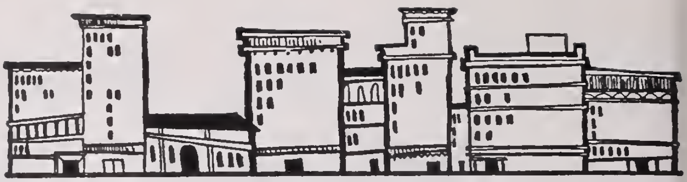
- ***Western Missouri Administrator***

FRED. S. JAMES & CO.
OF MISSOURI, INC.
ALTMAN • SINGLETON & CO.
TWO CROWN CENTER – SUITE 220 – 2420 PERSHING ROAD
KANSAS CITY, MO. 64108 – (816) 842-6670 – TELEX 42-6193

- ***Eastern Missouri Administrator***

EGGERT-CARROLL-SCHROEDER AGENCY, INC.
112 North Fourth Street (314) 231-4465 St. Louis, Mo. 63102

From the Medical Schools



SAINT LOUIS UNIVERSITY

Robert E. Olson, M.D., Ph.D., Alice A. Doisy professor and chairman of the Edward A Doisy Department of Biochemistry and professor of Internal Medicine, delivered the first Henrik Dam Memorial Lecture to the Danish Nutrition Society in Copenhagen, Denmark on Nov. 30, 1976.

Dr. Olson

An internationally-known biochemist, Dr. Olson has been investigating the molecular action of Vitamin K and the coumarin drugs for the past ten years. He gave a retrospective lecture entitled "The Saga of Vitamin K: From Nutrition to Molecular Biology."

The lecture honors *Dr. Henrik Dam,* who discovered Vitamin K in 1936. In 1939, Edward A. Doisy, M.D., Distinguished Service Professor Emeritus of Biochemistry and Chairman Emeritus of the Edward A. Doisy Department of Biochemistry, and his colleagues at the School of Medicine announced the isolation and determination of structure of Vitamin K_1 and K_2. For these discoveries, Professors Dam and Doisy were awarded the Nobel Prize in Physiology and Medicine in 1943. Dr. Dam continued his studies of both Vitamin E and K until his death in the spring of 1976.

New officers were recently elected at the University Hospitals Medical and Dental Staff. *Paul E. Stohr,* M.D., assistant clinical professor of surgery, has been elected president of the medical and dental staff; *J. Lester Zeffren,* M.D., associate clinical professor of internal medicine, is the newly elected vice president; and *James H. Utley,* M.D., senior instructor in internal medicine, is the new secretary and treasurer. The physicians-officers will serve a one-year term.

Three new appointments have been made in the Department of Internal Medicine. The new appointees are *Bernard B. Davis,* M.D., professor of Internal Medicine; *J. Joseph Marr,* M.D., professor of Internal Medicine; and *Andrew J. Lonigro,* M.D., associate professor of Internal Medicine.

UNIVERSITY OF MISSOURI-KANSAS CITY

Four physicians served as visiting Docents at the School of Medicine during the months of November and December.

Dr. Arthur C. Guyton presented lectures on "Philosophy of Overall Circulatory Regulation" and other related topics on November 8-9. Chairman of the Department of Physiology and Biophysics and professor of physiology and biophysics at the University of Mississippi, Dr. Guyton has more than 350 publications to his credit, including his widely used "Textbook of Medical Physiology."

Dr. Robert A. Chase made rounds on medicine on December 8-10 and presented lectures on "Strategies for Thumb Reconstruction" and "What Is the Purpose of National Board Examiners." He is president and director, National Board of Medical Examiners and a member of the Institute of Medicine of the National Academy of Science.

Dr. Edmund Pellegrino presented seminars on "Chemistry and Morphology of Uremic Bone Disease" and "Humanities and Medicine—Can They Inform Each Other?" His visit was from December 13 through 17. Dr. Pellegrino is president and chairman of the board of directors, Yale-New Haven Medical Center, Inc.; editor of the *Journal of Medicine and Philosophy;* and chairman of the editorial board for the *Journal of Medical Education.*

Dr. Samuel Blount was a Visiting Docent in December and took part in all parts of the teaching program in medicine. He is well known as the head of the Division of Cardiology and professor of medicine at the University of Colorado Medical Center, for his many research contributions and for his editorial roles on the major cardiovascular journals.

WASHINGTON UNIVERSITY

Robert G. Roeder, Ph.D., professor of biological chemistry at Washington University School of Medicine, has been awarded a $35,000 Dreyfus Teacher-Scholar Grant.

The grants are given by the Camille and Henry Dreyfus Foundation, Inc. of New York. Recipients are young faculty members who combine interest and demonstrated ability in education and research in the fields of chemistry, biochemistry and

(Continued on page 36)

New Members

John E. Bartlett, M.D., Cox Medical Center, Springfield 65804, has become a member of Greene County Medical Society. Dr. Bartlett is a native of Boston, Mass., received his preliminary education at Tufts University and his M.D. degree at Tufts University in 1967. He specializes in diagnostic radiology.

Marietta O. Belen, M.D., 103 N. Mill, Festus 63028, has become a member of Jefferson County Medical Society. Dr. Belen is a native of the Philippines, received her preliminary education at Far Eastern University and her M.D. degree at Far Eastern University in 1963. She specializes in pediatrics.

Bhisit Bhothinard, M.D., 7415 Hardscrapple Dr., St. Louis 63123, has become a member of St. Louis County Medical Society. Dr. Bhothinard is a native of Satoon, Thailand, received his preliminary education at Satoon Witaya School and his M.D. degree at Chiengmai Medical School in 1968. He specializes in neurology.

Daniel C. Campbell, Jr., M.D., Box 66, Missouri State Chest Hospital, Mt. Vernon 65712, has become a member of Ozarks Medical Society. Dr. Campbell is a native of Jacksonville, Fla., received his preliminary education at the University of Tennessee and his M.D. degree at the University of Tennessee in 1943. He specializes in thoracic surgery.

Lynn N. Carlton, M.D., 403 Professional Bldg., Springfield 65806, has become a member of Greene County Medical Society. Dr. Carlton is a native of Nebraska, received his preliminary education at Wittenberg University and his M.D. degree at Washington University in 1968. He specializes in radiology.

Ronald D. Carter, M.D., 3205 Lansing Ave., Columbia 65201, has become a member of Boone County Medical Society. Dr. Carter is a native of Columbia, Ohio, received his preliminary education at Graceland College and his M.D. degree at the University of Iowa in 1969. He specializes in orthopedic surgery.

Danukodi Chellappa, M.D., 2727 McClelland Blvd., Joplin 64801, has become a member of Jasper County Medical Society. Dr. Chellappa is a native of India, received his preliminary education at St. Xavier's College and his M.D. degree at Madras Medical College in 1957. He specializes in internal medicine.

Walter C. Dandridge, Jr., M.D., Suite 111, Medical Arts Bldg., Joplin 64801, has become a member of Jasper County Medical Society. Dr. Dandridge is a native of San Angelo, Tex., received his preliminary education at Oklahoma University and his M.D. degree at the University of Oklahoma in 1969. He specializes in general and vascular surgery.

Gene L. Davis, Jr., M.D., 11133 Dunn Rd., St. Louis 63136, has become a member of St. Louis County Medical Society. Dr. Davis is a native of Charleston, W. Va., received his preliminary education at the University of Virginia and his M.D. degree at the University of Virginia in 1972. He specializes in radiology.

Richard E. Davis, M.D., 1010 Professional Bldg., Kansas City 64106, has become a member of Jackson County Medical Society. Dr. Davis is a native of Joplin, received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1954. He is in general practice.

Dale F. Dierberg, M.D., 11155 Dunn Rd., St. Louis 63136, has become a member of St. Louis County Medical Society. Dr. Dierberg is a native of St. Louis, received his premilinary education at Rice University and his M.D. degree at Washington University in 1970. He specializes in diagnostic radiology.

William H. Gondring, M.D., 1335 Village Dr., St. Joseph 64506, has become a member of Buchanan County Medical Society. Dr. Gondring is a native of St. Joseph, received his preliminary education at the University of Missouri and his M.D. degree at Washington University in 1962. He specializes in orthopedic surgery.

Philip J. Geib, M.D., 1325 S. Grand Blvd., St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Geib is a native of Minnesota, received his preliminary education at Cornell University and his M.D. degree at St. Louis University in 1973. He specializes in general surgery.

Steve Grace, M.D., 304 Professional Bldg., Springfield 65806, has become a member of Greene County Medical Society. Dr. Grace is a native of Springfield, received his premilinary education at Drury

College and his M.D. degree at the University of Missouri in 1972. He specializes in obstetrics and gynecology.

T. Keith Grebe, M.D., 3209 McClelland Blvd., Joplin 64801, has become a member of Jasper County Medical Society. Dr. Grebe is a native of Boonville, received his preliminary education at Central Methodist College and his M.D. degree at the University of Missouri in 1972. He specializes in obstetrics and gynecology.

C. Richard Gulick, M.D., 1034 S. Brentwood, St. Louis 63117, has become a member of St. Louis Medical Society. Dr. Gulick is a native of St. Louis, received his preliminary education at Westminster and his M.D. degree at the University of Rochester in 1971. He specializes in obstetrics and gynecology.

Loring R. Helfrich, M.D., 1012 N. Main, Sikeston 63801, has become a member of SEMO County Medical Society. Dr. Helfrich is a native of Chicago, Ill., received his preliminary education at Denison University and his M.D. degree at the University of Illinois in 1967. He specializes in surgery.

Gary E. Hrnicek, M.D., 1443 N. Robberson, Springfield 65802, has become a member of Greene County Medical Society. Dr. Hrnicek is a native of Lincoln, Neb., received his preliminary education at the University of Nebraska and his M.D. degree at the University of Nebraska in 1973. He specializes in internal medicine.

Robert E. Hufft, Jr., M.D., 600 S. Glenstone, Springfield 65802, has become a member of Greene County Medical Society. Dr. Hufft is a native of Junction City, Kan., received his preliminary education at William Jewell College and his M.D. degree at the University of Missouri in 1969. He specializes in orthopedic surgery and fractures.

Akira Iwane, M.D., 4989 Barnes Hospital Plaza, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Iwane is a native of Japan, received his preliminary education at Nihon University and his M.D. degree at Nihon University in 1966. He specializes in anesthesiology.

Tom A. Johnson, Jr., M.D., 615 S. New Ballas Rd., St. Louis 63141, has become a member of St. Louis County Medical Society. Dr. Johnson is a native of Newark, N. J., received his preliminary education at Fairfield University and his M.D. degree at St. Louis University in 1968. He specializes in family practice.

Richard W. Kissell, M.D., 600 S. Glenstone, Springfield 65804, has become a member of Greene County Medical Society. Dr. Kissell is a native of Watertown, N. Y., received his preliminary education at the University of Rochester and his M.D. degree at the University of Rochester in 1967. He specializes in internal medicine.

Donald R. Knotts, M.D., 1325 S. Grand, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Knotts is a native of California, received his preliminary education at the University of San Francisco and his M.D. degree at St. Louis University in 1974. He specializes in internal medicine.

Robert S. Lenobel, M.D., 510 S. Kingshighway, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Lenobel is a native of St. Louis, received his preliminary education at Washington University and has M.D. degree at the University of Missouri-Columbia in 1975. He specializes in radiology.

Somsak Lopansri, M.D., 919 S. Jackson, Kennett 63857, has become a member of Dunklin County Medical Society. Dr. Lopansri is a native of Thailand, received his preliminary education at Assumption College and his M.D. degree at Chiengmai School of Medicine in 1967. He specializes in internal medicine.

David L. McMillan, M.D., 113 W. Hickory, Neosho 64850, has become a member of Ozarks Medical Society. Dr. McMillan is a native of Maryville, received his preliminary education at Tarkio College and his M.D. degree at the University of Missouri in 1965. He is in general practice and specializes in internal medicine.

From the Medical Schools

(Continued from page 34)

chemical engineering. This year the Foundation awarded 15 grants totalling $515,000.

The funds are given to provide support for the evaluation of new avenues of research and for the development of new educational methods.

Dr. Roeder is a graduate of Wabash College, Crawfordsville, Ind., the University of Illinois and the University of Washington, where he received his doctorate in 1969.

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Beltone Electronics Corporation	Insert (28-29)
Burroughs-Wellcome Company	Insert (28-29)
Eggert-Carroll-Schroeder Agency, Inc.	33
Fred S. James & Co.	33
Kansas City Southwest Clinical Society	17
Eli Lilly & Company	18
Medical Protective Company	31
Merck Sharp & Dohme	9, 10
Munns Medical Supply	3
Pennwalt Corporation	Insert (20-21)
Pharmaceutical Manufacturers Association	Insert (20-21), 21
Roche Laboratories	2, Insert (28-29), 39, 40
Smith Kline & French	Insert (28-29)
Warner-Chilcott Laboratories	14 & 15

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

FAMILY PHYSICIAN—To join another family physician. Practice incorporated. Town of 5,000, close to Kansas City, Mo. Compensation commensurate with experience. Adequate time off for recreation and postgraduate training. Minimal night and week-end calls. Contact Charles T. Riley, M.D., Box 68, Richmond, Mo. 64085. Telephone 816-776-6945 or 816-776-5546.

ASSOCIATE DIRECTOR FOR CANCER CONTROL—Applicants are invited for the position of Associate Director for Cancer Control, to be responsible for cancer control programs under or in cooperation with the Missouri Cancer Programs, Inc. throughout the state of Missouri. Must be graduate of an accredited school of medicine or school of osteopathic medicine and licensed or eligible for license in the state of Missouri. Preference will be given to those who have been in private practice or have been in preventive medicine or public health and who have an interest and involvement in, or who are currently active in oncology. Position will require reasonable amount of travel. Opportunity for an appropriate academic appointment. Salary and benefits competitive. Apply to Chairman Search Committee, W. C. Allen, M.D., Department of Family and Community Medicine, Medical Center, University of Missouri, Columbia, Missouri 65201. An Equal Opportunity/Affirmative Action Employer.

INTERNIST & FAMILY PRACTITIONER—To join 11-man multi-specialty group; city of 20,000 with a population draw of 60,000. Incorporated, offering excellent salary, fringe benefits and retirement plan. Liberal vacation and study policy. Opportunity to pursue special interest in this practice setting. Clinic presently expanding facilities and is in proximity of Hannibal's two accredited hospitals. Mark Twain's home town is an ideal place to raise a family. Call or write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or Dale J. Anderson, Administrator, at (314) 221-5250, The Hannibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 63401.

NEW 2-BEDROOM HOME—On Virgin Gorda, British Virgin Islands. Available by week or month. Spectacular view, nearby beaches, snorkling. Maid service available. For information, phone 314-389-7555 evenings.

PEDIATRICIAN—22-man multi-specialty group, suburban St. Louis, $35,000 for first year, excellent fringe benefits, two medical schools teaching available. R. O. Olson, Jr., M.D., 2850 W. Clay, St. Charles, Mo. 63301. (314) 724-1940.

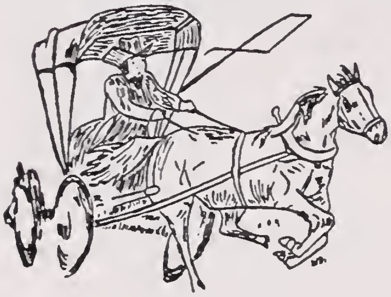
CONFERENCES FOR MEDICAL PROFESSIONALS—Over 500 listings of national/international meetings, conferences and seminars in the medical sciences for 1977. Send a $10.00 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D. C. 20016.

DEACONESS HOSPITAL—St. Louis, Missouri. Full-time Emergency Department physician. Rotating schedule. Three other physicians in group. Excellent compensation and fringe benefits. Contact Emergency Department Director Stephen Spurgeon, M.D. (314) 727-1213.

EMERGENCY MEDICINE: Career opportunities available in Emergency Department medicine in Missouri. Also short-term and locum tenens. Flexible work schedules, competitive remuneration, professional liability insurance provided, vacation, educational leave, interview expenses. Contact T. P. Cooper, M.D., 7701 Forsythe Boulevard, #490, St. Louis, Missouri 63105 or call collect 314-727-1213. Out-of-state call toll free—1-800-325-3982.

LEO H. POLLOCK, M.D.

Missouri Medicine in Review



FORTY YEARS AGO

Ye Ed *thanks the librarians at the Medical Library, University of Missouri-Kansas City, for making available the reference books used to prepare these columns.*

"The medical profession was upset about the proposed eight-hour duty plan for the nursing profession." The following is an excerpt from a letter by a hospital superintendent:

"Dec. 7, 1936—Miss Mabel Beattie, R.N., Secretary Second District, Missouri State Nurses' Association, Kansas City, Mo.

"Dear Miss Beattie: Your letter of Dec. 3, 1936, enclosing recommendations of special duty nurses has been received. As you know, the physicians usually decide whether or not a patient shall have a special duty nurse. Our information from physicians is that, in self-defense, they would be compelled to advise a large percentage of their patients against employment of special duty nurses.

"Their reason is that $15 per day for nurses and $3 per day for board, making a total of $18 per day, in addition to hospital charges of at least $8 per day, making a total of $26 per day, is considerably more than only a few patients can stand.

"Our only recommendation, therefore, is that your organization give careful consideration to the reactions of the medical profession before adopting the proposed recommendations. Yours truly."

TWENTY-FIVE YEARS AGO

Los Angeles was the scene of the fifth Annual Clinical Session of the AMA on December 4-7. Approximately 4,000 physicians from all parts of the country registered.

U. S. Sen. Robert A. Taft, Ohio's Republican senator, and Sen. Harry F. Byrd, Virginia's Democratic senator, appeared before a large gathering at a special meeting of the AMA House of Delegates.

John W. Cline, M.D. of San Francisco, AMA President, introduced the two senators. He said that "it is fitting that the AMA provides a forum for the senators. The AMA is a large nonpartisan, professional organization, including both Republicans and Democrats."

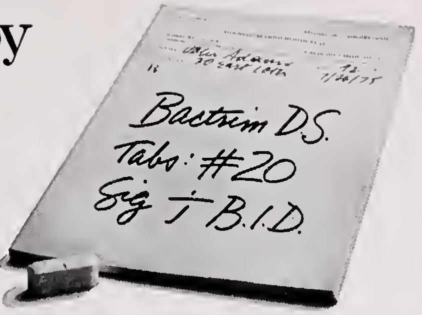
At a recent meeting, the AMA Board of Trustees decided that there would be no fellowship dues for 1952. The Board felt that the dues are no longer required since AMA members are now paying membership dues and, further, the fellowship dues requirements were too confusing to members as a whole.

TEN YEARS AGO

The American Medical Association has endorsed the idea of a new medical specialty of "Family Practice" and has authorized its Council on Medical Education to move forward with plans for implementing the idea. The AMA House of Delegates approved the action during its 1966 Clinical Session on November 28-30 in Las Vegas. The Committee's final report was described as "a document of major importance on a subject of vital significance to the health care of the American public."

Dr. John H. Wells, Kansas City, received an alumni citation award from Bishop College in Dallas, Tex. and was the featured speaker at a homecoming brunch at the College in November.

Dr. R. W. Bohnsack, Brookfield, was presented a wristwatch as a gift of appreciation from the football teams of Brookfield High School at the annual football banquet. He has served as team physician for both teams for seven years.



0-day Bactrim therapy utperforms 10-day mpicillin therapy.

a multicenter, double-blind study of patients with
ronic or frequently recurrent urinary tract infection,
actrim 10-day therapy outperformed ampicillin
-day therapy by 27.2%, when comparing patients
ho maintained clear cultures for eight weeks.
iterion for "clear culture" was 1000 or fewer organ-
ns/ml of urine.

While adverse reactions noted in this study were
ild (*e.g.*, vomiting, nausea, rash), more serious reac-
ns can occur with these drugs. See manufacturer's
oduct information for complete listing. Maintain
lequate fluid intake; perform frequent CBC's and
inalyses with microscopic examination.

te: Bactrim tablets were used in these clinical trials. Bioequiv-
ncy studies show one Bactrim DS double strength tablet is
uivalent to two Bactrim tablets.

Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

Double Strength tablets Just 1 tablet B.I.D.

Bactrim™

(80 mg trimethoprim and 400 mg sulfamethoxazole)

2 tablets B.I.D.

or chronic or frequently recurrent cystitis nd pyelonephritis due to susceptible organisms.

**fore prescribing, please consult complete product information, a
mmary of which follows:**

**dications: Chronic urinary tract infections evidenced by persistent
cteriuria (symptomatic or asymptomatic), frequently recurrent infec-
ns (relapse or reinfection), or infections associated with urinary
ct complications, such as obstruction.** Primarily for cystitis, pyelo-
phritis or pyelitis due to susceptible strains of *E. coli, Klebsiella-
terobacter, Proteus mirabilis, Proteus vulgaris* and *Proteus
organii.*

TE: The increasing frequency of resistant organisms limits the use-
lness of antibacterials, especially in these urinary tract infections.
e recommended quantitative disc susceptibility method (*Federal
gister, 37*:20527-20529, 1972) may be used to estimate bacterial
sceptibility to Bactrim. A laboratory report of "Susceptible to tri-
thoprim-sulfamethoxazole" indicates an infection likely to respond
Bactrim therapy. If infection is confined to the urine, "Intermedi-
susceptibility" also indicates a likely response. "Resistant" indi-
tes that response is unlikely.

ntraindications: Hypersensitivity to trimethoprim or sulfonamides;
egnancy; nursing mothers.

rnings: Deaths from hypersensitivity reactions, agranulocytosis,
lastic anemia and other blood dyscrasias have been associated
th sulfonamides. Experience with trimethoprim is much more
nited but occasional interference with hematopoiesis has been re-
rted as well as an increased incidence of thrombopenia with pur-
ra in elderly patients on certain diuretics, primarily thiazides.
re throat, fever, pallor, purpura or jaundice may be early signs of
rious blood disorders. Frequent CBC's are recommended; therapy
ould be discontinued if a significantly reduced count of any formed
od element is noted. **Data are insufficient to recommend use in in-
ts and children under 12.**

cautions: Use cautiously in patients with impaired renal or hepatic
nction, possible folate deficiency, severe allergy or bronchial
hma. In patients with glucose-6-phosphate dehydrogenase defi-
ncy, hemolysis, frequently dose-related, may occur. During ther-
, maintain adequate fluid intake and perform frequent urinalyses,
h careful microscopic examination, and renal function tests, par-
ularly where there is impaired renal function.

verse Reactions: All major reactions to sulfonamides and trimeth-
rim are included, even if not reported with Bactrim. *Blood dys-
sias:* Agranulocytosis, aplastic anemia, megaloblastic anemia,
ombopenia, leukopenia, hemolytic anemia, purpura, hypopro-
ombinemia and methemoglobinemia. *Allergic reactions:* Erythema
multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for children under 12. Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) every 24 hours
Below 15	Use not recommended

Supplied: Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10.

Oral suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole; fruit-licorice flavored—bottles of 16 oz (1 pint).

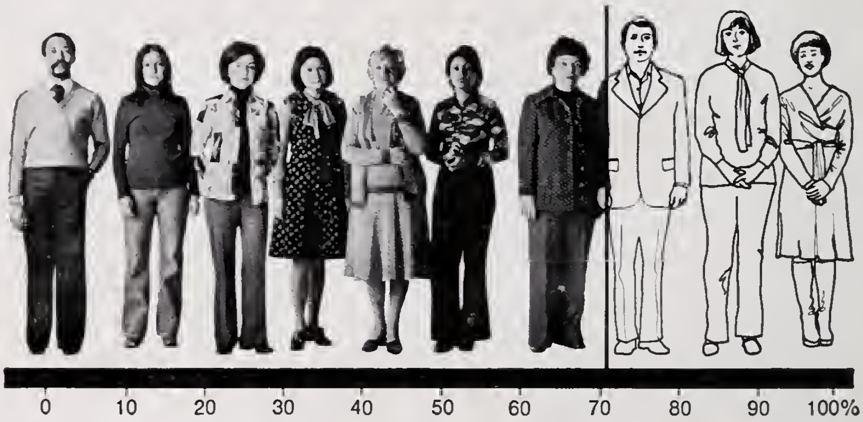
ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

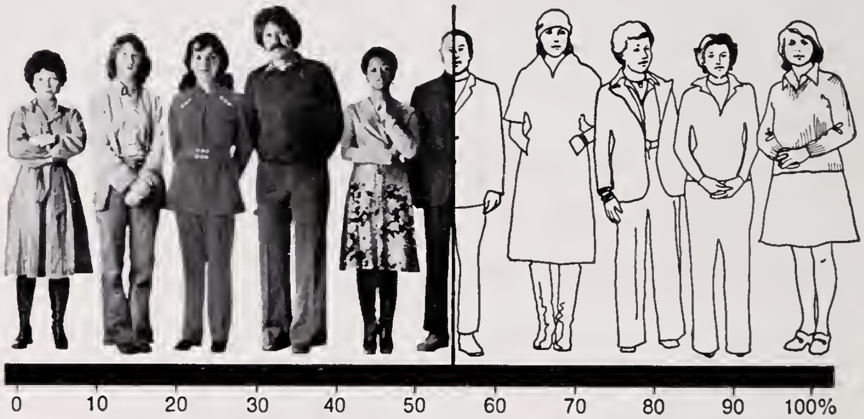
In a multicenter study of patients with chronic or frequently recurrent urinary tract

Bactrim was 27.2%* more effective than ampicillin in keeping patients infection-free for 8 weeks.†

of Philadelphia, Library
19 South 22nd Street 19103
Philadelphia 3, Pa.



Bactrim–70.5% of 78 patients infection-free at 8 weeks.



ampicillin–55.4% of 74 patients infection-free at 8 weeks.

*This percentage is arrived at by the statistical method of dividing the difference between Bactrim and ampicillin results (15.1%) by the percent of ampicillin results (55.4%).

†Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110

Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

Double Strength tablets
Just 1 tablet B.I.D.

Note: Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

Please see summary of product information on preceding page. ROCHE

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

FEB 25 1977

MDS

FEBRUARY, 1977
VOLUME 74, NUMBER 2

Special Report:

ACTIONS

of the

Missouri State Medical Association

FIRST

INTERIM SESSION

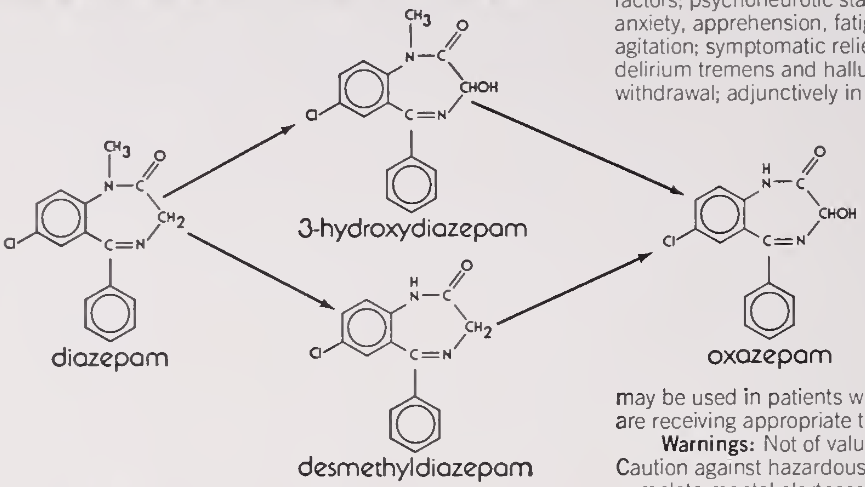
Page 52

119th
MSMA
ANNUAL
SESSION
PRELIMINARY
PROGRAM
Page 47

Contents on Page 45

119th MSMA Annual Session
April 14-17, 1977 St. Louis

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) Ⓘⓥ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

You now have Bio-Science quality right around the corner.

For physicians, hospital laboratories and clinic laboratories whose first concern is for quality of work, Bio-Science Laboratories has had no peer for over 25 years. Our dedication to excellence automatically carries over to our St. Louis Branch, with the same quality controls, the same methods, the same normals, and the same high standards of performance as at our Main Laboratory in California.

The St. Louis Branch of Bio-Science Laboratories is directed by Frank F. Hall, Ph.D. Call him or the Assistant Director, Arthur W. Perkins, Ph.D., for information: (314) 426-3474. Pick-up service and report delivery are available in St. Louis and surrounding areas.

Bio-Science

Bio-Science Laboratories
The unusual laboratory
for unusual tests

St. Louis Branch
1530 Page Industrial Blvd.
St. Louis, MO 63132
(314) 426-3474

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missouri State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in Missouri Medicine is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Max S. Franklin, M.D., St. Louis
President-Elect, Howard J. McAlhany, M.D., Springfield
Vice-President, Hubert A. Ritter, M.D., St. Louis
Vice-President, Charles H. Appleberry, M.D., Rivermines
Vice-President, Miles C. Whitener, M.D., St. Louis
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, James T. Brown, M.D., Springfield
Vice-Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau

DELEGATES TO THE AMA

Stanley S. Peterson, M.D., Springfield
James C. Sisk, M.D., St. Louis, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald R. Judd, M.D., St. Louis, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*

COUNCILORS

1st District, John N. Martin, M.D., St. Joseph, *Chairman*
7th District, Andrew McCanse, M.D., Kansas City, *Vice-Chairman*

2nd District, J. Russell Comer, M.D., New London
3rd District, Richard V. Bradley, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
5th District, H. Peter Ekern, M.D., Mexico
6th District, R. John Torontow, M.D., Nevada
8th District, Walter A. German, Jr., M.D., Springfield
9th District, Claude W. Cooper, M.D., Thayer
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff

R. Allen Chandler, M.D., Kansas City, *Immediate Past-President*

Executive Secretary, Royal O. Cooper

Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

Contents for February, 1977

Special Features:

Preliminary Program, 119th MSMA Annual Session 47
Minutes, First MSMA Interim Session . . . 52
The Council Reports 67

News and Features:

In Brief 50
MSMA News Round-Up . . . . Insert (50-51)
Continuing Education Coming Events . . . 64
From the Medical Schools 66
President's Message 81
Woman's Auxiliary 82
New Members 83
County Society News 86
In Memoriam 86
Index to Advertisers 89
Missouri Medicine in Review 90

contains no aspirin

tablets
Darvocet-N® 100
100 mg. Darvon-N® (propoxyphene napsylate)
650 mg. acetaminophen

Lilly

Additional information available to the profession on request.
Eli Lilly and Company, Inc.
Indianapolis, Indiana 46206

700043

Preliminary Program

119th Annual Session

MISSOURI STATE MEDICAL ASSOCIATION

Stouffer's Riverfront Towers, St. Louis **April 14-17, 1977**

Thursday, April 14

8:30 AM Practice Management Workshop.

11:00 AM **Registration of Delegates.**

1:30 PM **House of Delegates Meeting,** opening session.

3:00 PM Reference Committee Meetings.

6:30 PM Missouri State Surgical Society Executive Council Meeting.

Friday, April 15

8:00 AM **Registration.**

8:00 AM Missouri University Alumni Board of Governors Breakfast Meeting.

9:00 AM **General Session.** Current Issues Confronting the Physician.
Introduction: Max S. Franklin, M.D., St. Louis, MSMA President.

10:30 AM **Intermission to View Exhibits.**

10:30 AM Presiding: Robert E. Bolinske, M.D., St. Louis, President, Missouri State Allergy Association.
Speaker:
Current Concepts in Pulmonary Function Testing, Wilbur G. Avery, M.D., Chief, Division of Pulmonary Diseases, South Miami Hospital, South Miami, Fla.
Sponsored by the Missouri State Allergy Association and the Missouri Chapter American Academy of Pediatrics.

*11:00 AM *Multi-Modality Approach in the Treatment of Early Stage Cancer: The Theoretical Basis and Clinical Application.*
Moderator: Cary Presant, M.D., St. Louis.
Speakers: *"Theoretical Considerations of Multi-Modality Therapy,"* Cary Presant, M.D., Assistant Professor of Medicine, Washington University, St. Louis.
"Clinical Application—Breast Cancer," Gordon W. Philpott, M.D., Associate Professor, Department of Surgery, Washington University, St. Louis.
"Clinical Application—Pediatric Cancer," Arthur McElfresh, M.D., Professor and Chairman, Department of Pediatrics, St. Louis University, St. Louis.
"Clinical Application—Gynecological Cancer," Lily Ann Hanes, M.D., Assistant Professor of Radiology, Washington University, St. Louis.
James Blythe, M.D., Chief, Department of OB-GYN, St. John's Mercy Medical Center, St. Louis.
Sponsored by the American Cancer Society, Missouri Division.

11:00 AM *Management of Common Anal-Rectal Problems.*
Moderator: Francis Burns, M.D., St. Louis.
Current Techniques in the Management of Hemorrhoids, Francis Burns, M.D., St. Louis.
Establishment and Management of Internal Stomata, Ira J. Kodner, M.D., St. Louis.
Treatment of Colon Polyps Colonos Copis Resection, Edward Kinsella, M.D., St. Louis.
Sponsored by the Missouri State Surgical Society.

*11:00 AM *Brasher Memorial Lecture* sponsored by the American Lung Association of Missouri and the Missouri Thoracic Society.
Moderator: Daniel J. Hurst, M.D., Columbia.
Adult Respiratory Distress Syndrome, Stephen S. Lefrak, M.D., Pulmonary Section, Jewish Hospital, St. Louis.

12:30 PM Missouri University Alumni Luncheon.

12:30 PM Missouri Thoracic Society Luncheon and Business Meeting.

1:00 PM *Medicine and Marriage,* Gordon Deckert, M.D., Professor and Chairman, Department of Psychiatry, University of Oklahoma, Norman, Okla.
Sponsored by the MSMA Woman's Auxiliary and the Missouri Psychiatric Association.

* 2:00 PM *Pathology and Cytology of Bladder Cancer.*
Speaker: Leopold G. Koss, M.D., Cytopathologist, Montefiore Hospital and Medical Center, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology and the Federation of Missouri Urologists.

---

* Concurrent Sessions.

2:00 PM *Diagnosis and Management of Jaundice Due to Choledocholithiasis.*
Moderator: Donald Kaminski, M.D., St. Louis.
Diagnosis in the Jaundiced Patient, Guillermo Geisse, M.D., St. Louis.
The Non-Operative Removal of Common Duct Stones, Robert Stanley, M.D., St. Louis.
Management of Current Common Duct Stones, Donald Kaminski, M.D., St. Louis.
Sponsored by the Missouri State Surgical Society.

° 2:00 PM Presiding: Donald Youll, M.D., Kansas City, President-Elect, Missouri State Allergy Association.
Speaker: Wilbur G. Avery, M.D., *Program on Current Concepts in Pulmonary Function Testing* (Continued).
Sponsored by the Missouri State Allergy Association and the Missouri Chapter American Academy of Pediatrics.

3:30 PM **Intermission to View Exhibits.**
3:30 PM Missouri State Medical Foundation Board Meeting.
4:00 PM **House of Delegates,** second session.
4:30 PM Missouri State Allergy Association Business Meeting.
6:00 PM Reference Committee Meetings.
6:00 PM Cocktails and Dinner Meetings:
Missouri Society of Pathologists.
Missouri Psychiatric Association.
Missouri State Surgical Society.
Missouri State Allergy Association.

Saturday, April 16

7:30 AM MSMA Woman's Auxiliary Public Affairs Breakfast.
8:00 AM **Registration.**

° 9:00 AM *Program on Current Concepts in Pulmonary Function Testing* (Continued).
Presiding: Donald L. Thurston, M.D., St. Louis.
Speaker: Wilbur G. Avery, M.D., Chief, Division of Pulmonary Diseases, South Miami Hospital, South Miami, Fla.
Sponsored by the Missouri State Allergy Association and the Missouri Chapter, American Academy of Pediatrics.

° 9:00 AM Program on "*Exercise Testing*" to be Sponsored by the Missouri Heart Association, Inc.

° 9:00 AM Slide Seminar on *Gynecological Pathology.*
Speaker: Leopold G. Koss, M.D., Cytopathologist, Montefiore Hospital and Medical Center, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology, the American College of Obstetrics and Gynecology (Missouri Section) and Missouri OB-GYN Society.

° 9:00 AM Program sponsored by the Missouri Ophthalmological Society, Inc.
Moderator: Robert K. Weir, M.D., Kansas City.

9:00 AM *Management of Common Venous Problems.*
Current Management of Varicose Veins and Ulcers, Theodore Dubuque, M.D., St. Louis.
The Prevention of Postoperative Thrombophlebitis, Hendrick Barner, M.D., St. Louis.
Diagnosis and Management of Thromboembolism.
Sponsored by the Missouri State Surgical Society.

10:00 AM *Sexuality,* Theodore M. Cole, M.D., Professor, Department of Physical Medicine and Rehabilitation, University of Minnesota, Minneapolis, Minn.
Moderator: Shirley McCleur, M.D., Columbia.
Sponsored by Physical Medicine and Rehabilitation.

10:30 AM **Intermission to View Exhibits.**

°11:00 AM Speaker: Marvin E. Chernosky, M.D., Clinical Professor of Dermatology, University of Texas, Houston, Tex.
Program sponsored by the Missouri Dermatological Society.

°11:00 AM *Fundamentals of Acid-Base Therapy and Practice.*
Speaker: Walter C. Bernards, M.D., Chairman, Department of Anesthesiology, St. Vincent's Hospital, Portland, Ore.
Moderator: Melvin M. Schwartz, M.D., St. Louis.
Sponsored by the American College of Obstetricians and Gynecologists (Missouri Section).

°11:00 AM Slide Seminar on *Non-Gynecological Pathology.*
Speaker: Leopold G. Koss, M.D., Cytopathologist, Montefiore Hospital and Medical Center, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology.

° Concurrent Sessions.

11:00 AM *Specific Problems in the Burn Patient.*
Moderator: Francis X. Paletta, M.D., St. Louis.
Control of Infection in Burns, William Monafo, M.D., St. Louis.
Reconstruction of Burned Area, Francis X. Paletta, M.D., St. Louis.
Sponsored by the Missouri State Surgical Society.
12:30 PM Missouri Ophthalmological Society, Inc. Luncheon.
12:30 PM Missouri OB-GYN Society and American College of Obstetricians and Gynecologists Luncheon.
12:30 PM Fifty-Year Club Luncheon.
12:30 PM Physical Medicine and Rehabilitation Luncheon.
12:30 PM Missouri Society of Neurosurgeons Luncheon.
1:30 PM *The Hearing Handicapped Child—Diagnosis, Evaluation and Management*—A Symposium.
Moderator: Donald J. Joseph, M.D.
Sponsored by the Missouri Ear, Nose and Throat Association.
1:30 PM
Moderator: Robert J. Stanley, M.D., St. Louis.
Microfocus Macroradiology in Pediatrics, Armand Brodeur, M.D., Cardinal Glennon Memorial Hospital, St. Louis.
Cervical Spondylosis, John W. Fries, M.D., St. Anthony's Medical Center, St. Louis.
Interpretation of Complex Carpal Abnormalities Stressing the PA View, Louis A. Gilula, M.D., Barnes Medical Center, St. Louis.
Cranial CT Scanning After Four Years: An Overview, Ben R. Mayes, Jr., M.D., St. Luke's Hospital, St. Louis.
Sponsored by the Missouri Radiological Society.
[*] 2:00 PM Panel Discussion sponsored by the Missouri Dermatological Society.
[*] 2:00 PM Panel Discussion on *Fetal Management.*
Moderator: Fernando Arias, M.D., St. Louis.
Participants: *Patricia Monteleone,* M.D., Associate Professor of Pediatrics, St. Louis University, St. Louis.
Eugene G. Hamilton, M.D., Professor of OB-GYN, St. Louis University, St. Louis.
James P. Crane, M.D., Assistant Professor of OB-GYN, Washington University, St. Louis.
Sponsored by American College of Obstetricians and Gynecologists (Missouri Section).
3:30 PM Intermission to View Exhibits.
5:00 PM Missouri University Medical Alumni Cocktail Party.
5:00 PM St. Louis University Medical Alumni Cocktail Party.
5:00 PM Washington University Medical Alumni Cocktail Party.
5:00 PM Missouri Dermatological Society Dinner.
6:30 PM Social Hour for those attending Annual Banquet.
7:15 PM Annual Banquet in honor of MSMA Past-Presidents.

Sunday, April 17

7:30 AM House of Delegates Meeting, Breakfast and Final Session.

---

[*] Concurrent Sessions.

DON'T MISS

. . . . This Excellent Scientific Program
. . . . The General Luncheon
. . . . The Sessions of the House of Delegates
. . . . The Outstanding Exhibits
. . . . The Annual President's Banquet

119th MSMA Annual Session — April 14-17, 1977

in Brief

A summary of AMA, medical & health news

American Medical Association/535 North Dearborn Street/Chicago, Illinois 60610/Phone (312) 527-1500/TWX 910-221-0300

A SECTION on Medical Schools was established by the House of Delegates at the AMA's 30th Clinical Convention in Philadelphia. Membership will consist of the dean of each approved medical school and three members of each administration or faculty who will be appointed by the dean. The Section on Medical Schools joins the Resident Physician Section and the Medical Student Business Session as special sections of the House closely allied to medical education.

A RESEARCH PROJECT to identify the postgraduate education needs of physicians of various ages, specialties and practice settings and to determine how the AMA should respond to these needs was authorized by the Board of Trustees. Results of the study are expected for the 1977 Annual Convention. The Board also endorsed revised standards and criteria for the selection of convention sites.

AMA MEMBERS could save as much as $1,526 a year on their insurance plans, according to a recent study conducted by William M. Mercer, Inc., insurance consultant to the AMA. The study compared individual insurance plans with the membership insurance program available through the AMA. The firm sought coverage from outside companies for a "hypothetical" physician at age 46, then drew comparisons with AMA rates.

EVIDENCE OF untreated illness among inmates of the nation's jails surfaced from an AMA survey conducted as part of its jail medical project. The project is designed to develop medical care systems for use as models for the nation's jails.

RESIDENT PHYSICIAN sections have been established by the Houses of Delegates of the Washington State Medical Association, the Illinois State Medical Society and the Texas Medical Association. Six other state societies have formal resident physician sections and about 20 societies have some type of informal arrangement.

COUNSELING SERVICES for state medical societies interested in establishing a resident physician section are now available through the AMA's Dept. of House Staff Affairs.

THE AMA EDUCATION and Research Foundation was urged to promote more and better private loan and grant funds and to encourage greater participation in the AMA-ERF fund program. The AMA Council on Medical Education pointed out that the number of medical students seeking loans and scholarships had increased in the past few years while funds available had not. AMA-ERF has guaranteed about $75 million in loans to medical students since the program began in 1962 and will guarantee about $8 million more this year.

PHYSICIANS RANK number one on the public scale of honesty and ethical standards according to a recent Gallup poll which asked a nationally representative sample of the public to rate the honesty and ethical standards of eleven occupations. Engineers and college professors ranked two and three respectively.

MEDICAL GROUP PRACTICE has shown significant growth in the 1970s, according to the current edition of the AMA's Profile of Medical Practice. The information is compiled by the AMA's Center for Health Services Research and Development from the AMA's Physician Masterfile and the Periodic Survey of Physicians. The book shows there are 8,483 medical groups whose 66,842 physicians represent 23.5% of the active non-federal physician population.

A COMPUTER consulting service for physicians has been developed by the AMA. A computer specialist will travel to physicians' offices to assess practice needs and offer recommendations for office computer assistance. The consultant will act on a cost-plus-fixed-fee-basis. For information write Dept. of Computers in Medicine, AMA Headquarters.

AVAILABLE FROM AMA: *Emergency Department—A Handbook for the Medical Staff,* OP 131, on problems confronting medical staff in the hospital emergency room. Cost is $2.00 ea. for 1-10 copies; $1.65 ea. for 11-49 copies; and $1.25 ea. for 50 or more. Write Order Dept., AMA Headquarters.

MSMA

NEWS ROUND-UP

February, 1977

Medicaid ... what can be done?

Medicaid in Missouri is a mess!! Now, what are the physicians going to do about it?

The support of all Missouri physicians in gaining a fair fee schedule for the Medicaid Program was requested by the MSMA House of Delegates at its Interim Session.

The Resolution adopted by the House pointed out that payments to physicians for medical care rendered to Title XIX recipients have been substandard and irregular in amount and that delays between billings and payments have been excessive and irregular. In addition, arbitrary disallowances by the state are commonplace. The Resolution states that this "is no longer tolerable."

Although the high standard of care for Medicaid patients has been maintained at considerable cost to the physician providers, the unrealistically low fee schedule has resulted in an increasing number of Missouri physicians who do not participate in the program.

The immediate future of the Medicaid Program does not look rosy. In discussions with the Missouri Division of Family Services over the past several months, a special Committee of the MSMA was able to convince state officials that an increase in fees was needed. However, the November election changed the state's Administration and much of the work done by the Committee was undone.

Rather than calling for an increase in funding to pay physician fees under Medicaid in 1977, the new Administration requested a $2 million decrease in this area.

When the Medicaid program was initiated in 1968, the state agreed to provide reasonable reimbursement to physicians for the medical care of welfare recipients. Since 1968, there has been little or no increase in allowable fees. Meanwhile, in the last five years alone (1971 to 1976), the Consumer Price Index has increased more than 40 percent. In this same period, the percentage of the Medicaid budget paid to physicians has dropped from 19.4 percent to 15 percent. Often, the present fee fails to cover the overhead cost of certain procedures.

The only solution to the Medicaid situation is for the state to provide fair payment for services received. After many months of study and discussion with physicians across the state and with state officials, the MSMA has recommended that the funding level for physician services under Medicaid be increased so that Medicaid fees would match those fees paid by the federal Medicare program as administered by General American Life Insurance Company of St. Louis.

Medicare reimbursement is based on the 75th percentile of prevailing charges of participating physicians and has a built-in two-year lag on prevailing charges. In adopting such a payment policy, Medicaid would probably be able to take advantage of schedules already drawn up and could possibly utilize computer services and information from the Medicare administrator.

Adoption of the Medicare Area I fee schedule would reduce the confusion of both patients and physicians concerning payment by state and federal medical programs. It would, the MSMA firmly believes, result in increased participation by physicians in the Missouri Medicaid program.

Missouri's State Senators and Representatives need to be convinced that the Medicaid program is destined to fail if fair and reasonable fees are not paid to physician providers. This will require MSMA members from across the state to contact their lawmakers and explain the growing problems of inadequate fees and non-participation.

All members are urged to write or call their representatives. If you are willing to take a more active role in this campaign or feel you require additional information, please clip the accompanying blank and mail to MSMA Headquarters, P.O. Box 1028, Jefferson City, MO 65101.

Medicaid Contacts

I would like to take an active role in gaining fair and reasonable reimbursement for physician services under Medicaid.

Please send me additional information.

Name ______________________________

Street ______________________________

City/State ______________________________

Mail To:

Missouri State Medical Association
113 Madison, P.O. Box 1028
Jefferson City, Mo. 65101

Effective letters have impact on Legislators

Passage of good legislation and prevention of passage of bad legislation before the Missouri General Assembly is one of the aims of the MSMA. But, it is not the responsibility of just a few dedicated members and officers and the staff, it is the responsibility of all Association members.

Perhaps the most effective, yet least time-consuming, methods of providing physician input into proposed bills dealing with medical matters is direct communications between the doctor and his Senator and Representatives. Many, many times the staff has been told by lawmakers that they seldom receive letters from physicians, but other professions (such as chiropractic) are diligent in their communications campaigns.

Remember, politicians rely on communications from their constituents. An effective letter, or telephone call, can often change a vote. To write, merely address your letter to your Representative or Senator, State Capitol Building, Jefferson City, MO 65101. The following suggestions may make your communications more effective.

1. Write on your personal or business letterhead, if possible, and sign your name over your typed signature.
2. Be sure your exact return address is on the letter, not just the envelope. Envelopes sometimes get thrown away.
3. Identify your subject clearly. State the name of the legislation you're writing about. Give the House or Senate Bill number, if you know it.
4. State your reason for writing. Your own personal experience is your best supporting evidence. Explain how the issue would affect you, your patients or your profession.
5. Avoid stereotyped phrases and sentences that give the appearance of "form" letters.
6. Be reasonable. Don't threaten. Don't say, "I'll never vote for you unless you do such and such."
7. Ask him to state his position in his reply. As his constituent, you're entitled to know.
8. The timing of your letter is important. Begin to encourage approval or disapproval of a bill, or to recommend that it be amended, while it is in committee. Of course, this isn't always the case. Sometimes your legislator may reserve his judgment — and his vote — until the sentiment of his constituency has crystallized.
9. Thank him, if he pleases you with his vote on an issue. Everybody appreciates a complimentary letter, and remembers it. Legislators are no exception. But if he votes contrary to your position, don't hesitate to let him know. He will remember that, too.
10. Please send blind carbons of your letter to the Missouri State Medical Association. This is an invaluable aid to us in letting you know when your contacts will be effective.

Communicable diseases immunization level low

MSMA members will soon be receiving information concerning a program to increase the level of immunizations against communicable diseases in Missouri.

Records show that immunizations among pre-school children for measles, rubella and polio are at dangerously low levels. In recent months, the number of measles cases has shown a significant increase over previous years. Health officials warn that outbreaks of other communicable diseases are very possible if the level of immunizations is not increased.

The MSMA Auxiliary, in cooperation with the MSMA and State Division of Health, are conducting this statewide program for the second consecutive year. Last year, over 2,000 MSMA members participated in the project. A total of 500,000 "Immunization Timetables" and "Immunization Records" were mailed to patients by their physicians.

The publications are designed to fit into the physician's billing envelope and they require no additional postage. Members can order the pamphlets by filling out the Return Card which will be included in the mailing.

It is hoped that many MSMA members will again participate in this important project in order to increase immunization levels among Missouri pre-school children.

State Coordinating Council to hold meeting Feb. 10-11

The first meeting of the Missouri Statewide Health Coordinating Council will be held Feb. 10-11 at the Ramada Inn in Jefferson City. This is the coordinating council for the five area Health Systems Agencies in the state.

Representing the MSMA on the Council is Dr. Robert E. Bregant of Jefferson City. Other medical doctors on the 42-member Council are Dr. Tom R. Anderson, Columbia, Dr. Milton Shoss, Cape Girardeau, and Dr. Van Taylor, Bonne Terre.

Several of the HSA's have held meetings during the past month and are beginning to get off the ground.

HSA I (MAHSA) has adopted a set of policies to be used in carrying out planning responsibilities.

Area II HSA is in the process of selecting members to Subarea Councils.

The Greater St. Louis HSA (III) has started publishing a biweekly newsletter. Call HSA III if you want to receive copies of "Health Systems Briefing." (241-5810.)

Southwest Missouri HSA (Area IV) is establishing a Steering Committee which will develop a Subarea Advisory Council in the Lakes Country subarea.

'Legionnaire' link found

A bacteria-like organism previously unknown as a human killer, caused the Legionnaires' Disease which killed 29 persons in Philadelphia last summer, the national Center for Disease Control announced.

Researchers said the organism, which has no name, apparently poses no threat of contagion.

MSMA Annual Session set for new location

Arrangements are being completed for the 119th Annual Session of the Missouri State Medical Association, April 14-17, 1977, at Stouffer's Riverfront Towers in St. Louis.

This will be the first time the Annual Session has been held at Stouffer's. Preliminary Programs and hotel reservation cards will be mailed to MSMA members in late February. Members are urged to make hotel reservations early.

With indications of increased physicians concern and involvement in both socioeconomic and continuing medical education areas, the 1977 Convention is expected to be one of the largest in the history of the Association.

The current malpractice insurance situation and growing interference by government in the practice of medicine are expected to be the primary issues during the business meetings of the House of Delegates.

In the continuing medical education area, 14 medical specialties and two voluntary health organizations will conduct programs in conjunction with the Annual Session. Twenty-four scientific sessions are planned.

Dr. John H. Budd, President-Elect of the American Medical Association, will be the speaker at the Opening General Session of the Convention at 9 a.m. on Friday, April 15. He will discuss the legislative efforts of the AMA in Washington.

Entertainment for the Annual Banquet on Saturday evening will be "The Singing Doctors" of Springfield. Tickets for the Banquet will be available at the MSMA Registration Desk.

Roy Pfautch, political analysis, will address the Woman's Auxiliary-Public Affairs Breakfast. The Auxiliary will again sponsor programs for doctors' wives who are not Auxiliary members. For the first time, the Auxiliary will co-sponsor a scientific session with the Missouri Psychiatric Association featuring Dr. Gordon Deckert, who will speak on "Medicine and Marriage."

Another special feature of the Convention will be a Practice Management Workshop to be on Thursday, April 14. Details on this workshop will be sent to members with the Preliminary Program.

Vice Councilor, Interim Session amendments proposed

Two proposed amendments to the MSMA Constitution will be considered at the 1977 Annual Session, April 14-17, in St. Louis. According to provisions in the Constitution, these proposed amendments must be published at least twice preceding the next Annual Session.

The first proposed change would add Vice Councilors to the list of officers elected to serve the MSMA. Article VII, Section 2 of the Constitution would be amended to read: (new language underlined)

> "All officers except Councilors and Vice-Councilors shall be elected annually. The terms of Councilors and Vice Councilors shall be two years. Half of the membership of the Council shall be elected each year. The Secretary and the Treasurer shall be elected by the Council. The delegates present from each Councilor District shall meet prior to the last day of the Annual Session and elect the Councilor and Vice-Councilor from that district. In the event of death, resignation or removal of any Councilor, the Vice-Councilor shall automatically fill the vacancy. All of the officers shall serve until their successors are elected and installed."

The second proposed change calls for an Interim Session to be held each year in addition to the Annual Session. Article VI, Section 1 of the Constitution would be amended to read: (new language underlined)

> "The Association shall hold an annual Spring session and an interim Fall session of the House of Delegates, at places fixed by the House of Delegates, the time of which shall be fixed by the Council.

AMA House acts on MSMA resolutions

Two resolutions submitted to the AMA House of Delegates due to actions taken at the MSMA Interim Session were acted upon in December.

A Missouri resolution seeking amendments to the National Health Planning and Resources Development Act (PL 93-641) which would provide for increased physician representation on Health System Agency boards was referred to the AMA Board of Trustees for a report back in June.

The Missouri resolution seeking to define "primary care" was not adopted in lieu of adoption of Report E of the AMA Council on Medical Service. The definition approved by the AMA follows:

Resolved, That primary care is a type of medical care delivered by physicians which emphasizes first contact care and assumes ongoing responsibility for the patient in both health maintenance and therapy of illness; it is personal care involving a unique interaction and communication and includes the overall coordination of the care of the patient's medical problems with the appropriate use of consultants and community resources; and be it further

Resolved, That the medical specialties of family practice, internal medicine, pediatrics and obstetrics-gynecology be recognized as major, although not the sole, components of the profession which, together with general practice, provide primary medical care to the American public; and be it further

Resolved, That such recognition be in no way interpreted in legislation or otherwise as precluding the patient from having free choice of his personal physician or his consulting physician and also direct access to the physician he has so chosen; and be it further

Resolved, That training in primary care continue to be encouraged in all residency programs, and particularly in those specialties designated as major providers of primary care.

McIntyre hits the nets!

Retirement can't hold down a good man!! And Ray McIntyre, who retired as Executive Secretary of the MSMA last month, proved that old adage to be true.

Competing in the Jefferson City YMCA's "Olympics" for Civic Clubs, Ray decided to enter the basketball free throw contest. (He was a basketball star in high school and college a few years ago . . . about 1930.)

Following preliminaries, Mike Farmer, 26, former Mizzou quarterback, popped 9-for-10 baskets to apparently win the competition. But he hadn't counted on Ray, who promptly netted an identical 9-for-10 to force a playoff.

Apparently the pressure began to build, because Farmer hit 3-of-5 in the playoffs. McIntyre, with his "underhand" shooting style, then calmly stepped to the line and swished 5-for-5 to win going away!!

Sixth District meeting set

Physicians from the 12-county MSMA Sixth District will meet in Warrensburg on Feb. 17 to discuss issues of concern to the medical profession.

Speakers for the program include Dr. Alfred Novak, Columbia, on "The Role of the Physician Extender"; John Kuebler, MSMA Headquarters, on "Feasibility of Medical Malpractice Countersuits and the Missouri Medical Association's Responsibility to Members"; and Dr. John I. Matthews, MSMA Legislative Committee Chairman, on the current status of health-related legislation before the General Assembly.

The meeting is scheduled to begin at 6:30 p.m. at the Holiday Inn in Warrensburg.

The Sixth District is composed of physicians from Henry, Johnson, Lafayette, Ray, Pettis, Saline, Bates, Cass, Cedar, St. Clair, Benton and Vernon Counties.

2nd dues billing planned

Relatively few problems have cropped up regarding the new computer billing for local, MSMA, AMA and MMPAC dues, according to reports from County Medical Society secretaries.

For the first time, MSMA members who have not paid their dues will receive a "Second Notice" prior to the delinquency date. The notice will be mailed on Feb. 15 and all members whose dues have been received in the state office by Feb. 10 will not receive a second bill.

County society secretaries have been requested to forward dues to MSMA by the cutoff date so that members who have already paid will not be rebilled.

Moratorium still in effect

The moratorium on swine flu immunizations is still in effect, according to officials with the Missouri Division of Health.

A medical advisory committee has recommended that the Department of Health, Education and Welfare reinstate the immunization program, but with the change in the national Administration, HEW has not yet acted on the recommendation.

AMA introduces national health insurance proposal

At the direction of the House of Delegates, the AMA recently had introduced into Congress its national health insurance program, the "Comprehensive Health Care Insurance Act of 1977." (H.R. 1818 and S. 218)

The AMA program would make comprehensive private health insurance available to all persons, regardless of income. The benefits are comprehensively broad, covering full hospital care, full physician care (wherever provided, both in and out of the hospital), home health services, emergency care, lab and x-ray services, extended care services, etc. It would provide both basic and catastrophic coverage for costs of illness. The range of benefits embrace preventive, diagnostic and therapeutic services.

This protection would come through private health insurance. Most persons would receive this insurance through their employment. Their employers would be required to offer the full-benefit coverage to their employees and their families, and pay at least 65% of the premium — and many employers would no doubt continue the practice of paying more. The employee would pay any difference.

Low-income or unemployed persons would obtain the same full coverage from their own insurance companies, and the government would contribute toward the premium. The government would pay all of the insurance premium for the poor, and gradually less for others on a scale related to their incomes. As income increased, the federal assistance would diminish.

Elderly individuals would also be able to obtain private insurance to build up the level of their medicare benefits to the level of the full benefits program, and the government would pay for all or part of such insurance depending on the individual incomes.

There would be some coinsurance, to keep costs of the program down, except that the poor would pay nothing. Any coinsurance that an individual or family would have to pay in any year would be limited in relation to their income, but even this would be further limited by a fixed amount applicable to all persons. The limit on the amount any individual or family would have to pay in any year would assure against any economic hardships because of costly illness. There would be no deductible; benefits would begin immediately.

No special taxes would be needed to finance the program. Financial participation of the government would be very limited, and would come primarily as payment of premium for the poor and premium assistance for individuals or families with low incomes. As is true today, most of the premium for comprehensive health insurance protection would come from employee group insurance, and employers would pay the major part of that premium. Subsidies would be available to assist employers experiencing substantially increased costs.

Adoption of this program would assure continuation of the advantages of our system of health care and the quality of such care. The individual would choose his physician and the method under which he would receive his health care, and his insurance would provide him the full protection — both basic and catastrophic — he needs against the costs of illness.

“I Cannot Tell A Lie—It Does Taste Like BANANAS!”

When acute, non-specific diarrhea causes the stomach to revolt, the tasteful counterattack is Donnagel®-PG. Donnagel-PG provides all the benefits of paregoric and—instead of that unpleasant paregoric taste—a delicious banana flavor good enough to make even an expert flip his wig.

Now with child-proof closure

Donnagel®-PG Ⓒ

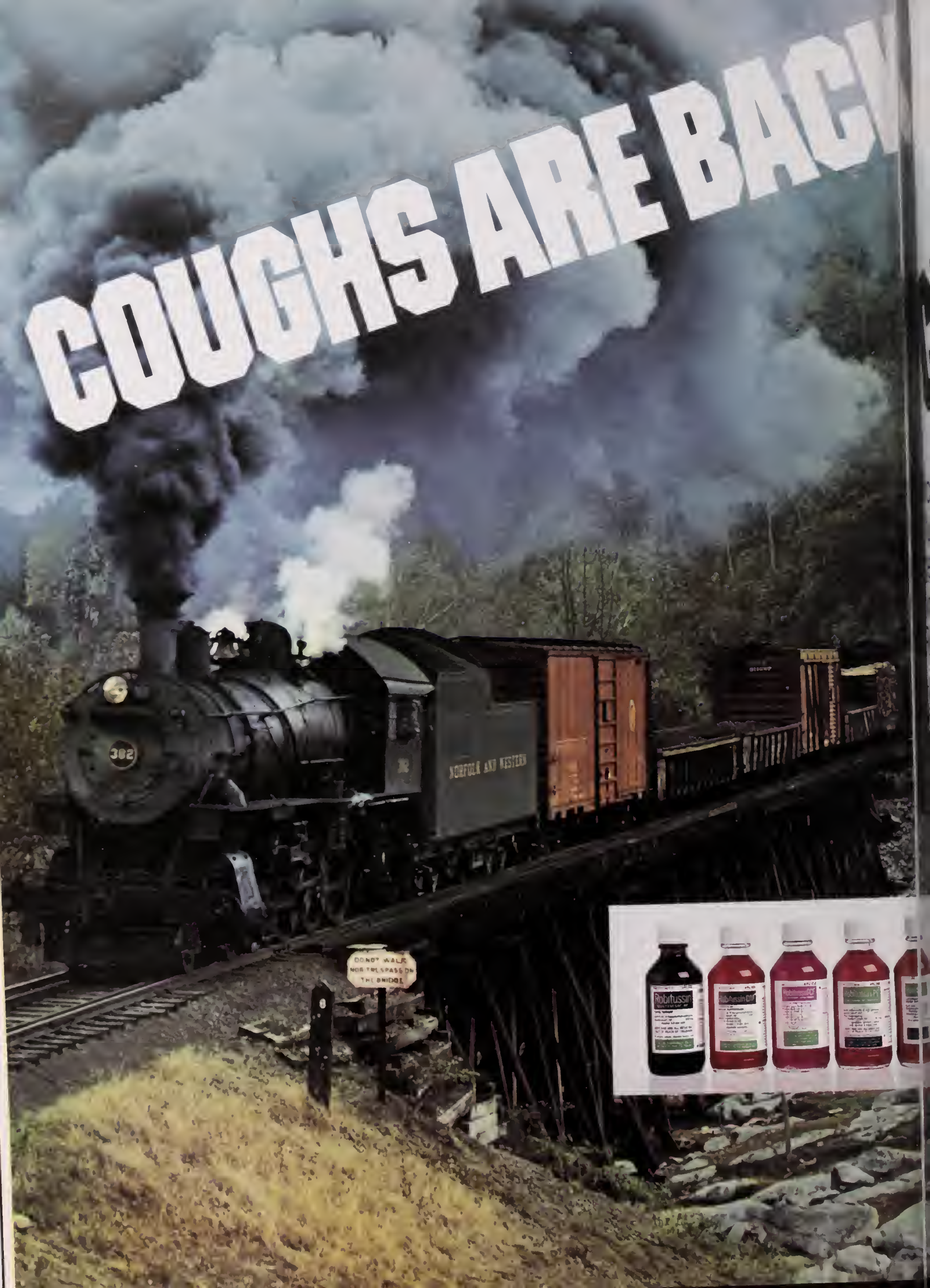
Donnagel with paregoric equivalent

For diarrhea

Each 30 ml. contains:

Kaolin	6.0 g.
Pectin	142.8 mg.
Hyoscyamine sulfate	0.1037 mg.
Atropine sulfate	0.0194 mg.
Hyoscine hydrobromide	0.0065 mg.
Powdered opium, USP (equivalent to paregoric 6 ml.) (warning: may be habit forming)	24.0 mg.
Sodium benzoate (preservative)	60.0 mg.
Alcohol, 5%	

A·H·ROBINS A.H. Robins Company, Richmond, Virginia 23220 Member of Certified Medical Representatives Institute


COUGHS ARE BAC
382
NORFOLK AND WESTERN
DO NOT WALK
NOR TRESPASS ON
THE BRIDGE
Robitussin

CLEAR THE TRACT

coughs of colds,
lu" and u.r.i.–
lear the tract
/ith the famous
obitussin® Line!

e 5 members of the
bitussin® family all contain
e expectorant, guaifenesin,
help clear the lower
spiratory tract. Guaifenesin
orks systemically to help
imulate the output of lower
spiratory tract fluid. This
hanced flow of less viscid
ecretions promotes ciliary
tion and makes thick,
spissated mucus less viscid
d easier to raise. As a
sult, dry, unproductive
ughs become more
roductive and less frequent.

R PHOTO: Norfolk & Western Branch Train
202 west bound near Alvarado, Va. (Oct., 1956).
s line reaches the highest point of any railroad
t of the Rockies (elevation 3,577 ft.) with a
imum grade of 3%. It crosses 108 bridges,
e 700 ft. long! Photo by O. Winston Link.

For productive and unproductive coughs

Robitussin®

Each 5 ml teaspoonful contains:

Guaifenesin, NF	100 mg
Alcohol, 3.5%	

For severe coughs

Robitussin A-C® Ⓥ

Each 5 ml teaspoonful contains:

Guaifenesin, NF	100 mg
Codeine Phosphate, USP	10.0 mg
(warning: may be habit forming)	
Alcohol, 3.5%	

Non narcotic for 6-8-hour cough control

Robitussin-DM®

Each 5 ml teaspoonful contains:

Guaifenesin, NF	100 mg
Dextromethorphan Hydrobromide, NF	15 mg
Alcohol, 1.4%	

Decongests nasal passages and sinus openings as it helps relieve coughs

Robitussin-PE®

Each 5 ml teaspoonful contains:

Guaifenesin, NF	100 mg
Pseudoephedrine Hydrochloride, NF	30 mg
Alcohol, 1.4%	

Decongestant action helps control cough and clear stuffy noses and sinuses. Non narcotic.

Robitussin-CF®

Each 5 ml teaspoonful contains:

Guaifenesin, NF	50 mg
Phenylpropanolamine Hydrochloride, NF	12.5 mg
Dextromethorphan Hydrobromide, NF	10 mg
Alcohol, 1.4%	

All Robitussin formulations available on your Rx or Recommendation.

For many years Robins has spotlighted the expectorant action of the Robitussin cough formulations by featuring action photographs of steam engines like the one on the preceding page. In keeping with this tradition, last year the company commissioned a well-known illustrator to render full-color drawings of several classic locomotives . . . accurate to the minutest detail. Chances are you requested and received the first locomotive in this series, The William Mason, last winter. Now, the second one is available. (See below). To order your print suitable for framing, write "Robitussin Clear-Tract Engine #2" on your Rx pad and mail to "Vintage Locomotives," Dept. T4,
A. H. Robins Company,
1407 Cummings Drive,
Richmond, Va. 23220.

The Davis Camel (1873)

A·H·ROBINS

A. H. Robins Company, Richmond, Va. 23220

Minutes of the House of Delegates
First Interim Session
Missouri State Medical Association

Table of Contents

FIRST SESSION

Call to Order 53
Appointment of Reference Committees 54
Introduction of Business 55

SECOND SESSION

Reports of Reference Committees:

Constitution and Bylaws 58
Miscellaneous Affairs 60
Introduction of New Business 63

RESOLUTIONS

1. Extension of Authority of Coroners/Medical Examiners 55, 60
2. Health Systems Agency—P.L. 93-641 .... 55, 60
3. Physician Assistant Legislation 55, 60
4. Legislative Definition of Primary Care 55, 60
5. Federal Health Professions Scholarship Programs 55, 61
6. Board of Healing Arts Powers 55, 58
7. Physician Licensing 55, 61
8. Countersuits by Physicians 56, 58
9. "Good Samaritan" Legislation 56, 58
10. Confidentiality of Health Care Information 56, 61
11. Federal Licensure Opposition 56, 61
12. Title XIX Payment 57, 62
13. Insurance Benefits 57, 62
14. Definition of Death Legislation 57, 62
15. "Certificate of Need" Legislation 57, 63
16. Structured Award Legislation 57, 59
17. Qualifications of "Expert Witnesses" in Medical Malpractice Litigation 57, 59
18. "Collateral Sources Rule" Legislation 58, 59
19. MSMA Support of Legislation Recommended by the State Board of Registration for the Healing Arts 58, 60
20. Curtailing the Expansion of the Practice of Optometry 58, 63
National Health Insurance 63

Minutes of the

First Interim Session

MISSOURI STATE MEDICAL ASSOCIATION

House of Delegates

Tan-Tar-A, Lake of the Ozarks

November 3-4, 1976

FIRST SESSION

The First Session of the House was called to order at 2:30 PM on November 3 ,1976 with Edwin K. Burford, Jr., Vice-Speaker, presiding. The following officers, councilors and delegates were present during the 1st Interim Session.

OFFICERS

President	Max S. Franklin, St. Louis
President-Elect	Howard J. McAlhany, Springfield
Vice-President	Miles C. Whitener, St. Louis
Secretary	John I. Matthews, Jefferson City
Treasurer	James M. Stokes, St. Louis
Vice-Speaker of the House	Edwin K. Burford, Jr., Cape Girardeau

COUNCILORS

1st District	John N. Martin, St. Joseph
2nd District	J. Russell Comer, Hannibal
3rd District	Richard V. Bradley, St. Louis
4th District	Louis P. Hetlage, Troy
5th District	H. Peter Ekern, Mexico
6th District	John Torontow, Nevada
7th District	Andrew McCanse, Kansas City
8th District	Walter A. German, Jr., Springfield
9th District	Claude W. Cooper, Thayer
10th District	Eugene T. Hansbrough, Poplar Bluff

DELEGATES

First District

Buchanan	Allen I. Herman, St. Joseph
Buchanan	Ernest E. Wadlow, St. Joseph
Clay	Donald A. Fakhoury, Kansas City
Clay	Richard C. Hedges, Excelsior Springs
Clay	Truman B. Schertz, North Kansas City
Clay	F. A. Thomas, Kansas City
Grand River	John R. Dixon, Brookfield
Northwest Missouri	Edward F. Bare, Tarkio

Second District

Chariton-Macon-Monroe-Randolph	James E. Campbell, Macon
Chariton-Macon-Monroe-Randolph	G. R. Hudson, Moberly
Marion-Ralls-Shelby	Carl R. Kruse, Palmyra

Third District

St. Louis City	Luis B. Anglo, St. Louis
St. Louis City	Ralph L. Biddy, St. Louis
St. Louis City	George Bohigian, St. Louis
St. Louis City	Richard V. Bradley, St. Louis
St. Louis City	Robert D. Brookes, St. Louis
St. Louis City	Richard H. Fallon, St. Louis
St. Louis City	Max S. Franklin, St. Louis
St. Louis City	Raymond O. Frederick, St. Louis
St. Louis City	August W. Geise, St. Louis
St. Louis City	Clement Grebel, St. Louis
St. Louis City	Lily A. Hanes, St. Louis
St. Louis City	George L. Hawkins, Jr., St. Louis
St. Louis City	Francis X. Lieb, St. Louis
St. Louis City	J. Otto Lottes, St. Louis
St. Louis City	Robert R. MacDonald, St. Louis
St. Louis City	Paul F. Max, St. Louis
St. Louis City	Roger L. Mell, St. Louis
St. Louis City	Lawrence W. O'Neal, St. Louis
St. Louis City	Richard T. Quick, St. Louis
St. Louis City	John S. Sciortino, St. Louis
St. Louis City	Charles S. Sherwin, St. Louis
St. Louis City	Andrew J. Signorelli, St. Louis
St. Louis City	Kenneth R. Smith, St. Louis
St. Louis City	James M. Stokes, St. Louis
St. Louis City	James Whittico, St. Louis
St. Louis City	Carol F. Williams, St. Louis

Fourth District

Franklin-Gasconade-Warren	Samuel C. Bonney, Washington
Franklin-Gasconade-Warren	Harold Hoelscher, Warrenton
Franklin-Gasconade-Warren	William Richardson, Union
Jefferson	Vicente D. Deles, Crystal City
St. Charles-Lincoln	Paul H. Rother, St. Charles
St. Louis County	Vernon H. Balster, St. Louis
St. Louis County	Robert L. Becker, St. Louis
St. Louis County	E. J. Cunningham, St. Louis
St. Louis County	Robert B. Deitchman, St. Louis
St. Louis County	D. Wade Hammond, St. Louis
St. Louis County	John M. Laird, St. Louis
St. Louis County	Wilbur A. Mullarky, St. Louis
St. Louis County	David L. Ohlms, St. Louis
St. Louis County	Frederick D. Peterson, St. Louis
St. Louis County	John P. Roberts, St. Louis
St. Louis County	Melvin M. Schwartz, St. Louis
St. Louis County	W. Gary Sherman, St. Louis
St. Louis County	James C. Sisk, St. Louis
St. Louis County	Newton B. White, St. Louis
St. Louis County	Miles C. Whitener, St. Louis

Fifth District

Audrain	Benjamin N. Jolly, Mexico
Boone	William C. Allen, Columbia
Boone	Kenneth K. Keown, Columbia
Boone	Leroy J. Miller, Columbia
Boone	Benedict A. Moranville, Columbia
Boone	William B. See, Columbia
Boone	Hugh E. Stephenson, Jr., Columbia
Callaway	James K. Ritterbusch, Fulton
Cole	Mary K. McCaffree, Jefferson City
Cole	Kenneth K. C. Siu, Jefferson City
Cooper	George W. Winn, Boonville
Morgan	J. Loren Washburn, Versailles

Sixth District

Saline	C. Alex McBurney, Slater
West Central	William W. Haynie, Butler
West Central	James J. Pascoe, Nevada

Seventh District

Jackson	Lafe N. Bauer, Kansas City
Jackson	R. Don Blim, Kansas City
Jackson	Irving H. Clark, Kansas City
Jackson	Martin L. Crow, Kansas City
Jackson	John Griffith, Kansas City
Jackson	Frederick H. Hartwig, Kansas City
Jackson	Harry S. Jones, Kansas City
Jackson	Donald E. McIntosh, Kansas City
Jackson	Warren F. Wilhelm, Kansas City
Jackson	S. Dwight Woods, Kansas City
Jackson	Ronald A. Youmans, Kansas City
Jackson	James P. Youngblood, Kansas City

Eighth District

Greene	Charles Ash, Springfield
Greene	Donald H. Beisner, Springfield
Greene	Anita Isaac, Springfield
Greene	H. B. Ivy, Springfield
Greene	Don Menchetti, Springfield
Greene	Stanley S. Peterson, Springfield
Greene	Leo M. Wyrsch, Springfield
Jasper	John R. Esther, Joplin
Jasper	Marvin A. Singleton, Joplin
Jasper	Robert L. Willcoxon, Joplin
Ozarks	Paul B. Anderson, Neosho
Ozarks	Kenneth Glover, Mt. Vernon

Ninth District

Mid-Missouri	R. W. Froelich, Lebanon
South Central	James A. Hasek, Mountain Grove
South Central	Joe A. Wall, Houston
South Central	Jack N. Wiles, West Plains

Tenth District

Butler-Wayne-Ripley-Carter	Fred Caldwell, Poplar Bluff
Butler-Wayne-Ripley-Carter	T. E. Ruff, Poplar Bluff
Butler-Wayne-Ripley-Carter	Kirby L. Turner, Poplar Bluff
Cape Girardeau	Gordon W. Eller, Cape Girardeau
Cape Girardeau	John K. Holcomb, Cape Girardeau
Mineral Area	Norma D. Farmer, Farmington
Semo	Fuad H. Kandalaft, Dexter
Semo	Edwin J. Masters, Sikeston
Semo	John P. Sargent, Sikeston

DELEGATES-AT-LARGE

Edwin K. Buford, Jr., Cape Girardeau, Vice-Speaker

Past-Presidents

Kenneth C. Hollweg, Kansas City
Walter T. Gunn, St. Louis
David N. Kerr, St. Louis

STUDENT DELEGATES

Ms. Nancy Russell, University of Missouri-Kansas City School of Medicine
Mr. Mark Scarborough, University of Missouri-Kansas City School of Medicine
Mr. Carl Davis, University of Missouri School of Medicine
Mr. William Harrell, University of Missouri School of Medicine
Ms. Dorothy J. Cline, St. Louis University School of Medicine
Ms. Tammy Ostapowicz, St. Louis University School of Medicine
Mr. Jeffrey D. Coe, Washington University School of Medicine

The invocation was given by Max S. Franklin, M.D., President of the Missouri State Medical Association.

The Speaker introduced Mr. John Keubler, an attorney and a new member of the MSMA staff, who served as Parliamentarian for the House of Delegates.

Dr. Doyle C. McCraw presented the report of the Credentials Committee. He stated that satisfactory credentials had been presented by 113 delegates and informed the House that this number of delegates constitutes a quorum and dispensed with a roll call.

The Speaker introduced Dr. Franklin who addressed the House of Delegates.

The Speaker introduced Dr. John I. Matthews, Chairman of the Committee on Legislative Affairs, who assessed the results of the 1976 General Election and asked for the cooperation of all members in assisting the Legislative Committee by informing the representatives and senators from their individual districts of the position of the MSMA on legislation to be considered by the House and Senate in 1977.

The Speaker introduced Dr. George L. Hawkins, Jr., Chairman of the Ad Hoc Committee on Professional Liability, who commented on the considerations and activities of that committee.

Reference Committees

The Speaker announced the appointment of the following reference committees and presented his instructions to the committees, noting that topics for consideration, as defined by the Council, would be limited to matters pertaining to professional liability and legislation.

CONSTITUTION AND BYLAWS

James C. Sisk, St. Louis County, Chairman
George L. Hawkins, Jr., St. Louis
Irving H. Clark, Kansas City
John R. Esther, Joplin
George H. Ladyman, Poplar Bluff

MISCELLANEOUS AFFAIRS

Harry S. Jonas, Kansas City, Chairman
Roger L. Mell, St. Louis
Paul H. Rother, St. Charles
J. Loren Washburn, Versailles
John K. Holcomb, Cape Girardeau

Introduction of Business

The Speaker noted that since Resolutions # 1 through # 20 had been submitted in time for inclusion in the Delegates' Handbook, their introduction from the floor is not required. These resolutions are as follows:

Resolution # 1—Extension of Authority of Coroners/Medical Examiners

(Introduced by Jackson County Medical Society)

Whereas, Certain tissues and organs of the human body are of extreme value in the teaching of medical science and for medical research and therapy; and

Whereas, The supply of such human tissues and organs is limited and in many instances represents the only source of life saving and/or life sustaining materials; and

Whereas, Existing state law does not permit coroners or medical examiners performing official autopsies to recover and to make appropriate disposition of these human tissues and organs for the above mentioned purposes; now, therefore be it

Resolved, That the Missouri State Medical Association urges the General Assembly of the state of Missouri to enact appropriate legislation which will authorize coroners and medical examiners performing official autopsies to retain such human tissues and organs as may be needed and of value for the teaching of medical science and/or the conduct of medical research and/or the administration of medical therapy.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 2—Health Systems Agency—P.L. 93-641

(Introduced by St. Louis County Medical Society,
James C. Sisk, M.D.)

Whereas, P.L. 93-641 is now being implemented in the State of Missouri, and

Whereas, Physician representation on the Boards of Directors of HSAs nationally and locally is said to be approximately 12% of the total Board, and

Whereas, Many of the physicians so designated are not practicing in a private setting or practicing at all, and

Whereas, This law may provide the lever for Government to designate where and how medicine is to be practiced, therefore be it

Resolved, That the Missouri State Medical Association and local medical societies take steps to try to increase practicing physicians representation on these Boards, and be it further

Resolved, If the law is found to be constitutional, a similar resolution be introduced by our Delegates at the Interim Session of the American Medical Association with the intent of seeking amendment of the law to make the above objective more feasible.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 3—Physician Assistant Legislation

(Introduced by Buchanan County Medical Society,
Ernest Wadlow, M.D.)

Whereas, Legislation to provide for the licensing of physician assistants has been introduced into the Missouri General Assembly for the past several years with MSMA support, and

Whereas, This legislation has been unable to gain favorable action by either House because many legislators feel it would create a "second-level" of medical care, and

Whereas, The Duffy Amendment, which eliminates ophthalmological assistants from provisions of the bill, has been successfully added to the bill each Session by Legislative Committees, and

Whereas, Since this legislation was first introduced, the number of medical students graduating from Missouri medical schools has increased more than 50% and an ever-growing number of these graduates are entering primary care training residencies, and

Whereas, This increase in physician numbers appears to negate the need for physician assistants in Missouri, and

Whereas, The State and Federal governments and the AMA are currently conducting studies of manpower needs in all fields of medical and health care, therefore be it

Resolved, That the MSMA withdraws its support for legislation seeking licensure of physician assistants until current ongoing health manpower studies are completed and accurate information expressing the need for such a medical classification is provided.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 4—Legislative Definition of Primary Care

(Introduced by Robert E. Bregant, M.D., Jefferson City
and Clement B. Grebel, M.D., St. Louis)

Whereas, Primary Care is a medical practice function not a specialty designation, and

Whereas, Governmental legislative bodies may find it necessary to define Primary Care, and,

Whereas, An incorrect and limited definition may lead to a reduced quality of medical education and inferior health care delivery, therefore be it

Resolved, That the Missouri State Medical Association support only legislation that defines primary health care and primary physician in terms of function and responsibility, not specialty or subspecialty designation.

(Referred to Reference Committee on Miscellaneous Affairs.)

Dr. Max S. Franklin, President of the MSMA, addresses the First Session of the House of Delegates. President-Elect Howard J. McAlhany *(right)* is seated next to Dr. Edwin K. Burford, Jr., Vice-Speaker, who presided at the meeting.

Resolution # 5—Federal Health Professions Scholarship Programs

(Introduced by Jeffrey D. Coe, Medical Student Delegate)

Whereas, Public Law 93-483, which exempted medical students in the Armed Forces and Public Health Service Health Professions Scholarship Programs from payment of federal income tax on the benefits of that program, expired December 31, 1975; and

Whereas, The federal income tax reform legislation recently signed into law exempts only those medical students who entered the HPS program before 1976 from payment of income tax on the benefits of that program, be it

Resolved, That the Missouri State Medical Association supports legislation to exempt all medical students in the federal Health Professions Scholarship Programs from payment of federal income tax on the stipends and the reimbursements for tuition, books and supplies as provided by these programs.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 6—Board of Healing Arts Powers

(Introduced by Cape Girardeau County Medical Society)

Whereas, The AMA House of Delegates approved two model state bills on medical discipline; and since critics have accused the medical profession of failing to police its practitioners adequately, and

Whereas, The AMA is developing legislation which will require state medical licensing boards to be regularly informed about incompetent physicians or those disciplined by hospital and professional boards, and

Whereas, The AMA has endorsed the creation of a national registry that will keep track of all doctors disciplined in every state by hospitals, medical societies and state licensing boards, therefore be it

Resolved, That the Missouri General Assembly provides the State Board of Healing Arts with a wide range of discipline powers including requiring errant doctors to seek counseling or additional education, and be it further

Resolved, That every state will be informed when any doctor would have his license suspended, revoked or put on probation.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution # 7—Physician Licensing

(Introduced by Cape Girardeau County Medical Society)

Whereas, There exists a serious shortage of physicians and other

Dr. John I. Matthews, Chairman of the Committee on Legislative Affairs, discussed the importance of legislative matters to be considered by delegates to the First Interim Session.

health care delivery personnel throughout the United States and the State of Missouri, particularly in rural areas, and

Whereas, Such shortage is caused not only by a lack of physicians, but by a maldistribution of physicians and other health care personnel, as between the urban and rural areas, and

Whereas, There has been a lack of concerted and directed effort to overcome this problem, and

Whereas, The federal government, through the Department of Health, Education and Welfare and certain members of Congress, is threatening to undertake measures which in the opinion of the House of Delegates would serve only to exacerbate the situation by effectively creating national licensing, now, therefore, be it

Resolved, That it is the sense of the Missouri State Medical Association that the problem can best be remedied by the efforts of the several states, without federal intervention, by means of close cooperation between the state medical and other professional associations and the agencies which license health care professionals in the several states, be it further

Resolved, That it is the sense of the Missouri State Medical Association that, in order to insure the delivery of the best possible health care to the people of the State of Missouri, legislation be sought to make the State Board of Registration for the Healing Arts accountable directly to the chief executive of this state so as to encourage and to provide an avenue for closer liaison between organized medicine and the people of this state through the State Board of Registration for the Healing Arts.

Furthermore, In order to promote coordination between the Governor and the Legislators of this State, copies of this Resolution will be sent to each of them.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 8—Countersuits by Physicians

(Introduced by Ad Hoc Committee on Professional Liability—
George L. Hawkins, Jr., M.D., Chairman)

Whereas, In a large proportion of medical malpractice suits, Missouri physicians are found not negligent, and

Whereas, Not all claims in pleadings are adequately investigated by attorneys prior to filing lawsuits, and

Whereas, The mere filing of a lawsuit against a physician results in damages to the reputation and peace of mind of the individual physician, as well as damage to the profession in the form of higher insurance premiums, and

Whereas, Insurance companies have tended to prefer settlement rather than suit because of the rising costs of litigation which tends to encourage nonmeritorious actions and

Whereas, Some cases require professional medical advisement to determine if probable cause exists in order to file suit, and

Whereas, The possibility of countersuit would deter non-meritorious actions so that the only suits filed are those that are adequately investigated beforehand, therefore, be it

Resolved, That any Missouri physician found not to be negligent in a malpractice suit shall have the assistance of the MSMA in determining if there exists a reasonable basis for the physician to commence an action for malicious prosecution arising out of such case, and be it further

Resolved, That the MSMA will provide assistance in securing independent legal advice for determining if a cause of action for malicious prosecution exists and will provide medical information and expert advice to physician's counsel, as counsel requires, in pursuing an action for malicious prosecution with the knowledge that the cost of such a program is impossible to estimate and quite possibly could necessitate a MSMA dues increase to fund, and

Resolved, That the MSMA will obtain sponsorship of legislation which will require that a medical opinion of probable cause be attached to the complaint when suit is filed to insure that adequate investigation of medical complaints has occurred prior to litigation, and

Resolved, That the MSMA will obtain sponsorship of legislation which will allow defendants to counterclaim for damages for malicious prosecution in the same suit as the original action.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution # 9—"Good Samaritan" Legislation

(Introduced by Ad Hoc Committee on Professional Liability—
George L. Hawkins, Jr., M.D., Chairman)

Whereas, The state of the law is unclear with respect to the liability of trained medical personnel for acts of ordinary negligence in emergency situations away from the usual office or hospital environment, and

Whereas, Because of the unsettled state of the law, trained medical personnel may be reluctant to exercise their skill in an emergency situation, and

Whereas, It is in the public interest to encourage our medical profession to act for the public in emergency situations wherever they occur, therefore be it

Resolved, That the MSMA supports "Good Samaritan" legislation to absolve trained medical personnel from liability for acts of ordinary negligence under appropriate emergency circumstances.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution #10—Confidentiality of Health Care Information

(Introduced by Committee on Legislative Affairs—
John I. Matthews, M.D., Chairman)

Whereas, The MSMA is on record as clearly opposing any efforts that threaten the confidentiality of the physician-patient relationship, and

Whereas, The confidentiality of the physician-patient relationship is an essential ingredient for qualified, competent medical care, and

Whereas, The confidentiality of medical records has been violated by unrestricted access of third parties to records without written authorization of the patient, and the absence of security procedures to safeguard the privacy of recorded medical information, and

Whereas, Patients seeking medical care have a right to expect that the information related to the physician is given and will be kept in confidence, and

Whereas, The MSMA does not oppose legitimate efforts to collect and analyze public health information so long as the privacy of the individual patient is strictly maintained, therefore, be it

Resolved, That the MSMA introduces and supports legislation to preserve and protect the confidentiality of the physician-patient relationship so essential to quality medical care, and be it further

Resolved, That the MSMA supports legislation similar in scope and content to the AMA model bill on Confidentiality of Health Care Information.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 11—Federal Licensure Opposition

(Introduced by Max S. Franklin, M.D.)

Whereas, We have recently received a pamphlet from the Missouri Division of Professional Registration in which attention is called to a proposal for credentialing health manpower by the Federal government, and

Whereas, This essentially refers to licensure and re-licensure by the Federal government, thereby taking away such authority from the states, and

Whereas, This proposal is supposedly being initiated by the Department of Health, Education and Welfare, and

Whereas, It is known that certain Eastern politicians are behind this maneuver for the purpose of bringing about national control of medicine, and

Whereas, Missouri doctors have made known their objection to "Big-Brother Government" or socialized medicine, and

Whereas, Singling out the medical profession for Federal licensure and omitting all other professions, including the legal profession, may be interpreted as a violation of our civil rights, and

Whereas, Both the American Medical Association and the Missouri State Medical Association have already shown their approval of Continuing Medical Education as the best solution for maintaining physicians' training, therefore, be it

Resolved, That the House of Delegates of the Missouri State Medical Association view this proposal for Federal licensure with great alarm and fear that this is another giant step towards socialism, and be it further

Resolved, That the House of Delegates goes on record as opposing any legislation proposing Federal licensure of health manpower, and be it further

Resolved, That copies of this resolution be sent to the Director of the Department of Consumer Affairs, Regulation and Licensing, the Director of the Division of Professional Registration, the Board of Healing Arts, Government and Missouri's Congressmen and Senators.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 12—Title XIX Payment

(Introduced by Cape Girardeau County Medical Society)

Whereas, Payments to physicians for medical care rendered to Title XIX recipients (Medicaid) by the State of Missouri have been substandard and irregular in amount, and the delays between billings and said payments have been both excessive and irregular, and arbitrary disallowances are commonplace, an increasing body of physicians in the state do not or no longer participate in the Title XIX Program, and

Whereas, This lack of participating physicians creates an increasing burden on those participating physicians remaining and threatens the access of that portion of our population covered by Title XIX to quality medical care, therefore, be it

Resolved, That the MSMA House of Delegates obtains sponsorship of legislation to provide for the development of a negotiated fee schedule to be used by the physicians of Missouri in their care of Title XIX recipients which will be negotiated by the Medical Economics Commission of the MSMA and the Division of Welfare of the State of Missouri and provide for a peer review mechanism to arbitrate rejected or disallowed claims.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 13—Insurance Benefits

(Introduced by St. Louis Medical Society—
Robert D. Brookes, M.D., Delegate)

Whereas, Unemployment, sick and health insurance benefits and, in some cases, retirement benefits are contingent upon continuity of employment and may be forfeited if an individual "quits" his job; and

Whereas, An ill person, particularly one suffering from depression, may, as an incident of the illness, separate himself from employment on wrongly perceived or delusional premises, finding himself, to his later regret to be jobless, benefit-less and to have sacrificed some future security; and

Whereas, Such consequences, deriving from impaired judgment due to usually treatable illnesses, may visit extraordinary hardship upon the victim of mental or emotional illness not shared by victims of other diseases; now therefore, be it

Resolved, The Missouri State Medical Association cooperates with the Missouri State legislative bodies to establish a mechanism for "affirming an exception" to laws and rules governing the effect of "voluntary" separation from employment upon an individual's eligibility for unemployment, sick benefits and health insurance benefits.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 14—Definition of Death Legislation

(Introduced by Committee on Legislative Affairs—
John I. Matthews, M.D., Chairman)

Whereas, The current legal definition of death in Missouri refers to the cessation of respiratory and circulatory functions, and

Whereas, Artificial means of support can prolong circulatory and respiratory functions indefinitely though the patient has incurred irreversible cessation of spontaneous brain functions, and

Whereas, Due to recent controversies in this state, physicians may be reluctant to use their professional judgment concerning death without legislative directive, and

Whereas, This has caused a drastic decrease in urgently needed organ transplants; therefore, be it

Resolved, That the MSMA supports legislation similar to the bill proposed in the 1976 General Assembly whereby a person shall be considered dead if in the announced opinion of a physician, based on ordinary standards of medical practice, that he has experienced an irreversible cessation of spontaneous brain function.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 15—"Certificate of Need" Legislation

(Introduced by Committee on Legislative Affairs—
John I. Matthews, M.D., Chairman)

Dr. George L. Hawkins, Jr., Chairman of the MSMA Ad Hoc Committee on Professional Liability, speaks to the delegates regarding the considerations of that committee.

Whereas, Federal health planning legislation mandates that each state adopt "Certificate of Need" legislation to govern capital expenditures of health care facilities, and

Whereas, "Certificate of Need" legislation will be proposed in the next session of the Missouri General Assembly, and

Whereas, It is noted that in some drafts of proposed bills, quite possibly physicians offices would not be exempted and this would restrict the private physician in making decisions about his own practice, and

Whereas, It appears the dollar limit on capital expenditures of health care facilities that would require "Certificate of Need" may be established at a quite unrealistically low figure as to hinder some routine development; therefore, be it

Resolved, That if "Certificate of Need" legislation is introduced, the MSMA supports amendments to completely exempt private physicians and their offices from the provision of the legislation and also attempts to obtain a dollar limit of at least $500,000 before a "Certificate of Need" would be required in remodeling or constructing of health care facilities.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution # 16—Structured Award Legislation

(Introduced by Ad Hoc Committee on Professional Liability—
George L. Hawkins, Jr., M.D., Chairman)

Whereas, The present means of establishing a dollar figure for damages in a professional liability case is based on actuarial life expectancy or an anticipated period of disability, and

Whereas, This figure cannot reflect the actual life span or definite period of disability of the injured individual, and

Whereas, There is a "windfall" benefit to the beneficiaries of an injured person who dies sooner than expected, and

Whereas, There is no assurance that judgment recoveries paid in a lump sum for future care will be applied towards their purpose, and

Whereas, Payment of sums on the basis of the injured person's actual lifetime or period of disability would result in a monetary saving to insurance carriers by avoiding overpayment and allowing for more economical methods for payment of judgments, therefore, be it

Resolved, That the MSMA obtains sponsorship of legislation that would permit the payment in periodic installments to the injured person in judgments of over $200,000 as the judge may provide by order.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution # 17—Qualifications of "Expert Witnesses" in Medical Malpractice Litigation

(Introduced by Ad Hoc Committee on Professional Liability—
George L. Hawkins, Jr., M.D., Chairman)

Whereas, The cost of professional liability insurance includes in part the cost of litigation, and

Whereas, The cost of litigation in medical malpractice cases is multiplied by the necessity of expert testimony, and

Whereas, In most cases, qualified experts are present within the State of Missouri or contiguous states, and

Whereas, Experts from the immediate Missouri area are best qualified to testify as to the standard of care in the practice of medicine in this area, and

Whereas, If expert witnesses from the Missouri area are used, the cost of expert testimony would be minimized thereby reducing the cost of medical malpractice litigation, therefore, be it

Resolved, That the MSMA recognizes that Missouri physicians are best qualified to testify to the standard of care required professionally, and be it further

Resolved, That the MSMA obtains sponsorship of legislation of a "Locality Rule" that would require qualified experts from the State of Missouri or contiguous states be used for expert medical testimony except where the judge may, by order, direct that a qualified expert from another state may testify.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution # 18—"Collateral Sources Rule" Legislation

(Introduced by Ad Hoc Committee on Professional Liability—
George L. Hawkins, M.D., Chairman)

Whereas, The high cost of professional liability insurance is based on the loss experience of insurance companies, and

Whereas, In some cases, plaintiffs have recovered for their insuries including medical, hospital and rehabilitation benefits, from other sources including Social Security Administration, Workmen's Compensation and Group Health and Accident Insurance programs, and

Whereas, This recovery increases loss experience of the professional liability insurance carrier and results in duplication of payment to the plaintiff, therefore, be it

Resolved, That the MSMA obtains sponsorship of legislation that will provide for a reduction in the amount of the judgment by the amount of payment already received by the injured person from sources other than personally paid insurance programs.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution # 19—MSMA Support of Legislation Recommended by the State Board of Registration for the Healing Arts

(Introduced by the Committee on Legislative Affairs—
John I. Matthews, M.D., Chairman)

Whereas, The Missouri State Medical Association has long appreciated and respected the efforts of the Board of Healing Arts in maintaining the high quality of medical services enjoyed by Missouri citizens, and

Whereas, The MSMA desires to assist the Board of Healing Arts in its effort on behalf of Missouri medicine, and

Whereas, This committee has reviewed the legislative program proposed by the Board of Healing Arts and this program would discard some of its outdated statutes and allow the Board to modernize its licensure functions, therefore, be it

Resolved, That the MSMA supports the legislative program of the Board of Healing Arts as proposed and introduced into the 1977 Missouri General Assembly. These proposals include:

1. Changing the law pertaining to the examination of candidates for licensure to more accurately reflect the examination now being used and the necessary grade required for passing the examination.
2. To allow the Board to order a temporary suspension of any license if it has probable cause.
3. To raise the fee for licensure applicants from its present $50 to an amount set by the Board but no less than $100. This would more accurately reflect the cost of giving the current examination.
4. Increasing the per diem for Board members from $25 to $50 per day.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution # 20—Curtailing the Expansion of the Practice of Optometry

(Introduced by Flavius G. Pernoud, Jr., M.D.,
Missouri Ophthalmological Society, Inc.)

Whereas, The Missouri Ophthalmological Society, Inc. (MOSI) is an active component of the Commission on Interspecialty Medicine of the MSMA and has fully cooperated in the support of the MSMA, and

Whereas, MOSI has become quite concerned with the attempts made across the nation, as well as in Missouri, on the part of optometrists to expand their practice activities beyond their present licensed powers and knowledge by training, and

Whereas, MOSI feels that the appropriate way to confront this onslaught is to cooperate with the MSMA in order to effectively curb any unqualified practice of medicine on the part of optometrists, therefore, be it

Resolved, That the Missouri State Medical Association vigorously supports the MOSI and the ophthalmologists of the State of Missouri to refute any legislative attempt to expand the practice activities of optometry beyond its present boundaries.

(Referred to Reference Committee on Miscellaneous Affairs.)

There being no further business, the Speaker adjourned the First Session of the House of Delegates.

SECOND SESSION

Thursday, November 4, 1976

The Second Session of the House of Delegates was called to order at 8:30 am by Dr. Edwin K. Burford, Jr., Vice-Speaker, who presided.

Dr. McCraw, Chairman of the Credentials Committee, reported that a quorum was present.

The Speaker introduced Dr. James M. Whittico, President of the Missouri Board of Registration for the Healing Arts, who spoke briefly to the delegates.

The Speaker instructed the delegates to consider the reference committee reports as the resolutions upon which they would vote.

The Speaker invited Dr. James Sisk, Chairman of the Reference Committee on Constitution and Bylaws, to present his report.

CONSTITUTION AND BYLAWS

The meeting of the Reference Committee on Constitution and Bylaws was held in Rooms # 61-62 of Tan-Tar-A Resort at 3:15 pm on November 3, 1976.

Resolution # 6—Board of Healing Arts Powers

The Reference Committee recommends that Resolution # 6 be amended by substitution. The substitute amendment is to read as follows:

Substitute Resoultion # 6

Whereas, The AMA House of Delegates approved two model state bills on medical discipline, and

Whereas, The AMA is developing legislation which will require state medical licensing boards to be regularly informed about incompetent physicians or those disciplined by hospital and professional boards, and

Whereas, The AMA has endorsed the creation of a national registry that will keep track of all doctors disciplined in every state by state licensing boards, therefore, be it

Resolved, That the Missouri General Assembly provides the State Board of Healing Arts with a wide range of discipline powers including requiring errant doctors to seek counseling or additional education, and be it further

Resolved, That every state will be informed when any doctor has had his license suspended, revoked or put on probation.

(The motion was seconded. The Speaker called for a vote on acceptance of the substitute amendment to the original amendment. The substitute amendment was accepted. There being no discussion, the Speaker called for a vote on the adoption of Substitute Resolution # 6 as amended. The motion to adopt was approved.)

Resolution # 8—Countersuits by Physicians

Mr. Speaker, the Reference Committee recommends that the last three *Resolves* be deleted from Resolution # 8 and that Resolution # 8 be adopted as amended.

(The motion was seconded. The Speaker called for a vote on the acceptance of Resolution # 8 as amended. Resolution # 8 as amended was accepted for consideration. There being no discussion, the Speaker called for a vote on the adoption of Resolution # 8. Resolution # 8 was adopted.)

Resolution # 9—"Good Samaritan" Legislation

Mr. Speaker, The Reference Committee recommends that

Resolution # 9 be adopted as submitted.

(The Speaker stated that Resolution # 9 had been duly seconded by pre-filing. There being no discussion, the Speaker called for a vote on the adoption of Resolution # 9. Resolution # 9 was adopted.)

Resolution # 16—Structured Award Legislation

Mr. Speaker, the Reference Committee considered Resolution # 16 and recommends that this resolution be amended by substitution. The substitute amendment reads as follows:

Substitute Resolution # 16

Whereas, The present means of establishing a dollar figure for damages in a professional liability case is based on actuarial life expectancy or an anticipated period of disability, and

Whereas, This figure cannot reflect the actual life span or definite period of disability of the injured individual, and

Whereas, There is no assurance that judgment recoveries paid in a lump sum for future care will be applied toward their purpose especially if the injured person dies sooner than actuarily projected, and

Whereas, Payment of sums on the basis of the injured person's actual lifetime or period of disability would insure that he is actually being properly provided for and would result in more economical method for payments of judgments, therefore be it

Resolved, That the MSMA obtains sponsorship of legislation that would permit the payment in periodic installments to the injured person in judgements of over $200,000 as the judge may provide by order.

Mr. Speaker, the Reference Committee recommends that Resolution # 16 be adopted as amended.

(The Speaker called for a vote on acceptance of Substitute Resolution # 16. Substitute Resolution # 16 was accepted. Dr. John P. Sargent of Sikeston moved that the Resolve *in Substitute Resolution # 16 be amended to read as follows:*

Resolved, That the MSMA obtains sponsorship of legislation that would permit the payment in periodic installments to the injured person in judgements of over $50,000 as the judge may provide by order.

The motion was seconded. After discussion, the motion to adopt the above amendment was defeated.

There being no further discussion, the Speaker called for a vote on the adoption of Substitute Amendment # 16. After further discussion, Substitute Resolution # 16 was adopted.)

Resolution # 17—Qualifications of "Expert Witness" in Medical Malpractice Litigation

The Reference Committee recommends that Resolution # 17 be amended by substitution as follows:

Substitute Resolution # 17

Whereas, The cost of professional liability insurance includes in part the cost of litigation, and

Whereas, The cost of litigation in medical malpractice cases is increased by the necessity of expert testimony, and

Whereas, In most cases qualified experts are present within the State of Missouri or the eight contiguous states, therefore, be it

Resolved, That the MSMA obtains sponsorship of legislation of an expert witness rule that would require qualified experts from the State of Missouri or contiguous states to be used for expert medical testimony except where the judge may, by order, direct that a qualified expert from another state may testify and, be it further

Resolved, That the MSMA obtains sponsorship of legislation that would provide a standard for qualification for a medical expert witness in a specific field, using as a model the Ohio Rule (Ohio requires that an expert witness shall have spent at least 60% of his practice for the five years preceding the time of his testimony in the area which is the subject of the testimony.

(The motion was seconded. After discussion, the Speaker called for a vote on the acceptance of Substitute Resolution # 17. It was accepted. The Speaker then called for discussion on the main motion as substituted.

Dr. B. A. Moranville, Columbia, moved that the word "specialty" be substituted for the word "area" in the last Resolve, *to read as follows:*

Resolved, That the MSMA obtains sponsorship of legislation that would provide a standard for qualification for a medical expert witness in a specific field, using as a model the Ohio Rule (Ohio requires that an expert witness shall have spent at least 60% of his practice for the five years preceding the time of his testimony in the specialty which is the subject of the testimony.)

The motion was seconded and carried.

After further discussion, Substitute Resolution # 17 as amended was adopted.)

Resolution # 18—"Collateral Sources Rule" Legislation

The Reference Committee considered Resolution # 18 and moves that this resolution be adopted.

Fourth District Delegate Melvin M. Schwartz *(right foregound)* listens as MSMA President-Elect Howard J. McAlhany *(left)* discusses a resolution at the meeting of the Reference Committee on Constitution and Bylaws. Seated at the table *(left to right)* are Committee members James C. Sisk, chairman and George L. Hawkins, Jr., Irving H. Clark, John R. Esther and George H. Ladyman. Mrs. Ruth Pack, MSMA staff, served as secretary.

(The Speaker stated that the motion had been duly seconded by pre-filing. There being no discussion, he called for a vote on Resolution # 18. Resolution # 18 was adopted.)

Resolution # 19—MSMA Support of Legislation Recommended by the Missouri Board of Registration for the Healing Arts

The Reference Committee considered Resolution # 19 and moves that Resolution # 19 be adopted.

(The Speaker stated that the motion had been duly seconded by pre-filing. Resolution # 19 was adopted.)

Mr. Speaker, this concludes the report of the Reference Committee on Constitution and Bylaws.

The Speaker invited Dr. Harry S. Jonas, Chairman, to present the report of the Reference Committee on Miscellaneous Affairs.

MISCELLANEOUS AFFAIRS

The meeting of the Reference Committee on Miscellaneous Affairs was held at 3:30 PM in the Windgate Rooms #63-#64 at Tan-Tar-A Resort on November 3, 1976. All members of the Reference Committee were present.

Resolution # 1—Extension of Authority of Coroners/Medical Examiners

The Reference Committee considered Resolution # 1 and recommends that Resolution # 1 be adopted with the deletion of the word "Official" in the *Resolve*. The *Resolve* would then read as follows:

Resolved, That the Missouri State Medical Association urges the General Assembly of the State of Missouri to enact appropriate legislation which will authorize coroners and medical examiners performing autopsies to retain such human tissues and organs as may be needed and of value for the teaching of medical science and/or the conduct of medical research and/or the administration of medical therapy.

(The motion was seconded and approved. The motion to adopt Resolution # 1 as amended also was approved.)

Resolution # 2—Health Systems Agency—P.L. 93-641

The Reference Committee considered Resolution # 2 and recommends that this resolution be adopted with the following changes:

In the second Whereas, delete the word "approximately" and add the words "or less" after the figure "12%" to read as follows:

Whereas, Physician representation on the Board of Directors of HSAs nationally and locally is said to be 12% or less of the total Board, and

In the last Resolve, *substitute the word "that" for the words "if the law is found to be constitutional" to read as follows:*

Resolved, That a similar resolution be introduced by our Delegates at the Interim Session of the American Medical Association with the intent of seeking an amendment of the law to make the above objective more feasible.

(The motion to amend Resolution # 2 was seconded and approved. Resolution # 2 was adopted as amended, as follows:)

Amended Resolution # 2

Whereas, P.L. 93-641 is now being implemented in the State of Missouri, and

Whereas, Physician representation on the Boards of Directors of HSAs nationally and locally is said to be 12% or less of the total Board, and

Whereas, Many of the physicians so designated are not practicing in a private setting or practicing at all, and

Whereas, This law may provide the lever for Government to designate where and how medicine is to be practiced, therefore, be it

Resolved, That the Missouri State Medical Association and local medical societies take steps to try to increase practicing physicians representation on these Boards, and be it further

Resolved, That a similar resolution be introduced by our Delegates at the Interim Session of the American Medical Association with the intent of seeking amendment of the law to make the above objective more feasible.

Resolution # 3—Physician Assistant Legislation

The Reference Committee recommends that the following substitute resolution be adopted in lieu of the original Resolution # 3:

Substitute Resolution # 3

Whereas, Legislation to provide for the licensing of physician assistants has been introduced into the Missouri General Assembly for the past several years with MSMA support, and

Whereas, The present consensus of the MSMA appears to be against licensure, therefore, be it

Resolved, That the MSMA support certification of physician assistants by the State Board of Registration for the Healing Arts and withdraws its support for legislation seeking licensure of physician assistants.

The motion was seconded.

Dr. Lawrence O'Neal, St. Louis, moved that the substitute Resolution # 3 be amended by deleting the words "support certification of physicians' assistants by the State Board of Registration for the Health Arts" in the Resolve *to read as follows:*

Resolved, That the MSMA withdraws its support for legislation seeking licensure of physician assistants.

(The Speaker called for a vote on the amendment to the substitute resolution. He then called for a standing vote on the motion to amend the substitute resolution. The motion carried. He then called for a vote on the adoption of Substitute Resolution # 3 as amended. The motion carried.)

Resolution # 4—Legislative Definition of Primary Care

The Reference Committee recommends the adoption of Resolution # 4 with the following changes:

Substitute the following Whereas for the first Whereas in Resolution # 4 to read as follows:

Whereas, Primary care is medical practice, not a specialty designation, and should be performed only by licensed physicians, and

Add the following *Resolve* to the Resolution # 4:

Resolved, That the MSMA Delegates to the AMA be instructed to introduce a resolution in support of this concept.

(The motion to accept the substitutions was seconded. Dr. Allen, Columbia, then moved to amend the substitute Resolve *to read as follows:*

Resolved, That the MSMA Delegates to the AMA be instructed to introduce a resolution in support of the concept that primary care is a medical practice, not a specialty designation, and should be performed only by licensed physicians.

Dr. Allen's motion was seconded.

Dr. Eller, St. Louis, then moved that Dr. Allen's amendment be amended by deleting "licensed physicians" and substituting "licensed graduates of accredited medical schools or school of osteopathy" to read as follows:

Resolved, That the MSMA Delegates to the AMA be instructed to introduce a resolution in support of the concept that primary care is a medical practice and not a specialty designation and should be performed only by licensed graduates of accredited medical schools or schools of osteopathy.

Dr. Eller's amendment was seconded.

Dr. Jonas then asked that the term "licensed graduates of accredited medical schools or schools of osteopathy" be substituted for the term "licensed physicians" in the substitute first Whereas *of Resolution # 4. The Speaker stated that this change did not require a vote.*

The Speaker called for a vote on Dr. Eller's amendment

The Reference Committee on Miscellaneous Affairs heard testimony on 13 of the resolutions introduced at the First Session. Committee members are *(seated, left to right)* Drs. Paul H. Rother, Roger L. Mell, Chairman Harry S. Jonas, John K. Holcomb and Loren J. Washburn. Miss Linda Bremer of the MSMA staff took minutes of the meeting.

to the substitute motion. The motion to amend was approved. The Speaker then called for a vote on the adoption of Substitute Resolution # 4 as amended. Resolution # 4 was adopted as amended as follows:

Resolution # 4

Whereas, Primary Care is medical practice, not a specialty designation, and should be performed only by licensed graduates of accredited medical schools or schools of osteopathy, and

Whereas, Governmental legislative bodies may find it necessary to define Primary Care, and

Whereas, An incorrect and limited definition may lead to a reduced quality of medical education and inferior health care delivery, therefore be it

Resolved, That the Missouri State Medical Association supports only legislation that defines primary health care and primary physician in terms of function and responsibility, not specialty or subspecialty designation, and be it further

Resolved, That the MSMA Delegates to the AMA be instructed to introduce a resolution in support of the concept that primary care is medical practice, not a specialty designation and should be performed only by licensed graduates of accredited medical schools or schools of osteopathy.

Resolution # 5—Federal Health Professions Scholarship Programs

The Reference Committee considered Resolution # 5 and recommends the adoption of this resolution with the following changes:

Change the date "1976" in the second Whereas to "1977" and delete the words "the stipends" in the *Resolve* to read as follows:

Whereas, The federal income tax reform legislation recently signed into law exempts only those medical students who entered the HPS program before 1977 from payment of income tax on the benefits of that program, be it

Resolved, That the Missouri State Medical Association supports legislation to exempt all medical students in the federal Health Professions Scholarship Programs from payment of federal income tax, and the reimbursements for tuition, books and supplies as provided by these programs.

(The motion to amend the Resolution was seconded and carried. Resolution # 5 as amended, was adopted.)

Resolution # 7—Physician Licensing

The Reference Committee considered Resolution # 7 and recommends that Resolution # 7 be referred to the Committee on Legislative Affairs for implementation of the intent and objectives expressed in the two *Resolves.*

(The motion was seconded and approved.)

Resolution # 10—Confidentiality of Health Care Information

Mr. Speaker, the Reference Committee recommends the adoption of Resolution # 10.

(Resolution # 10 was adopted.)

Resolution # 11—Federal Licensure Opposition

The Reference Committee considered Resolution # 11 and recommends that it be adopted with the following changes:

Delete the fourth and fifth Whereas.

Substitute the following Whereas for the sixth Whereas:

Whereas, We object to the singling out of the medical profession for federal licensure and omitting all other professions, and

Also delete the phrase "and fear that this is another giant step toward socialism" from the first *Resolve.*

As amended, Resolution # 11 would read as follows:

Whereas, We have recently received a pamphlet from the Missouri Division of Professional Registration in which attention is called to a proposal for credentialing health manpower by the Federal government, and

Whereas, This essentially refers to licensure and re-licensure by the Federal government, thereby taking away such authority from the states, and

Whereas, This proposal is supposedly being initiated by the Department of Health, Education and Welfare, and

Whereas, We object to the singling out the medical profession for Federal licensure and omitting all other professions, and

Whereas, Both the American Medical Association and the Missouri State Medical Association have already shown their approval of Continuing Medical Education as the best solution for maintaining physicians' training, therefore be it

Resolved, That the House of Delegates of the Missouri State Medical Association views this proposal for federal licensure with great alarm, and be it further

Resolved, That the House of Delegates goes on record as opposing any legislation proposing Federal licensure of health manpower, and be it further

Resolved, That copies of this resolution be sent to the Director of the Department of Consumer Affairs, Regulation and Licensing, the Director of the Division of Professional Registration, the Board of Healing Arts, Governor and Missouri's Congressmen and Senators.

(The motion to amend by substitution was seconded. A Delegate moved to amend the substitute resolution by adding the following Resolve:

Be it further *Resolved*, That the AMA be properly notified of the action of this House.

The motion to further amend the substitute resolution was seconded. Another Delegate then moved to amend the additional Resolve *by stating the following:*

Be it further *Resolved*, That the AMA and other state medical associations be properly notified of the action of this House.

This motion to amend the amendment was seconded and passed. Both the motions to accept the substitute Resolution # 11 as amended and to adopt Resolution # 11 as amended were approved.)

Amended Resolution # 11

Whereas, We have recently received a pamphlet from the Missouri Division of Professional Registration in which attention is called to a proposal for credentialing health manpower by the Federal government, and

Whereas, This essentially refers to licensure and re-licensure by the federal government, thereby taking away such authority from the states, and

Whereas, This proposal is supposedly being initiated by the Department of Health, Education and Welfare, and

Whereas, We object to the singling out of the medical profession for federal licensure and omitting all other professions, and

Whereas, Both the American Medical Association and the Missouri State Medical Association have already shown their approval of Continuing Medical Education as the best solution for maintaining physicians' training, therefore be it

Resolved, That the House of Delegates of the Missouri State Medical Association views this proposal for Federal licensure with great alarm, and be it further

Resolved, That the House of Delegates goes on record as opposing any legislation proposing federal licensure of health manpower, and be it further

Resolved, That copies of this resolution be sent to the Director of the Department of Consumer Affairs, Regulation and Licensing; the Director of the Division of Professional Registration; the Board of Healing Arts; the Governor; Missouri's Congressmen and Senators; the American Medical Association and other state medical societies.

Resolution # 12—Title XIX Payments

The Reference Committee recommends that the following resolution be substituted for Resolution # 12:

Whereas, The Medicaid Program in the State of Missouri was begun with the cooperation of the physicians in the State of Missouri, and

Whereas, Payments to physicians for medical care rendered to Title XI recipients (Medicaid) by the State of Missouri have been substandard and irregular in amount and the delays between billings and said payments have been both excessive and irregular and arbitrary disallowances are commonplace and, as a result, an increasing body of physicians in the state do not or no longer participate in the Title XIX program, and

Whereas, This is no longer tolerable, and

Whereas, The high standard care has been maintained at considerable cost to the physician provider, therefore, be it

Resolved, That the House of Delegates of the Missouri State Medical Association call to the attention of all physicians and other citizens the services that physicians have provided Medicaid recipients of the State of Missouri, and be it further

Resolved, That these services can no longer be provided for at a steadily reducing fee, and be it further

Resolved, That the solution to the problem rests with the citizens, the Governor and the Legislature providing adequate funds for this program, and be it further

Resolved, That this House of Delegates of the Missouri State Medical Association endorses and urges all physicians in Missouri to support the efforts presently being carried out to assure a successful Medicaid program in our state, and be it further

Resolved, That all physicians and other citizens work diligently together to solve this problem.

(The motion to accept the substitute Resolution # 12 was seconded and approved. Dr. John Sargent moved that the Resolve *in the substitute Resolution # 12 be amended as follows:*

Resolved, That the Missouri State Medical Association urges all physicians to assure that they will supply the medical care to those people who need care.

Dr. Sargent's motion to amend was seconded. Dr. Whitener moved to amend Dr. Sargent's amendment as follows:

Resolved, That this House of Delegates of the Missouri State Medical Association endorses and urges all physicians in Missouri to support efforts to assure the success of the existing Medicaid Program in our state.

Dr. Whitener's motion was not seconded. Dr. Eller then moved that the amendment to Resolution # 12 be amended to read as follows:

Resolved, That the Missouri State Medical Association urges all physicians to assure quality medical care for all citizens of our state.

Dr. Eller's motion was not seconded. Dr. McCraw then moved that the substitute Resolution # 12 be referred back to the Commission on Medical Economics, Third Party Medicine and Governmental Relations. A motion to terminate debate and call the question was approved. The motion to refer Resolution # 12 back to the Commission was defeated. After further discussion, the motion to amend the Resolve *in Resolution # 12 was defeated.*

At this time, Dr. O'Neal moved that the House reconsider the action to consider substitute Resolution # 12 in lieu of the original Resolution # 12. His motion was seconded but defeated by a standing vote.

A Delegate then moved that Substitute Resolution # 12 be amended to add the word "adequately" to the second Resolve *to read as follows:*

Resolved, That these services can no longer be adequately provided for at a steadily reducing fee and be it further

The motion was seconded and carried. The main motion was then approved and Substitute Resolution # 12 was adopted as amended, as follows:

Substitute Resolution # 12

Whereas, The Medicaid Program in the State of Missouri was begun with the cooperation of the physicians in the State of Missouri, and

Whereas, Payments to physicians for medical care rendered to Title XIX recipients (Medicaid) by the State of Missouri have been substandard and irregular in amount and the delays between billings and said payments have been both excessive and irregular, and arbitrary disallowances are commonplace, and as a result an increasing body of physicians in the State do not or no longer participate in the Title XIX Program, and

Whereas, This is no longer tolerable, and

Whereas, The high standard of care has been maintained at considerable cost to the physician provider, therefore be it

Resolved, That the House of Delegates of the Missouri State Medical Association calls to the attention of all physicians and other citizens of the services that physicians have provided Medicaid recipients of the State of Missouri, and be it further

Resolved, That these services can no longer be adequately provided for at a steadily reducing fee, and be it further

Resolved, That the solution to the problem rests with the citizens, the Governor and the Legislature providing adequate funds for this program, and be it further

Resolved, That this House of Delegates of the Missouri State Medical Association endorses and urges all physicians in Missouri to support the efforts presently being carried out to assure a successful Medicaid Program in our State, and be it further

Resolved, That all physicians and other citizens work diligently together to solve this problem.

Resolution # 13—Insurance Benefits

The Reference Committee considered Resolution # 13 and recommends that this resolution not be adopted.

(The motion was seconded and after discussion, it was defeated. Resolution # 13 was not adopted.)

Resolution # 14—Definition of Death Legislation

The Reference Committee recommends the adoption of Resolution # 14 with the following changes:

Delete the fourth Whereas, which reads as follows:

Whereas, This has caused a drastic decrease in urgently needed organ transplants, therefore be it

(The motion to amend Resolution # 14 was seconded and approved. Resolution # 14 was adopted as amended, as follows:)

Amended Resolution # 14

Whereas, The current legal definition of death in Missouri refers to the cessation of respiratory and circulatory functions, and

Whereas, Artificial means of support can prolong circulatory and respiratory functions indefinitely though the patient has incurred irreversible cessation of spontaneous brain functions, and

Whereas, Due to recent controversies in this state, physicians may be reluctant to use their professional judgment concerning death without legislative directive, therefore be it

Resolved, That the MSMA supports legislation similar to the bill proposed in the 1976 General Assembly whereby a person shall be considered dead if in the announced opinion of a physician, based on ordinary standards of medical practice, that he has experienced an irreversible cessation of spontaneous brain function.

Resolution # 15—"Certificate of Need" Legislation

The Reference Committee recommends the adoption of Resolution # 15.

(Resolution # 15 was adopted.)

Resolution # 20—Curtailing the Expansion of the Practice of Optometry

The Reference Committee recommends the adoption of Resolution # 20 with the following changes:

Substitute the following *Resolve* for the last *Resolve* of the resolution:

Resolved, That the Missouri State Medical Association vigorously undertakes to defeat any legislative attempt to expand the practice activities of optometry beyond its present boundaries.

(The motion to amend Resolution # 20 was seconded and approved. The motion to adopt Resolution # 20 as amended was approved. Resolution # 20 was adopted as follows:)

Amended Resolution # 20

Whereas, The Missouri Ophthalmological Society, Inc., is an active component of the Commission on Interspecialty Medicine of the MSMA and has fully cooperated in the support of the MSMA, and

Whereas, MOSI has become quite concerned with the attempts made across the nation, as well as in Missouri, on the part of optometrists to expand their practice activities beyond their present licensed powers and knowledge by training, and

Whereas, MOSI feels that the appropriate way to confront this onslaught is to cooperate with the MSMA in order to effectively curb any unqualified practice of medicine on the part of optometrists, therefore be it

Resolved, That the Missouri State Medical Association vigorously undertake to defeat any legislative attempt to expand the practice activities of optometry beyond its present boundaries.

Introduction of New Business

The House of Delegates unanimously approved the introduction of the following resolution by Dr. John A. Griffith, Kansas City, who moved that it be adopted:

Resolution—National Health Insurance

Whereas, National health insurance in some form will be considered and, possibly, passed into law in the near future by the new Congress, therefore be it

Resolved, That the Missouri State Medical Association informs each member of our Missouri congressional delegation of the American Medical Association's proposal for National Health Insurance which includes coverage for medical catastrophe, and be it further

Resolved, That the Missouri State Medical Association congratulates each Missouri congressman on his election victory and assures him that the Missouri State Medical Association is eager to cooperate in making available high quality medical care to every American at reasonable cost.

(The motion was seconded and approved and the resolution was adopted.)

There being no further business, the Speaker adjourned the Second Session of the House of Delegates.

MSMA MEMBERS!

Watch for Your Special Hotel Reservation Card!

For the convenience of members who plan to reserve rooms at Stouffer's Riverfront Towers, the MSMA will mail a special, postage-paid reservation card with room rates and other pertinent information.

You should receive your reservation card soon. Please forward it to the hotel as soon as possible for best accommodations.

MISSOURI STATE MEDICAL ASSOCIATION

119th ANNUAL SESSION

April 14-17, 1977 Stouffer's Riverfront Towers, St. Louis

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132

Apr. 6	Thyroid Disease: Update 1977
June 1	Pulmonary Disease (Third Annual Seminar)
Aug. 3	Critical Care

University of Kansas Medical Center
Div. of Continuing Education
College of Health Sciences
Kansas City, Kan. 66103
(913) 831-7130

Feb. 14-15	Neurological Diseases
Mar. 7-9	Pediatrics
Mar. 17-18	Emergency Medicine: The First 90 Minutes
Mar. 28-30	Ophthalmology
Mar. 31-Apr. 1	Rehabilitation Medicine
Apr. 20-21	Family Practice
Apr. 22	Infectious Diseases
Apr. 25-27	Anesthesiology (Alameda Plaza Hotel, Kansas City, Mo.)
May 9-10	Cardiovascular Diseases
May 16-18	Surgery (Hilton Plaza Inn, Kansas City, Mo.)

The Edward Mallinckrodt Institute of Radiology
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
Contact: Ronald G. Evens, M.D.

Feb. 14	Esophageal Ulcer Disease
Mar. 14	Body Computed Tomography
Apr. 11	Osteophytes, Syndesmophytes and other "Syghtes"
May 9	Newer Trends in Mammography—Medical and Physical

Missouri Chapter—American College of Physicians
Contact: Thomas W. Burns, M.D., F.A.C.P., University of Missouri School of Medicine, Columbia 65201

Feb. 25-26	Missouri Regional Meeting

University of Missouri-Columbia
M-175 Medical Center
Columbia 65201
(314) 882-2256
Contact: Gail Bank

Apr. 4-5	23rd Annual Urology Seminar (Crown Center Hotel, Kansas City)

University of Missouri-Kansas City School of Medicine—Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

Feb. 18-19	The Long Weekend—Fluid and Electrolyte Disorders I & II
March 5-12	Late-Winter Traveling Medical Education Course, Maui, Hawaii
Mar. 31-Apr. 1	Update in Gynecology
Apr. 15-16	The Long Weekend—Diabetes Mellitus/Endocrinology
May 12-13	Management of Problems in Gastrointestinal Surgery
June 2-3	Symposium on Physical Fitness

St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
(314) 569-6000
Contact: James G. Blythe, M.D., Chairman, Dept. of Obstetrics and Gynecology

Apr. 21-22	Ninth Annual Matt Weis Symposium—*Medical Complications in Obstetrics and Gynecology*

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

Apr. 17	A Potpourri of Oculoplastic Surgery

Washington University School of Medicine
Continuing Medical Education
Box 8063
660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
Contact: Loretta Giacoletto

Mar. 7-May 23	Internal Medicine Board Examination Review (Monday evenings)
Apr. 11-12	Fourth Annual Symposium on Ob-Gyn
Apr. 22	An Approach to the Patient With Diarrhea
May 11-13	Washington U. Medical Center Alumni Reunion
May 18	Surgical Problems in Children
May 20-21	Neuromuscular Diseases
May 26-27	Current Topics in Hypertension and Its Management
June 9	Perinatal Medicine

Take advantage of the
EXCELLENT

CME OPPORTUNITIES

at the

MSMA Annual Session

in St. Louis!

•

25 SCIENTIFIC SESSIONS

•

See the
Preliminary Program
on page 47

UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE CONTINUING MEDICAL EDUCATION

Presents

"UPDATE IN GYNECOLOGY"

MARCH 31, APRIL 1, 2, 1977

Alameda Plaza Hotel,
Kansas City, Missouri

Kermit E. Krantz, M.D.
University of Kansas
Kansas City, Kansas

James S. Krieger, M.D.
Cleveland Clinic
Cleveland, Ohio

Raymond A. Lee, M.D.
Mayo Clinic
Rochester, Minnesota

Douglas J. Marchant, M.D.
Tufts University
Boston, Massachusetts

Jack R. Robertson, M.D.
USC-Los Angeles County Medical Center
Los Angeles

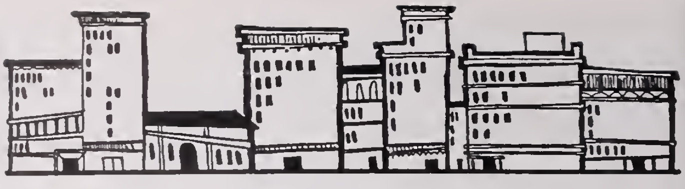
Accreditation

AMA—16 hours Category I
ACOG—25 Cognates
AAFP—16 prescribed hours

Information

Continuing Medical Education
University of Missouri-Kansas City
2220 Holmes
Kansas City, Missouri 64108
816/276-1339

From the Medical Schools



SAINT LOUIS UNIVERSITY

William Stoneman, III, M.D., associate dean of the School of Medicine, has been appointed executive associate dean. The announcement was made by *George E. Thoma,* M.D., vice-president for the Medical Center. Dr. Stoneman has been associate dean of the school since July, 1973.

Dr. Stoneman

"As executive associate dean, Dr. Stoneman will be responsible with me for the full scope of operation and policy of the dean's office," *David R. Challoner,* M.D., dean, School of Medicine, stated. "His wisdom, integrity, experience, and loyalty have been a tremendous asset to me."

Prior to his being named associate dean of the School of Medicine, Dr. Stoneman was program coordinator for the Bi-State Regional Medical Program. He has held various faculty appointments at the School of Medicine since 1959.

In addition to his new position, Dr. Stoneman holds the rank of associate professor of surgery and community medicine. He also directs the Medical Center's Learning Resource Center.

A diplomate of the American Board of Surgery and the American Board of Plastic Surgery, Dr. Stoneman also is a member of the American Medical Association, Missouri State Medical Association and the St. Louis Medical Society.

Mary S. Calderone, M.D., president of the Sex Information and Education Council of the United States (SIECUS), was a recent guest lecturer in the Department of Psychiatry.

Dr. Calderone delivered a lecture on "Early Childhood Sexuality" on December 13 and another on "Sexuality and the Handicapped" on December 14.

UNIVERSITY OF MISSOURI-KANSAS CITY

Dr. Violet Matovich joined the School of Medicine faculty on January 1 as the head of the Section of Neurology, Department of Medicine at Truman Medical Center West with the rank of full professor. She will be responsible for the further development of the teaching program in neurology for students, residents and professional staff as well as for strengthening the patient-care programs by providing consultations.

Daniel K. Bloomfield, M.D., dean and professor of medicine, University of Illinois College of Medicine, School of Basic Medical Sciences-Urbana-Champaign, was a visiting docent during the week of January 17. He made rounds, met with basic scientists and students and discussed "A Critique of Health Care Delivery in a Socialistically Oriented State—Israel" at University Hour on January 28.

In the last 11 months, there has been an increase in the use of the Audiovisual Library. Forty-one of the 86 hospitals, colleges and universities in Western Missouri drew on the AV Library. Five hundred and ninety AV programs were borrowed and some 13,000 individuals viewed and heard these items. When the Hospital Hill group of institutions in Kansas City are added, the numbers increase to 27,570 individuals using 3,529 teaching programs. The Medical School and the Western Missouri Area Health Education Center provide this service.

Dr. John Christensen, professor of anatomy and director of the learning resources, has been asked to assume the responsibility of the General Chairmanship for the Bio-79, a tri-annual meeting of three national associations which are the Health Science Communications Association, the Biomedical Photographers Association and the Association of Medical Illustrators. This group meets every three years to exchange ideas and share progress in the field of biomedical communications. Kansas City has been chosen as the site for this meeting in 1979.

Dr. Richard A. Brose, associate professor at the School of Medicine and former Director of Emergency Medical Services Training and Research Center-Health Sciences, has been appointed to the staff of Truman Medical Center as associate director for quality control. His key duties include providing liaison with the School of Medicine quality assurance program staff and augmenting the

(Continued on page 88)

20/150 H

20/100 EAR

20/70 ING IS

20/50 AS PRECIOUS

20/40 AS SIGHT HAV

20/30 YOU HAD YOUR HE

20/20 TESTED LATELY A SI

20/15 COMFORTABLE HEARING

20/10 INVESTMENT OF A FEW MIN

Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING
AID WILL HELP

250
230
210
190
170
150
130
120
100
90

When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate essential hypertension should offer (1) long-term effectiveness, (2) patient comfort and compliance.

Zaroxolyn offers both.

In one long-term study[1] Zaroxolyn brought moderately elevated (average 161/109 mm Hg) blood pressure down to the range of normotension—and held it there for a year or more.

The investigator noted, "Patient cooperation was surprisingly good for a study of such duration [2½ years]. The once-daily dosage schedule with metolazone [Zaroxolyn] no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate.[2]

Zaroxolyn. For long-term control and comfortable compliance in mild to moderate hypertension.

Recommended initial dosage in mild to moderate essential hypertension–2½ to 5 mg once daily

Zaroxolyn®

(metolazone, Pennwalt)

2½-mg, 5-mg and 10-mg tablets

once-daily antihypertensive diuretic

Before prescribing, see complete prescribing information in the package insert, or in PDR, or available from your Pennwalt representative. The following is a brief summary **Indications:** Zaroxolyn (metolazone) is an antihypertensive diuretic indicated for the management of mild to moderate essential hypertension as sole therapeutic agent and in the more severe forms of hypertension in conjunction with other antihypertensive agents. Also, edema associated with heart failure and renal disease. **Contraindications**: Anuria, hepatic coma or precoma; allergy or sensitivity to Zaroxolyn. Or, as a routine in otherwise healthy pregnant women. **Warnings**: In theory cross-allergy may occur in patients allergic to sulfonamide-derived drugs, thiazides or quinethazone. Hypokalemia may occur, and is a particular hazard in digitalized patients; dangerous or fatal arrhythmias may occur. Azotemia and hyperuricemia may be noted or precipitated. Considerable potentiation may occur when given concurrently with furosemide. When used concurrently with other antihypertensives, the dosage of the other agents should be reduced Use with potassium-sparing diuretics may cause potassium retention and hyperkalemia Administration to women of childbearing age requires that potential benefits be weighed against possible hazards to the fetus Zaroxolyn appears in the breast milk. Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN, uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance. These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered Patients treated with diuretics or corticosteroids are susceptible to potassium depletion. Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function Hyperglycemia and glycosuria may occur in latent diabetes Chloride deficit and hypochloremic alkalosis may occur. Orthostatic hypotension may occur Dilutional hyponatremia may occur in edematous patients in hot weather. **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks. **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg; edema of cardiac failure—5 to 10 mg; edema of renal disease—5 to 20 mg. Dosage adjustment may be necessary during the course of therapy **How Supplied**: Tablets, 2½, 5 and 10 mg

References:

1 Dornfeld L, Kane R: Metolazone in essential hypertension. The long-term clinical efficacy of a new diuretic. *Curr Ther Res* **18**: 527-533, 1975.
2 Data on file, Medical Department, Pennwalt Prescription Products.

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester New York 14603

DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* WARNING
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Preexisting elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.** If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K^+ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy.** Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium® (triamterene, SK&F Co.), and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

The Council Reports

Meeting of December 11, 1976

John N. Martin, M.D., St. Joseph, Chairman, called the meeting to order. Those present were Drs. Martin; Howard J. McAlhany, Springfield; John I. Matthews, Jefferson City; James M. Stokes, St. Louis; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Andrew McCanse, Kansas City; Walter T. German, Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Stanley S. Peterson, Springfield; Rae W. Froelich, Lebanon; William C. Allen, Charles Lobeck, Joseph White, Hugh Stephenson, and William D. Bradshaw, Columbia; Herbert R. Domke, Jefferson City; Mrs. George P. Wilson, Columbia; Messrs. Gordon R. Garrett, St. Louis; Jim Thompson, Springfield; Gary Clark, Jefferson City; and Ray McIntyre, Royal O. Cooper, C. C. Swarens, Ron Ellison, Don Wilson and John Kuebler, Jefferson City, Staff.

On motion, duly seconded, the minutes of the November 3, 1976 Council Meeting were approved as distributed.

REPORT OF THE EXECUTIVE SECRETARY

Dr. Franklin, MSMA President, was unable to attend the Council meeting and, also, the recent AMA meeting. However, he did send his regrets and a short report. The report stated that he had met with the President of the Missouri Board of Registration for Healing Arts and discussed mutual problems. He indicated that there should be better communications between the Board and the MSMA Council. Dr. Franklin stated that he hoped that either the President of the Board or the Executive Secretary would be invited to future Council meetings and be allowed to speak if desired.

Dr. Franklin reported that he had attended a meeting of the St. Louis Academy of General Practice as their guest.

Mr. McIntyre pointed out that a decision should be made on where to hold the 1978 Annual Session. On motion, duly seconded, it was decided to hold the 1978 MSMA Annual Session at the Crown Center Hotel in Kansas City. Motion carried.

REPORT OF THE LEGISLATIVE COMMITTEE

Dr. John Matthews, Chairman of the Committee on Legislative Affairs, reported that approximately 453 House bills and 290 Senate bills have been prefiled to date. He said that this could be a most difficult session due to the fact that many legislators will be first termers. There also will be new leadership in the House and Senate and new Committees and Committee chairmen. The MSMA Legislative Committee met and submits the following report:

In accordance with the actions of our House of Delegates, legislation has been prefiled on expert witness, collateral source rule change and structured awards.

It is interesting to note that attorneys have filed a package of malpractice bills including attorney liability, Board reporting of attorney malpractice claims to the Division of Insurance, etc. for this session.

Perennial expansion of the chiropractic practice act has been prefiled. We have always opposed this legislation.

Licensing of psychologists legislation has been prefiled. We have not opposed this legislation as it now conforms to our suggestions. Cardiology technologists have a licensure bill prefiled. We have always opposed it in the past. House Bill 211 apparently is a licensure bill for ophthalmic dispensers. We have supported this bill in the past, but we have not had an opportunity to read this new bill.

The mental health law is being completely revised. We have asked for the assistance of the Missouri Psychiatric Association. They have met extensively concerning these changes and there appears to be general satisfaction towards the new proposed law.

A confidentiality of mental patient information bill is prefiled and we will attempt to obtain further information. This is SB 253.

We have legislation prefiled to provide for benefits under insurance contracts for alcoholism (HB 340).

Legislation to establish and identify alcohol and drug treatment centers has been prefiled. We have supported this in the past.

HB 325 has been prefiled. The House of Delegates approved legislation to change the medical practice act statutes on physician licensure examination to conform to the examination presently being used.

Legislation concerning prescription forms (SB 36), which we have opposed in the past, has been introduced again. There are several other bills pertaining to controlled substances, civil rather than criminal penalties and commitment rather than imprisonment for addicts, drug paraphernalia, etc.

As is known, we have supported "Good Samaritan" bills for many years. For this Session, HB 235 has been in introduced along with HB 309 and SB 59.

At the present time, there is a gap concerning medical consent for minors. While most state laws have been changed to recognize rights of 18-year-olds, only VD, pregnancy and drug addiction can presently be treated by a physician for anyone under the age of 21 without proper consent. We supported this legislation last session and two bills have been prefiled. They are SB 48 and HB 324.

We are on record with our House of Delegates as supporting definition of death legislation. The prefiled Senate Bill, SB 50, reiterates the ABA bill "For all legal purposes, a human body with irreversible cessation of brain function according to usual and customary standards of medical practice shall be considered dead."

HB 105 is quite similar to House bill of last year. HB 104 is identical to the "right to die" legislation of last session. Dr. Matthews indicated that the Committee felt that since many MSMA members have varying opinions on this type legislation, the Association would take a "middle of the road" position.

The Legislative Committee has contacted several medical examiners concerning a resolution adopted by the Interim Session of the House of Delegates requesting that legislation to permit the harvesting of needed tissues and organs in coroners' cases be sponsored. Legislation will be drafted and a sponsor will be obtained for this legislation.

Certificate of Need—The legislation prefiled, SB 231, does comply with the physicians exemptions we requested. It does not apply for any expenditure under $150,000. We asked for the exemption to be $500,000. The $150,000 exemption is provided by the rules and regulations of HEW.

Medicaid—The most important item under this category will be the increased appropriation for physicians' services under Medicaid. Last year, $20.8 million was budgeted. The

Division of Family Services has requested a substantial increase for physicians' services for the next year which will end July 1, 1978. It is most important that this item be kept in the Governor's budget and that we testify during all appropriation hearings.

The Missouri Hospital Association is again supporting benefit payments for medical assistance for the near-needy for inpatient and outpatient hospital services including diagnostic services.

The bill supported by our House of Delegates on confidentiality of health care information has been prefiled. This is SB 110. Numerous nursing home inspection and licensing bills have been prefiled. We will attempt to obtain additional information on these.

Thinking that it might be well for the Council to meet and converse with the Governor-Elect, Dr. Hetlage suggested that Mr. Teasdale be invited to the Friday evening Executive Session of the Council on February 4, 1977. The Chairman indicated that this would be done through Dr. McCanse of Kansas City.

REPORT OF THE AMA DELEGATES

Dr. Stanley Peterson, Missouri senior delegate, reported on the Clinical Session of the AMA held recently in Philadelphia. One hundred forty-one different items of business were transacted and 99.4% of the delegates were registered for the meeting. AMA-ERF and AMPAC reported having a banner year. Dr. Froelich hosted a very nice dinner for the Missouri delegation honoring retiring delegate Dr. Peterson and retiring Executive Secretary, Ray McIntyre.

Dr. Peterson reported that some of the topics covered and actions taken at the AMA meeting are as follows: reaffirmed support for a NHI bill; established a new section on medical schools; reported a $15 million surplus during the past year; AMA Board directed to review the federal health planning law and develop amendments to make the law more acceptable to physicians; AMA definition of primary care reaffirmed; AMA to study ways to improve the use of "expert witnesses" in malpractice cases; House agreed to delegate its direct control over approval of educational standards for allied professions to the Council on Medical Education; and endorsed the key man concept. Dr. Peterson also reported that AMPAC Workshops would no longer be held and he urged all those present to fill out and return the AMA membership opinion poll. Dr. Peterson stated that the AMA short-term criteria for care in hospitals had been distributed.

Dr. Peterson stated that he had enjoyed being an AMA Delegate and said that he felt that the AMA Delegates need more input from the Council.

Dr. Froelich stated that Dr. Peterson had presented highlights of the Clinical Session. He stated that for the last ten years, those in organized medicine had been trying to prevent nationalized medicine, but the federal government has been whittling away at organized medicine's ability to take care of their patients with such programs as PSRO, HSAs, etc. We are now going towards socialized medicine and we must be sharpening our tools to deal with the government programs. Dr. Froelich stated that he felt that the real statement of the 1976 Clinical Session was brought out by the following statement from a speech given by AMA President, Dr. Richard Palmer: ". . . I want our Association to go forward with all the toughness of a real union, without taking the anti-professional, anti-social, low road to which unions are prone." Dr. Froelich stated that we can't have the toughness of a Reuther or Meany—we need the toughness that will result in one major goal—quality medical care. We need a Meany or Reuther who has the compassion that can only be derived from years of medical practice. We need a Meany or Reuther who is a doctor first. Missouri has that man—Pete—and he is the only one there is!

Dr. Froelich pointed out that Dr. Peterson and a special committee had been negotiating with the Director of the Division of Family Services for increased fees for physicians' services under Medicaid and the Director has made a budget request for a substantial increase in these fees.

Dr. Froelich stated that it is his thought that, perhaps, the Council would like to approach Dr. Hubert Ritter, a member of the AMA Board of Trustees, offering the services of Dr. Peterson at the AMA level. The AMA has a Section on Negotiations, which at present is being run by staff with no physician involvement. Dr. Froelich stated that, perhaps, Dr. Peterson should be recommended for appointment to this Section on Negotiations.

A motion was made that Dr. Peterson be recommended for appointment to the AMA Section on Negotiations, was seconded and adopted.

Dr. Peterson reported that the physicians' union now has 479 paid members in Missouri. The main objective of the union at this time is to set up an organization that will be able to deal with nationalized medicine when it comes.

It was pointed out that more detailed information on actions taken during the AMA Clinical Session will be published in *AM News* and the *AMA Newsletter*.

REPORT OF THE WOMAN'S AUXILIARY

Mrs. Wilson gave a brief report on the recent activities of the MSMA Woman's Auxiliary. The first of their two annual meetings was held in October and there were approximately 130 participants. This session is geared primarily to the county and state leaders. The Governor was in attendance and the highlight of the meeting was Dr. Matthews' address.

The Woman's Auxiliary is now monitoring HSA meetings in their respective areas and will report on these meetings to Mr. Kuebler of the MSMA staff.

Mrs. Wilson reported that the Auxiliary is still receiving requests for the Heimlich posters which she reported on several times.

The Auxiliary is planning another mailing regarding immunizations and, hopefully, this will be accomplished in mid-January.

Mrs. Wilson requested that the MSMA Auxiliary have a staff member assigned to them to act as liaison between the Medical Association and its Auxiliary.

Chairman Martin indicated that this would be referred to staff and they would assign a staff member to the Auxiliary.

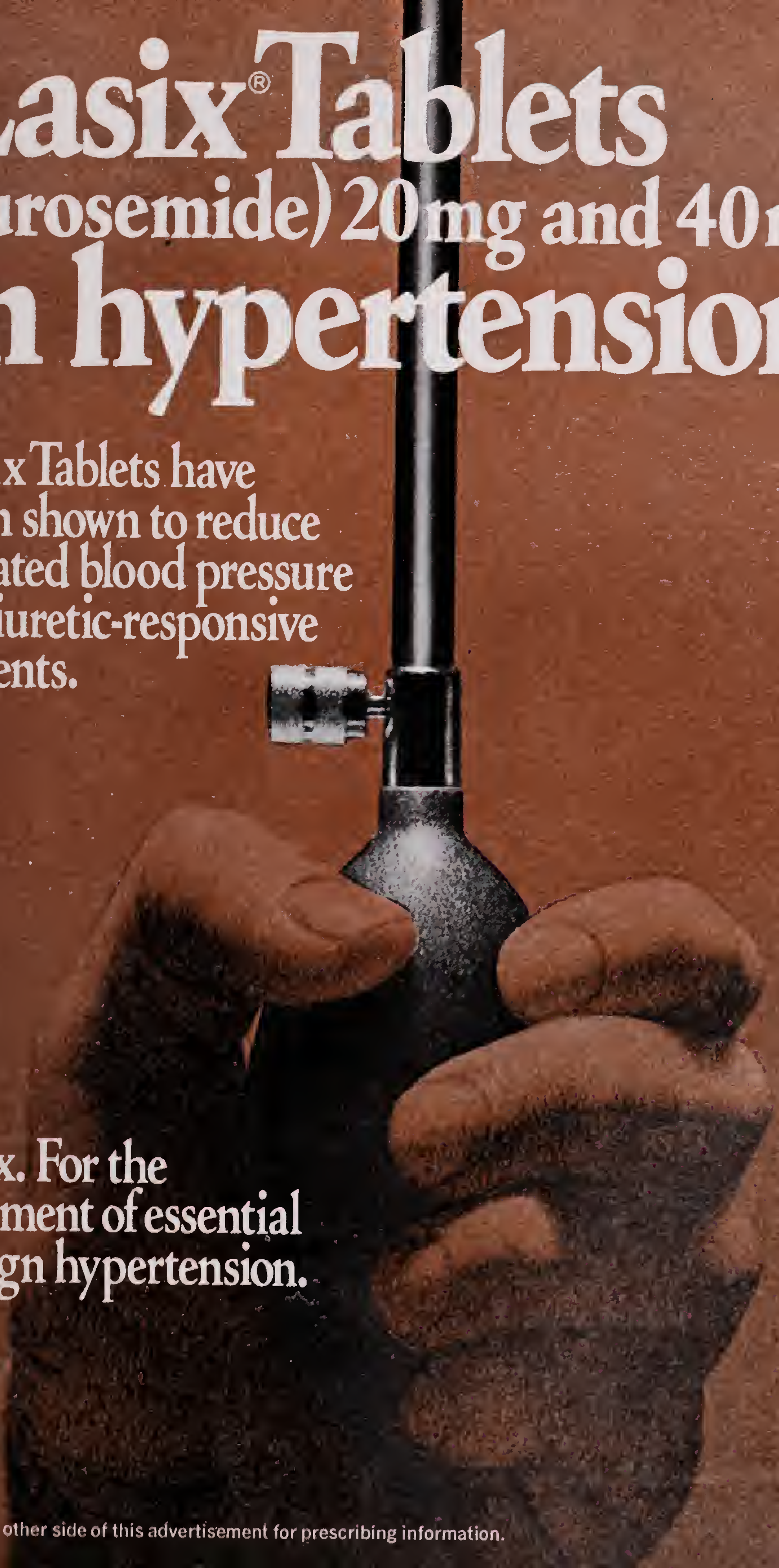
DIVISION OF HEALTH

Dr. Domke stated that the swine flu program was going along extremely well in Missouri. More than 1,700,000 inoculations have been given in Missouri. This is a good deal better than the national average. Dr. Domke indicated that there has been a good deal of local success in Missouri.

Dr. Hetlage stated that he had been extremely critical of the Division's swine flu program at the June Council meeting and would now like to retract that criticism as the Division of Health has been extremely helpful in the administration of the program.

Dr. Domke said that the matter of regionalization of obstetrical care had been mentioned during the AMA Delegates report. For more than two years, Missouri has had a program which tries to improve maternal and neo-natal care for the prevention of mental retardation. This program has no regionalization built into it. Dr. Domke indicated that he felt this is an extremely important program and should go forward with strong support.

Dr. Peterson stated that his concern is the classification of facilities and the transfer of patients to a particular facility where certain types of care could be provided. Dr. Domke stated that the Division of Health would like to get



Lasix® Tablets (furosemide) 20 mg and 40 mg in hypertension.

Lasix Tablets have been shown to reduce elevated blood pressure in diuretic-responsive patients.

Lasix. For the treatment of essential benign hypertension.

Please see other side of this advertisement for prescribing information.

Lasix® Tablets
(furosemide) 20 mg and 40 mg
in hypertension.

A brief summary of the Prescribing Information for
Lasix® (furosemide) Tablets 20 mg and 40 mg

WARNING—Lasix (furosemide) is a potent diuretic which if given in excessive amounts can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dose schedule have to be adjusted to the individual patient's needs. (See under "Dosage and Administration.")

Indications—Lasix (furosemide) is indicated for the treatment of the edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome.

Hypertension—Lasix (furosemide) may be used for the treatment of hypertension alone or in combination with other antihypertensive drugs. Hypertensive patients who cannot be adequately controlled with thiazides will probably also not be adequately controllable with Lasix (furosemide) alone.

CONTRAINDICATIONS—Because animal reproductive studies have shown that Lasix (furosemide) may cause fetal abnormalities, the drug is contraindicated in women of childbearing potential. (See "Additional Information.")

Lasix (furosemide) is contraindicated in anuria. If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, the drug should be discontinued. In hepatic coma and in states of electrolyte depletion, therapy should not be instituted until the basic condition is improved or corrected. Lasix (furosemide) is contraindicated in patients with a history of hypersensitivity to this compound.

Warnings—Excessive diuresis may result in dehydration and reduction in blood volume, with circulatory collapse and with the possibility of vascular thrombosis and embolism, particularly in elderly patients. Excessive loss of potassium in patients receiving digitalis glycosides may precipitate digitalis toxicity. Care should also be exercised in patients receiving potassium depleting steroids.

Frequent serum electrolyte, CO_2 and BUN determinations should be performed during the first few months of therapy and periodically thereafter, and abnormalities corrected or the drug temporarily withdrawn.

In patients with hepatic cirrhosis and ascites, initiation of therapy with Lasix (furosemide) is best carried out in the hospital. Sudden alterations of fluid and electrolyte balance in patients with cirrhosis may precipitate hepatic coma; therefore, strict observation is necessary during the period of diuresis. Supplemental potassium chloride and, if required, an aldosterone antagonist are helpful in preventing hypokalemia and metabolic alkalosis.

Patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic reactions.

In those instances where potassium supplementation is required, an oral liquid preparation should be used rather than enteric-coated potassium salts.

There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated thiazides with potassium salts. These lesions may occur with enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides, or certain other oral diuretics.

These small-bowel lesions have caused obstruction, hemorrhage, and perforation. Surgery was frequently required, and deaths have occurred.

Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Patients with known sulfonamide sensitivity may show allergic reactions to Lasix (furosemide).

Precautions—As with any potent diuretic, electrolyte depletion may occur during therapy with Lasix (furosemide), especially in patients receiving higher doses and a restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting, and/or mental confusion.

Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen. These have been observed in association with dehydration, which should be avoided, particularly in patients with renal insufficiency.

When parenteral use of Lasix (furosemide) precedes its oral use, it should be kept in mind that cases of tinnitus and reversible hearing impairment have been reported. There have also been some reports of cases in which irreversible hearing impairment occurred. Usually, ototoxicity has been reported when Lasix (furosemide) was injected rapidly in patients with severe impairment of renal function at doses exceeding several times the usual recommended dose and in whom other drugs known to be ototoxic were often given. If the physician elects to use high dose parenteral therapy in patients with severely impaired renal function, controlled intravenous infusion is advisable (for adults, it has been reported that an infusion rate not exceeding 4 mg Lasix [furosemide] per minute has been used).

Increases in blood glucose, and alterations in glucose tolerance tests with abnormalities of the fasting and two-hour postprandial sugar have been observed, and rare cases of precipitation of diabetes mellitus have been reported.

Lasix (furosemide) may lower serum calcium levels, and rare cases of tetany have been reported.

Patients receiving high doses of salicylates, in conjunction with Lasix (furosemide) may experience salicylate toxicity at lower doses because of competitive renal excretory sites.

Diuretics such as furosemide may enhance the nephrotoxicity of cephaloridine. Therefore, Lasix (furosemide) and cephaloridine should not be administered simultaneously.

Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effect of tubocurarine. Great caution should be exercised in administering curare or its derivatives to patients undergoing therapy with Lasix (furosemide), and advisable to discontinue Lasix (furosemide) for one week prior to elective surgery.

Adverse Reactions—Various forms of dermatitis, including urtic and rare forms of exfoliative dermatitis, erythema multiforme, pruri paresthesia, blurring of vision, postural hypotension, nausea, vomiting diarrhea.

Anemia, leukopenia, aplastic anemia, and thrombocytopenia (purpura). Rare cases of agranulocytosis which responded to treatment.

In addition, the following rare adverse reactions have been repor however, relationship to the drug has not been established with certai sweet taste, oral and gastric burning, paradoxical swelling, headac jaundice, thrombophlebitis and emboli and acute pancreatitis.

Lasix (furosemide)-induced diuresis may be accompanied by we ness, fatigue, lightheadedness or dizziness, muscle cramps, thirst, creased perspiration, urinary bladder spasm, and symptoms of urin frequency.

Dosage and Administration

ADULTS

The usual adult dose of Lasix (furosemide) is 20 to 80 mg given a single dose.

If the diuretic response with a single dose of 20 to 80 mg is not sa factory, the following schedule should be used: Increase this dose by crements of 20 or 40 mg not sooner than 6 to 8 hours after the previ dose until the desired diuretic effect has been obtained. This individu determined single dose should then be given once or twice daily. The c of Lasix (furosemide) may be carefully titrated up to 600 mg per da those patients with severe clinical edematous states.

With doses exceeding 80 mg/day and given for prolonged peri careful clinical and laboratory observations are particularly advisable.

Hypertension—The usual dose of Lasix (furosemide) is 40 mg tw daily both for initiation of therapy and for maintenance. Careful obse tions for changes in blood pressure must be made when this compoun used with other antihypertensive drugs, especially during initial thera The dosage of other agents must be reduced by at least 50 percen soon as Lasix (furosemide) is added to the regimen to prevent exces drop in blood pressure. As the blood pressure falls under the potentia effect of Lasix (furosemide), a further reduction in dosage, or even disc tinuation, of other antihypertensive drugs may be necessary. It is furt recommended, if 40 mg twice daily does not lead to a clinically satis tory response, to add other hypotensive agents, e.g., reserpine, rather t to increase the dose of Lasix (furosemide).

INFANTS AND CHILDREN

Pediatric Administration: The usual initial dose of oral Lasix in infa and children is 2 mg/kg body weight, given as a single dose. If the diur response is not satisfactory after the initial dose, dosage may be increa by 1 or 2 mg/kg not sooner than 6 to 8 hours after the previous d Doses greater than 6 mg/kg body weight are not recommended.

For maintenance therapy in infants and children, the dose shoul adjusted to the minimum effective level.

How Supplied—Lasix Tablets 40 mg (furosemide) supplied as wh round, monogrammed, scored tablets.

Lasix Tablets 20 mg (furosemide) supplied as white, oval, mo grammed tablets.

Note: Dispense in dark containers. Exposure to light may cause sl discoloration which, however, does not alter potency.

Additional Information

Toxicology

The acute toxicity of Lasix (furosemide) has been determined in m rats, and dogs. In all three animal species, the oral LD_{50} of Lasix (f semide) exceeded 1000 mg/kg of body weight, while the intravenous L ranged from 300 to 680 mg/kg. Intragastric injection of the drug in r born rats resulted in an LD_{50} of 380 mg/kg.

The acute toxicity of high doses of Lasix (furosemide) was charac ized by convulsions, paralysis, and collapse. Surviving animals often came dehydrated and depleted of electrolytes due to the diuresis indu by Lasix (furosemide). In the newborn rats, intragastric injection of drug caused hyperactivity and anorexia.

Chronic toxicity studies with Lasix (furosemide) were done in and dogs. In a one-year study in rats, renal tubular degeneration occur with all doses higher than 50 mg/kg (4 times the maximal recommen human dose of 600 mg per day). A six-month study in dogs revealed cification and scarring of the renal parenchyma at all doses above mg/kg (83 percent of the maximal recommended human dose of 600 per day).

Reproductive Studies

The effects of Lasix (furosemide) on embryonic and fetal deve ment and on pregnant dams were studied in mice, rats, and rabbits.

Lasix (furosemide) caused unexplained maternal deaths and a tions in the rabbit when 50 mg/kg (4 times the maximal recommen human dose of 600 mg per day) was administered between days 12 t of gestation. In a previous study the lowest dose of only 25 mg/kg (2 ti the maximal recommended human dose of 600 mg per day) caused ternal deaths and abortions. In a third study, none of the pregnant rat survived a dose of 100 mg/kg. Data from the above studies indicate lethality which can precede maternal deaths.

The results of the mouse study and one of the three rabbit stu also showed an increased incidence of hydronephrosis (distention of renal pelvis and, in some cases, of the ureters) in fetuses derived f treated dams as compared to the incidence in fetuses from the co group.

HOECHST-ROUSSEL
PHARMACEUTICALS INCORPORATED
SOMERVILLE, NEW JERSEY 08876

REG TM HOECHST AG

EDITION 76

more interest in the hospitals in the state in building up obstetrical services. The classifications for facilities have been adopted in Missouri. Dr. Domke stated that in no way is the Division of Health assigning patients to hospitals. The program in Missouri is dependent upon recommendations of health care priorities made by physicians and referrals made by physicians.

REVIEW OF HEALTH CARE IN THE PRIVATE SECTOR

Dr. Bradley presented information on a recent meeting of the five Missouri PSROs and the Health Insurance Association of America concerning the review of health care in the private sector. Representatives of HIAA attending the meeting indicated that their industry is interested in establishing a program for the review of private patients. This could be similar to the review presently being utilized for Medicare and Medicaid patients.

Most of the area PSRO representatives present agreed that the PSROs should undertake this review process in the private sector. It also was mentioned that a program should be developed to educate physicians as to the necessity of the review of private patients instead of trying to force such a program on them. Dr. Bradley said that with cooperation, private-sector care can stay private; withoug cooperation, there is a chance that legislation will force a review program on an unwilling private sector.

The Chairman indicated that this would be accepted for information.

REPORT OF THE DEANS

Dr. Lobeck, Dean of the University of Missouri School of Medicine-Columbia, expressed concern about the problems being presented by the health manpower legislation. The number of residencies is decreasing. Students will have a limited choice of residencies. Primary care residencies will be 30% of total residencies in 1977-1978; 45% in 1979 and 50% in 1980. Dr. Lobeck asked for Council support for efforts on the part of the University to obtain state support for primary care residencies. Primary care residencies are currently being paid for from third-party payers. He indicated that he felt this is an inappropriate way to pay for these residencies. With the increased number of primary care residencies required under the health manpower legislation, funds for these residencies will be hard to obtain and, perhaps, these residencies should be supported primarily by the taxpayer.

Dr. Lobeck stated that the University Hospital receives funds from the state, but he stated that he felt that legislators did not feel that residencies were educational costs.

CAPE GIRARDEAU COUNTY

Dr. Hansbrough reported that the Cape Girardeau County Medical Society had recently reorganized. They have adopted a new Constitution and Bylaws and have changed the name to Cape Girardeau County Area Medical Society. Dr. Hansbrough stated that due to this reorganization, the Council needs to approve of these changes.

A motion to approve the new name and Constitution and Bylaws of the Cape Girardeau County Area Medical Society was seconded and approved.

MISSOURI CANCER PROGRAMS INC.

Dr. Hansbrough, who was appointed to the Board of the Missouri Cancer Programs, Inc. as the MSMA representative, gave a brief report on the activities and current status of the organization, giving background information regarding its inception and implementation. The main purpose of the organization is to develop a cancer center in Missouri. The organization was accepted as a cancer center and a grant application of $1,700,000 was approved and approximately 80% of this money has been received by the organization. Dr. Hansbrough outlined several programs that are now being initiated under the Missouri Cancer Programs, Inc. along with several now in the planning stages. He indicated that he will keep the Council up to date on these various activities. He stated that we are faced with the fact that money is flowing into the state and that it is important to see that programs are developed that can be supported by the MSMA. He stated that the director desires suggestions. He said that he feels his function in representing MSMA on the Board of MCPI is to see that patients and physicians do receive benefits from this program.

Dr. McCanse expressed concern about support of the Missouri Cancer Programs, Inc., indicating that he has difficulty separating the roles being played by Ellis Fischel State Cancer Hospital, Cancer Research Center and the Missouri Cancer Programs, Inc. Dr. Hansbrough indicated that he feels this is something we must continue to support and that the director of MCPI serves at the pleasure of the Board.

NEXT COUNCIL MEETING

The next meeting of the Council will be held on February 4 and 5, 1977 at the Hilton Inn in Columbia.

AD HOC COMMITTEE ON PHYSICIAN ASSISTANTS

Dr. Hetlage, Chairman of the Ad Hoc Committee on Physician Assistants, gave the Council an outline of the activities the Committee proposes to follow in seeking information regarding physician assistants:

INFORMATION:
1. Survey of County Societies (A questionnaire has been sent and we are currently receiving returns.)
2. Request for information regarding schools
   - A. Questionnaire from St. Louis University.
   - B. New program at Stephens College.
   - C. New program at Lindenwood College.
   - D. Other new facilities.
3. Definition of Certification versus Licensure and implications. (Staff is researching this.)
4. Health Manpower Survey.
5. Outside utilization—unsupervised.
   - A. Veterans Administration.
   - B. Insurance Companies.

ACTION:
1. Meeting in January with optometrists and ophthalmologists. Plan for Report:
1. Survey Information.
   - A. Educational Facilities.
   - B. Location and Numbers.
   - C. Manner of Utilization.
     - 1. By V.A.; 2. By Government; 3. Of Nurse Association; 4. Of private physicians.
2. Recommendation to Council as to policy regarding:
   - A. Legislative Stance.
   - B. Utilization Standards.
   - C. Future Considerations.

It was pointed out that it might be of interest to obtain statistical information regarding total numbers of paramedical personnel in the state. Dr. Hetlage indicated that he would be happy to receive direction from the Council regarding further means of approaching this problem.

Chairman Martin indicated that this report was for the information of the Council and did not require any action at the present time.

Since the activities of the Ad Hoc Committee on Medical Defense Associates have apparently been completed, it was moved, seconded and carried that this Ad Hoc Committee be disbanded.

MSMI

Mr. Cooper reported that presently 800 physicians have professional liability insurance under the Missouri State Medical Insurance, Inc. The following two recommendations were adopted at the last meeting of the MSMI Board of Directors:

1. Rollins Burdick Hunter exhaust the market looking for another carrier.
2. Develop some educational programs for the prevention of medical accidents for the benefit of members.

CONTINUING MEDICAL EDUCATION

Mr. Ellison said that the site team for CME has approved eight institutions for accreditation and asked Council approval for the following:

> Greene County Medical Society, Springfield; SEMO Foundation for Medical Care; Missouri State Allergy Association; Academy of Health Professions; Ellis Fischel State Cancer Hospital, Columbia; St. Louis Mercy Medical Center, St. Louis; Trinity Lutheran Hospital, Kansas City; and Freeman Hospital, Joplin.

On motion, duly seconded, the Council approved CME accreditation for the above-mentioned institutions. Mr. Ellison indicated that letters will be sent to these instituions notifying them of this CME accreditation.

119TH ANNUAL SESSION

Mr. Ellison brought the Council up-to-date on the programs presently proposed for the 119th Annual Session—Practice Management Workshop; 22 scientific sessions sponsored by 13 medical specialties and two voluntary health agencies. There was a suggestion that we might have a program for those hospitals and interested people who would like to know the essentials of what an institution must meet to become accredited for CME.

REPORT OF THE FIELD SECRETARY

Mr. Wilson gave a brief rundown on his activities as Field Secretary since the May Council Meeting. He has contacted physicians in 80% of all the medical societies since his last report. Items of major concern to physicians visited are politics, Interim Session, swine flu program, national certification, professional liability insurance and CME. He also reported that he had assisted county medical societies with some of their local problems. He further attended various meetings of medical societies, hospital staffs, etc. He stated that he would report further in February.

REPORT OF MEETING OF COUNTY MEDICAL SOCIETY REPRESENTATIVES

Mr. Swarens reported that a meeting of county medical society representatives was held on October 22-23, and that 13 county medical societies were represented. Discussion was held on several items and following is a summary of the discussion and decisions reached on the various subjects:

1. *Negotiations and Physicians*

A motion was adopted to encourage the Council or proper committee to inform state Medicaid officials that Medicaid should pay full fees of physicians and, if Title XIX funds are totally expended before the end of the fiscal year, the general public should be informed that physicians are subsidizing the Medicaid program due to lack of government appropriations.

One meeting participant highly recommended the AMA's course on negotiations and several present suggested the possibility of holding a negotiating course at the MSMA Annual Session.

2. *AMA—Unified Membership*

Boone County expressed fear of losing several MSMA members whose county and state dues are paid by the University. It was suggested the AMA investigate the possibility of separate classification of members such as university-oriented.

Participants agreed that AMA members must convince others to join and stressed that AMA should "earn" membership and tell physicians what it is doing to "earn" that membership.

3. *Continuing Medical Education*

Following discussion, it was recommended that the MSMA provide more opportunities for members to gain CME hours. It was felt that the MSMA should better explain its program to hospitals and county medical societies in order to increase participation.

4. *State-County Medical Society Relationships*

Participants agreed that a WATS line should be installed on at least a trial basis to encourage direct communications from members on problems. Other suggestions included possibly having component society members meet with Councilors and Delegates prior to Council or House meetings and to develop methods of sampling member opinions.

Mr. Swarens stated that the possibility of establishing a WATS line had been investigated and indicated that it was felt, at the present time, it is too costly to establish a WATS line.

Also, it was suggested that MSMA propose to medical specialty societies in Missouri that we handle their dues billing for them along with some other staff services.

It also was stated that physicians need better relationships with organizations of nurses, hospitals, medical technicians, etc. and suggested possible formation of a "Liaison Committee of Health Care Professions."

5. *Federal Laws-Regulations*

On the National Certification, the group felt that this should be headed off by getting commitments now from congressmen. Also, said medical societies and individual physicians should object to congressmen and HEW on proposal.

Regarding HSA, this group felt that representation of medicine is poor and physicians must work on the sub-council level for input. Medicine should seek the assistance of "senior citizen" groups which have the time to work on these boards.

6. *Malpractice Insurance*

Following an indepth report by Dr. Clark on the "whys' of MSMI, the group agreed that the MSMA membership should be given this information so they can better understand the formation of MSMI.

7. *State Legislative Program*

Opinion was expressed that "Key Men" should be informed that it is their responsibility to "get the word" to other physicians in their area.

After reviewing the resolutions introduced into the Interim Session, the group discussed all generally and made the following specific comments:

- No. 3—*Physician Assistants*—Don't want PAs working on their own; they need direct supervision. We need to define (like nurses) what PAs can do. What about the programs in the state we have encouraged to train PAs.
- No. 9—*"Good Samaritan"*—Felt there is a reluctance by physicians to identify themselves at emergencies due to liability worries. Voted to favor this type of legislation.

Mr. Swarens reported that dues notices had been mailed recently. Since this is the first time the dues notices have been done by computer, information regarding this new program had been mailed to county medical society secretaries and they were to either call or write the MSMA office if they had any questions.

REPORT OF BUDGET AND FINANCE COMMITTEE

The Budget and Finance Committee met on Friday afternoon, December 3, prior to the Council Meeting on Saturday. The Committee reviewed the material presented which showed Exhibit A—Actual Income through October 31, 1976; Expected Total Income for 1976; Income Budget for 1976 and Estimated Receipts for 1976; Exhibit B—Actual Expenditures through Oct. 31, 1976; Estimated Expenditures for 1976; Budget for 1976 and Proposed Budget for 1977; Exhibit C—Actual Meeting and Committee Expenses through Oct. 31, 1976; Estimated Expenses for all of 1976; Budget for 1976 and Proposed Budget for 1977. A breakdown of anticipated income and expenses for the years 1976 and 1977 was also included:

Dr. Bradley, Chairman of the Budget and Finance Committee, stated that the Committee had approved the following specific recommendations for the 1977 Budget:

1. Salaries in the amount of $171,130.00 be budgeted for 1977.
2. The general expense item in the budget be increased by $2,000 to cover the increased cost of a better health ininsurance plan for Staff.
3. Recommend that the Missouri State Medical Foundation assessment be renewed for another three years and further recommend that the Foundation be studied regarding its level of turnover, interest rate structure and future in general.
4. Recommend that the pension plan be reexamined by Staff for report to the Council during the coming fiscal year.
5. Recommend the budget not be increased for Councilor coverage at the present time and that the membership be aware of the fact that no fiscal provision is being made for any Vice-Councilor unless serving in place of the Councilor.
6. Recommend that per diem for AMA Delegates be increased to $75 from $60.
7. Recommend that the surplus from the 1976 Budget remain in liquid assets balanced at the discretion of Staff, Treasurer and Executive Committee between CDs and savings and loan.
8. Recommend that Mr. Ray McIntyre be retained by the Association in the capacity of Consultant following his retirement as Executive Secretary January 1, 1977.

The Budget and Finance Committee recommends the following proposed Budget for 1977, including the specific items above:

Salaries	$171,130.00
Furniture & Fixtures	750.00
General Expense	8,000.00
Office Supplies	5,000.00
MSMF Assessment	41,605.00
Journal Expense	48,000.00
Postage	7,500.00
Equipment Rentals & Repairs	4,300.00
Telephone & Telegraph	10,000.00
Pension Expense	13,000.00
Legal & Professional	10,000.00
Payroll Taxes	10,000.00
Commission-Committee Meetings	62,500.00
Annual Session	26,000.00
Discretionary Council Fund	5,000.00
Taxes—I.R.S.	600.00
Travel Expenses	16,000.00
Building Expense	7,125.00
Improvements to Building	1,000.00
MMPAC Educational Projects	3,500.00
Interim Session	5,000.00
Countersuit Program	20,000.00
AMCAP (Computer Program)	12,000.00
TOTAL	$488,010.00

On motion, duly seconded, the report and recommendations of the Budget and Finance Committee were approved.

REPORTS OF THE COUNCILORS

District # 10—Dr. Hansbrough reported that the HSA in his area is going through an educational process.

District # 7—Dr. McCanse reported that the Medical Society was competing for two positions on the HSA Board in his area. Dr. McCanse indicated that health care providers, if given enough notice, are allowed two representatives on the delegation that elects the Board of Directors. Dr. McCanse stated that it was the intention of the medical society to send representatives to vote for physicians for the Board that will represent the Medical Association.

Dr. McCanse reported that an HMO began operation on November 1 in the Kansas City area. The HMO has enrolled approximately 2,000 to 3,000 people. Six impartial medical-legal reviews have been done (five in favor of the physician and one cause for suit). Jackson County Medical Society members participated in the swine flu program. For the first time in seven years, JCMS has had to raise its dues, which will be $140 per year.

District # 5—Dr. Ekern said that he had no report at this time.

District # 3—Dr. Bradley reported that St. Louis Medical Society will have its installation of officers on January 4.

District # 4—Dr. Hetlage stated that he had nothing specific to report as far as District # 4 is concerned, but indicated that he would like to make a few remarks in his capacity as Treasurer of MMPAC. The AMA will no longer have AMPAC Public Affairs Workshops in Washington. Dr. Hetlage said that he felt it would be of great benefit for the Association to send a Delegation to Washington in the spring to visit with Missouri's Congressional Delegation.

Mr. McIntyre stated that funds had been set aside under the Public Affairs budget for this project.

District # 6—Dr. Torontow reported that he will have a Councilor District meeting in February. The program is not finalized, but Dr. Torontow stated that he hopes to get his local Senators and Representatives to attend the meeting.

Dr. Torontow stated that during a recent meeting of the Ad Hoc Committee on Nurse Practitioners, a question regarding R.N.'s doing insurance physicals had been raised. He indicated that possibly this is the practice of medicine.

Mr. Gary Clark, Executive Secretary of the State Board of Registration for the Healing Arts, reported that about seven or eight months ago, the Board had received complaints about this and had investigated this procedure. At the time of the investigation, the Board was assured that the RNs were only collecting data and were not doing any interpretation and indicated that he felt no further investigation would be done unless new information indicates that they are evaluating information without the physician.

Dr. Martin asked Mr. Clark to consider looking into the above matter at this time.

District # 8—Dr. German reported that Greene County Medical Society held a seminar which was attended by 85 to 90 physicians from Springfield and the surrounding areas. They underwent the rigorous examination by the CME Committee and are now accredited for a one-year period.

•Serving MSMA Since 1943•

MSMA Disability Insurance Programs

Administered By

ALTMAN-SINGLETON & CO. **EGGERT-CARROLL-SCHROEDER AGENCY, INC.**

Disability Income

Benefits up to $2,166 per month—An Individual Contract with special Renewal Guarantees. Lifetime Accident/To Age 65 Sickness—Flexible waiting periods—Designed for the individual or incorporated physician. Plans available for employees.

Office Overhead Expense

Benefits up to $2,000 per month to pay your office expenses during a disability period. Individual contract, Guaranteed Renewable—benefits assignable to corporation—30-day waiting period with retroactive benefit to 1st day. Premium is tax-deductible!

Major Hospital-Nurse Expense

Pays 80% of expenses incurred over deductible you select of $250, $500, or $1,000 up to $20,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Local professional service on a personal basis through our offices on claims or other matters is as close as your telephone.

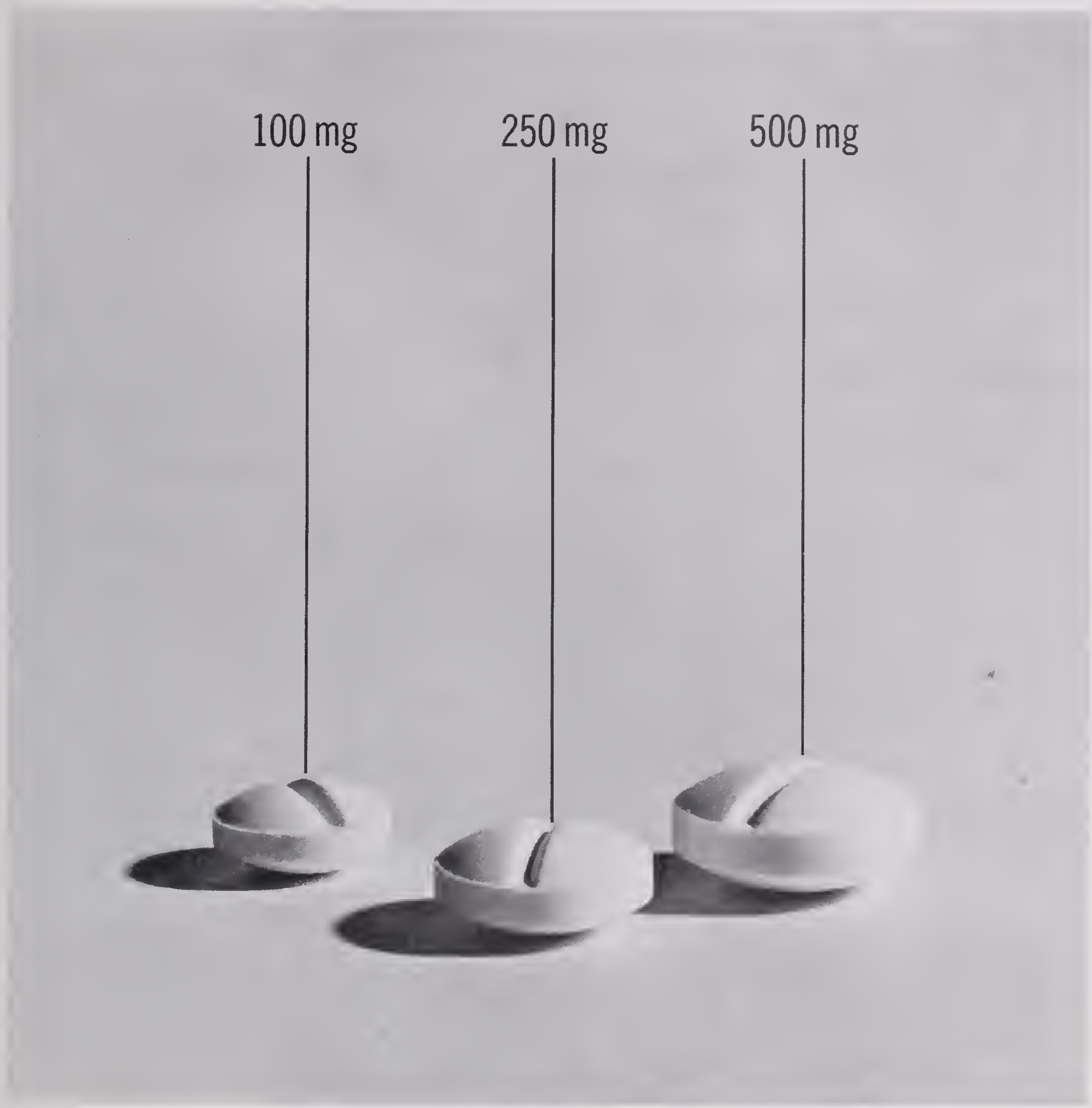
For full particulars, the Administrators invite you to call or write today.

- ***Western Missouri Administrator***

FRED. S. JAMES & CO.
OF MISSOURI, INC.
ALTMAN • SINGLETON & CO.
TWO CROWN CENTER – SUITE 220 – 2420 PERSHING ROAD
KANSAS CITY, MO. 64108 – (816) 842-6670 – TELEX 42-6193

- ***Eastern Missouri Administrator***

EGGERT-CARROLL-SCHROEDER AGENCY, INC.
112 North Fourth Street **(314) 231-4465** **St. Louis, Mo. 63102**



Tolinase®
tolazamide, Upjohn

Please contact your Upjohn representative for additional product information.

Upjohn

J-5695-6
©1977 THE UPJOHN COMPANY

When Big Ben looks "a little off"...

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

■ Most Widely Prescribed—Antivert is e most widely prescribed agent for the anagement of vertigo* associated with dis- ases affecting the vestibular system such s Menière's disease, labyrinthitis, and ves- bular neuronitis.

■ Relief of Nausea and Vomiting—ntivert/25 can relieve the nausea and omiting often associated with vertigo.*

■ Dosage for Vertigo*—The usual adult osage for Antivert/25 is one tablet t.i.d.

RIEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed
professional information
available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

All oral bronchodilators are pretty much the same. Right? Wrong!

The difference is in their action—both before and after symptoms begin. That's the reason for TEDRAL®.

- ☐ effective and prolonged bronchodilation from the synergistic effect of ephedrine and theophylline
- ☐ β-ADRENERGIC ACTION RELAXES BRONCHIAL SMOOTH MUSCLE
- ☐ α-ADRENERGIC ACTION REDUCES BRONCHIAL EDEMA AND SECRETIONS
- ☐ dosage forms to meet individual patient needs

For proven performance...

Tedral® / Tedral® SA / Tedral® Elixir

Each tablet contains 130 mg theophylline 24 mg ephedrine hydrochloride and 8 mg phenobarbital

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer), 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer), and 25 mg phenobarbital in the immediate release layer

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital, the alcohol content is 15%.

See next page for brief summary.

W|C
WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-72-B/

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

The Council Reports

(Continued from page 73)

Dr. German stated that the swine flu program in Greene County had inoculated 55,000 to 60,000 people. A critique was held in Greene County on the Interim Session. It was the general consensus of opinion that the meeting was good, but there was some discussion as to where the meeting should be held. Dr. German stated that he and several members of Greene County had the impression that some time during the Interim Session, delegates would sit down with legislators and members of the Legislative Committee and discuss certain aspects of legislation for the coming year. This was not done at the 1976 meeting, but Dr. German indicated that he felt this idea was good and should be considered for the 1977 Interim Session.

District # 9—Dr. Cooper reported that his County Medical Society recently had a meeting where a CME program was put on by Dr. Bradshaw, along with several residents in family practice and a man from the Extension Service. Dr. Cooper stated that the Extension Service has some money available that could be used for CME and, perhaps, some of the other Councilors would like to look into this.

District # 1—Dr. Martin reported that swine flu inoculation clinics had taken place in his Councilor District.

Dr. Martin said that the HSA in his area has had several meetings and had been divided into sub-councils.

Dr. Martin reported that the MSMA Office recently had received correspondence from a group of Clay County physicians regarding their purchase of a CAT scanner and the problems they are having with the Blues in regard to this. Dr. Martin stated that he would like to refer this matter to the Commission on Medical Economics for further study.

The Council Meeting adjourned and the Council went into Executive Session.

EXECUTIVE SESSION

During this Executive Session of the Council, a proposal requesting that the MSMA establish a Resident Physician Section was further discussed. It was pointed out that under MSMA Bylaws, any physician serving a full-time training internship or residency in a hospital approved by the AMA may become a junior member of MSMA and shall enjoy all of the privileges of active membership. The dues for junior members are $10 per year. AMA dues for House Staff are $35 per year. Many of the MSMA component medical societies offer free or reduced dues memberships to House Staff. It was mentioned that house staff representatives should not just represent the four medical schools mentioned, because house-staff training programs are being conducted throughout the state and there is a need to represent all House Staff and all training hospitals throughout Missouri rather than limiting this to the four schools.

On motion, duly seconded, the Council made the following recommendations:

The Council recommends that a Resident Physician Section not be established at this time; that all physicians in a full-time training program in Missouri be contacted; that all benefits of membership be described to them and all of them actively encouraged to become members of organized medicine.

It was pointed out by many of those present that if House Staff did become members of organized medicine, they could increase the number of delegates allocated to the component societies and should be able to be represented through the component society as a member of the MSMA House of Delegates. Staff was directed to implement this.

The meeting was adjourned.

RECENT CHANGES
federal register
Providing Drug Information to Physicians
Informational Bulletin #433-76
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all nds of scrutiny. Your control over patient therapy is eing monitored, judged and occasionally abrogated, ometimes by unknown third parties.

The worry is that in the wake of this focus, the rela- onship between you and your patient will be weakened, ithout offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, gulations or professional custom stipulate that your on-generic prescriptions be filled with the precise prod- ts you prescribe. But in the last five years, a dozen or ore State laws have been changed, permitting the phar- acist in most cases to select a product of the same eneric drug to fill any prescription.

Ironically, this dilution of physician control has ken place against a background of growing evidence at purportedly equivalent drug products may be in- uivalent, since neither present drug standards nor their forcement are optimal. In fact, the FDA itself says it s not enforced the same standards for hundreds of ollow-on" products that it had applied to the original DA approvals. Thus physician control over patient erapy is being eroded with a risk that patients may be posed to drugs of uncertain quality.

The major advertised claim for substitution is reduced escription prices for consumers. Yet no documentation any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's ug bill by setting price ceilings for drugs dispensed to edicare and Medicaid patients. Unless the prescriber rtifies on the prescription that a particular product is edically necessary, the Government intends to pay only r the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

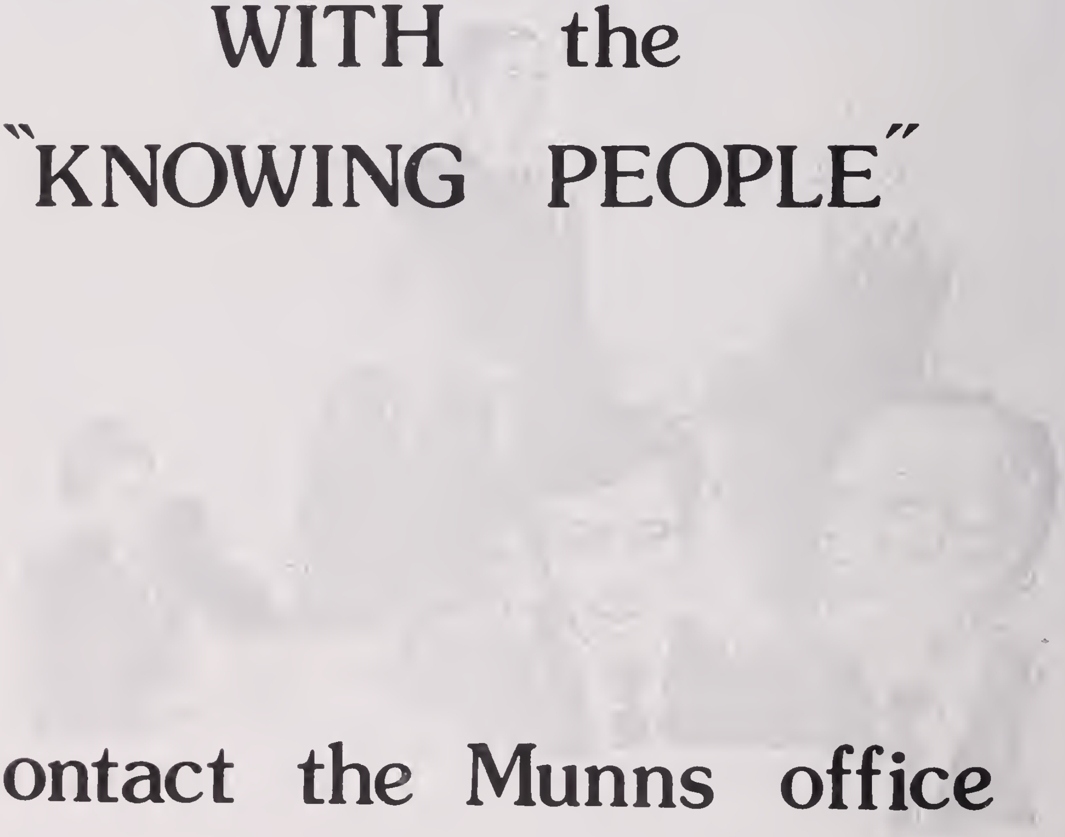
If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

MUNNS OFFERS A STEP OUT OF THE ORDINARY WITH the "KNOWING PEOPLE"



Contact the Munns office nearest YOU!

MUNNS MEDICAL SUPPLY

Topeka	Kansas City	Wichita	St. Louis	Tulsa
272-2300	421-2088	522-8111	645-0300	622-9300

President's Message

Various forces in Washington are jumping with gleeful anticipation at the thought that they have found the Achilles' heel at which to attack private medicine—rising cost. They seemingly do not recognize the fact that federal intervention or intrusion in medical care is the greatest cause in the rising cost.

No longer can Washington accuse physicians of being 50,000 short in numbers. The number of doctors has increased markedly. Washington cannot gainsay the peerless competence of American medicine. It cannot deny what the polls show—that most Americans are satisfied with the quality and availability of their care.

Max S. Franklin, M.D.

But rising cost is sensationalized by charges of medicaid fraud on the part of a very tiny minority of doctors and is being exploited as a cause for an all-out move against our profession and its freedom. This is done on the basis that if a Big Lie is repeated often enough, it will be accepted as truth.

Rate setting for medical services has been suggested by the Democratic Platform and by President Jimmy Carter. If space were available, I would like to repeat what Georgia doctors have to say about former Governor Jimmy Carter. A move to make it mandatory in all states is likely to be made when the Health Planning Act comes up for extension in 1977—provided that law survives a joint suit of North Carolina and the American Medical Association. God forbid!

Yet, on the cost issue, too, we physicians are generally invulnerable in fact, contrary to the thinking of some politicians.

The climbing cost is largely due to impersonal factors that far transcend the personal ability of health care providers to control them.

These factors include the growth and expansion of clinical competence and technology, growth of health insurance and its incentives to better care and the relentless surge of professional liability premiums. They also include greater longevity of life (and, thus, a greater instance of chronic illness), steady inflation and the network of administrative and procedural expenses engendered by federal involvement in medical care.

Further aggravating the cost problem is the absence of any quantitative limit on what medicine is supposed to do with this technology or is expected to do. Sophisticated surgery, such as open heart surgery that may stretch life by a few years, is unavoidably expensive and that expense has to be reckoned with if life is to be so stretched.

Obviously, the topsy-like growth in the demand for and capabilities of medical care since World War II has caused overlapse, imbalances and disarrangements, particularly at the institution level. These should be relieved by voluntary planning. The American Medical Association's blue ribbon national Commission on the Cost of Medical Care represents many walks of life (including government) and is seeking to place the cost problem in its true perspective so that practical remedies can be offered.

But there is no valid reason for government to try to play the role of the marksman, Paris, and shoot an arrow at private medicine's heel. There are only a few individuals in government who are trying to do this, but they are in high places. Let us bring the real facts of medical cost to our state and communities in every way we can.

The people must know that if government tries to do the worst to us, we can no longer do the best for them. Government interference or intrusion into medical care can be nothing but harmful to patients.

I have asked many doctors if they would want their sons or daughters to study medicine if national health insurance comes into being. Their answer is NO in the great majority. On the other hand, many doctors whose sons or daughters are already in medical schools state that these students seem to be already indoctrinated at their schools and some, but not all, seem ready to accept the second class practice of medicine in which doctors will be working for the federal government and not primarily for their patients. In my work as a preceptor, I have fortunately met a number of students who feel the way we do—that the quality care of our patients must always come first.

Woman's Auxiliary

> *Honour a physician with the honour due unto him . . . for the Lord hath created him.*
>
> —Ecclesiasticus

Dear Doctor:

The official designation of Doctor's Day was established in 1935 to commemorate the first use of ether anesthesia by Dr. Crawford W. Long of Georgia on March 30, 1842. Doctor's Day was initiated by the Woman's Auxiliary to the Southern Medical Association, and the date provided an ideal opportunity for acknowledging the immeasurable contributions of America's physicians.

Mrs. George P. Wilson
President

What began as the simple ceremony of giving a red carnation has been extended today to include a wide variety of creative programs designed to express community appreciation and provide positive public relations value.

At this time of year, the Woman's Auxiliary to the Missouri State Medical Association is endeavoring to promote health education for the public which is geared toward strengthening medical-community rapport. Individual county auxiliaries are planning tributes to our doctors and encouraging coordination of efforts by hospital auxiliaries, schools, churches and civic organizations.

One enterprising auxiliary in mid-Missouri plans a week of educational programs so diverse and extensive in scope that any single idea could be utilized as an example.

This week-long observation is launched with a news article on today's physician. Each day's issue will carry a health tip by a different specialist. Spot radio recordings will answer a variety of health questions. A general forum sponsored by the county medical society and its auxiliary will be held at the public library.

Concurrently, the elementary schools will participate in an essay contest on the subject, "What My Doctor Means to Me," and a poster contest depicting the child's impression of his doctor. Judging is by community "experts," and prizes are awarded on Doctor's Day. Posters will be on display at the library and shopping mall, and winners will be featured in newspapers and television.

At a final celebration dinner, physicians and spouses will join in honoring their retired colleagues. Two outstanding medical students chosen by their faculty will receive recognition through Auxiliary scholarship awards.

Close communication between medical society and auxiliary is critical to achievement of a successful observance. The merits of promoting this event are obvious. As we pay tribute to our husbands, we translate a day of honor into a time of productivity.

Very sincerely,

Your Auxiliary

DOCTORS ARE TALKING ABOUT THE
PRACTICAL WAY TO LOWER CHOLESTEROL

Choloxin®
(Sodium Dextrothyroxine)

And for good reasons. Diet alone doesn't always work. CHOLOXIN® (sodium dextrothyroxine) has proved itself to be an effective cholesterol lowering adjunct to diet in euthyroid, non-cardiac patients. It has undergone ten years of clinical trials and eight years of practice. The clinical trials consisted of 337 clinical studies involving over 3,000 hypercholesterolemic non-cardiac patients. It is among the most thoroughly evaluated drugs ever presented to physicians.

Practical, too, is the one-tablet-a-day dosage regimen. It encourages patient cooperation, and it's economical for long-term therapy.

CHOLOXIN (sodium dextrothyroxine) lowers cholesterol 15% to 35%, and keeps it down with most patients. *(Data on file, Flint Laboratories).*

Interested in receiving more information about lipid lowering? Write us or contact your Flint representative. We'll be glad to supply you with a complete product portfolio and samples for your evaluation.

NOTE: See following page for full prescribing information.

AN IMPORTANT NOTE:
It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

Choloxin® (Sodium Dextrothyroxine)

Effectively Lowers Elevated Cholesterol With Convenient Once-A-Day Dosage

Four strengths 1 2. 4 and 6 mg are available making the scored tablet regimen a flexible dosage system. And, for most patients, CHOLOXIN tablets offer once-a-day dosage

CHOLOXIN® (sodium dextrothyroxine) Single-Tablet-A-Day Dosage Schedules

See prescribing information in package insert reproduced below.

	Starting Dosage	Increased Monthly by	Usual Maintenance	Maximal Recommended
Adult Hypercholesterolemic	1.0-2.0 mg.	1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
Pediatric Hypercholesterolemic	0.05 mg./kg. body weight	0.05 mg./kg.	0.1 mg./kg. body weight	4.0 mg.
Hypothyroid Cardiac	1.0 mg.	1.0 mg.	4.0 mg.	4.0 mg.

Choloxin®
(Sodium Dextrothyroxine)

Description
CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions
The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN (sodium dextrothyroxine) stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications
This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN (sodium dextrothyroxine) is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively, in patients with significant myocardial impairment. CHOLOXIN (sodium dextrothyroxine) dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications
The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings
CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN (sodium dextrothyroxine) is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN (sodium dextrothyroxine) is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN (sodium dextrothyroxine). As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN (sodium dextrothyroxine) than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN (sodium dextrothyroxine) in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may not be advisable or possible to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN (sodium dextrothyroxine) therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age
Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions
It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN (sodium dextrothyroxine) therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions
The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN (sodium dextrothyroxine); a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN (sodium dextrothyroxine) potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration
For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is approximately 0.1 mg (100 mcg) per kilogram. The initial daily dosage should be approximately 0.05 mg (50 mcg) per kilogram to be increased in up to 0.05 mg (50 mcg) per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied
CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, IN
Deerfield, Illinois 60015

Temporarily
STOP
Unproductive Coughs

A new product that
temporarily stops the cough

Ryna-C™
Syrup

ⒸV

EFFECTIVE FORMULA

Codeine Phosphate (Warning: May be habit forming)	10 mg
Pseudoephedrine Hydrochloride	30 mg
Chlorpheniramine Maleate	2 mg

PATIENT BENEFITS

- Provides effective cough suppression
- Provides effective decongestant action
- Alleviates nasal secretions
- Dye-free formulation
- Sugar-free formulation
- Excellent cinnamon flavor

DOSAGE

ADULT—2 tsp every 4 hours
not to exceed 6 doses in 24 hours

PEDIATRIC—2-5 years ½ tsp every 4 hours
6-12 years 1 tsp every 4 hours
not to exceed 6 doses in 24 hours

Mallinckrodt
Pharmaceuticals *Linking Chemistry to Medicine®*

Mallinckrodt, Inc.
St. Louis, MO 63147

New Members

Richard L. Butler, M.D., 1225 Graham Rd., Florissant 63031, has become a member of St. Louis County Medical Society. Dr. Butler is a native of Cincinnati, Ohio, received his preliminary education at St. Louis University in 1970. He specializes in internal medicine.

Byron S. Cooper, M.D., Barnes Hospital Group, St. Louis 63110, has become a member of St. Louis County Medical Society. Dr. Cooper is a native of Washington, D. C., received his preliminary education at the Johns Hopkins University and his M.D. degree at Washington University in 1973. He specializes in internal medicine.

Sol H. Dubin, M.D., 10901 Winner Rd., Independence 64052, has become a member of Jackson County Medical Society. Dr. Dubin is a native of Kansas City, received his preliminary education at the University of Missouri-Kansas City and his M.D. degree at Kansas University in 1972. He specializes in orthopedics.

Thomas Flynn, M.D., 10007 Kennerly Rd., St. Louis 63128, has become a member of St. Louis County Medical Society. Dr. Flynn is a native of Minneapolis, Minn., received his preliminary education at St. Thomas College and his M.D. degree at St. Louis University in 1954. He specializes in psychiatry.

Forbes A. McMullin, M.D., 2821 N. Ballas Rd., St. Louis 63131, has become a member of St. Louis County Medical Society. Dr. McMullin is a native of Boston, Mass., received his preliminary education at Amherst College and his M.D. degree at Boston University in 1969. He specializes in orthopedics.

Charles I. Mannis, M.D., 522 N. Ballas Rd., St. Louis 63141, has become a member of St. Louis County Medical Society. Dr. Mannis is a native of St. Louis, received his preliminary education at Washington University and his M.D. degree at the University of Missouri-Columbia in 1969. He specializes in orthopedics.

Raul Mercado, M.D., 1325 S. Grand, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Mercado is a native of Puerto Rico, received his preliminary education at Polytechnic Institute and his M.D. degree at St. Louis University in 1951. He specializes in radiology/oncology.

David D. Miller, M.D., 1443 N. Robberson, Springfield 65802, has become a member of Greene County Medical Society. Dr. Miller is a native of Grandfield, Okla., received his preliminary education at Oklahoma State University and his M.D. degree at the University of Oklahoma in 1969. He specializes in general surgery.

Haranadha Nimmagadda, M.D., 2601 N. Whittier, St. Louis 63113, has become a member of St. Louis Medical Society. Dr. Nimmagadda is a native of India. He received his M.D. degree at Rangaraya Medical College in 1964. He specializes in ophthalmology.

Young E. Park, M.D., 100 Central St., Chillicothe 64601, has become a member of Grand River Medical Society. Dr. Park is a native of Seoul, Korea, received his preliminary education at Catholic Premedical College and his M.D. degree at Catholic Medical College in 1966. He specializes in pathology.

(Continued on next page)

One-third of the problem cases . . .

cases Blue Shield cannot process immediately because information is missing . . .

are problems because they lack the *member's certificate number.* The certificate number is *essential* for member identification and to speed benefit checks to you for your patients.

Please make sure *your* Physician's Service Reports always include the Blue Shield certificate number.

Saint Louis Blue Shield
A COMMUNITY SERVICE

Kenneth D. Piker, M.D., 1525 N. Campbell Ave., Springfield 65803, has become a member of Greene County Medical Society. Dr. Piker is a native of Newport, Ark., received his preliminary education at Louisiana Technical University and his M.D. degree at Louisiana State University in 1973. He is in family practice and specializes in geriatrics.

John A. Powell, M.D., 911 S. Brentwood Blvd., Clayton 63105, has become a member of St. Louis County Medical Society. Dr. Powell is a native of Toledo, Ohio, received his preliminary education at the University of Notre Dame and his M.D. degree at the University of Michigan in 1971. He specializes in dermatology.

Sirisak Puribhat, M.D., 1423 N. Jefferson Ave., Springfield 65802, has become a member of Greene County Medical Society. Dr. Puribhat is a native of Thailand, received his preliminary education at Chulalonekorn University and his M.D. degree at Chulalonekorn Hospital in 1952. He specializes in therapeutic radiology.

David J. Ray, M.D., 2727 McClelland Blvd., Joplin 64801, has become a member of Jasper County Medical Society. Dr. Ray is a native of Hayti, received his preliminary education at Southeast Missouri State University and his M.D. degree at University of Missouri in 1961. He specializes in urology.

Edward M. Ring, M.D., 522 N. New Ballas Rd., St. Louis 63141, has become a member of St. Louis County Medical Society. Dr. Ring is a native of St. Louis, received his preliminary education at Georgetown University and his M.D. degree at St. Louis University in 1956. He specializes in thoracic surgery.

Narendra N. Shah, M.D., 902 Edmond, St. Joseph 64502, has become a member of Buchanan County Medical Society. Dr. Shah is a native of Baroda, India. He received his M.D. degree at M.S. University of Baroda in 1972. He specializes in anesthesiology.

Hang C. Shen, M.D., 6651 Chippewa, St. Louis 63109, has become a member of St. Louis County Medical Society. Dr. Shen is a native in China, received his preliminary education at National Defense Medical Center and his M.D. degree at National Defense Medical Center in 1969. He specializes in radiology.

Ann Sudekum, M.D., 2821 N. Ballas Rd., St. Louis 63131, has become a member of St. Louis Medical Society. Dr. Sudekum is a native of Ohio,

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Borgmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
Suite 202-B, 6600 West 95th Street, Overland Park, Kansas 66212
Telephone: (Area Code 913) 381-4222

received her preliminary education at St. Louis University and her M.D. degree at the University of Missouri in 1972. She specializes in pediatrics.

Robert Turfboer, M.D., 2808 Picher Ave., Joplin 64801, has become a member of Jasper Couny Medical Society. Dr. Turfboer is a native of Amsterdam, Netherlands, received his preliminary education at the University of Groningen and his M.D. degree at the University of Groningen in 1942.

S. Vadlamani, M.D., 6150 Oakland Ave., St. Louis 63139, has become a member of St. Louis Medical Society. Dr. Vadlamani is a native of India, received his preliminary education at Creighton Unilege and his M.D. degree at Guntur Medical College in 1965. He specializes in general surgery.

J. Douglas Walton, M.D., 1012 N. Main, Sikeston 63801, has become a member of SEMO County Medical Society. Dr. Walton is a native of Troy, received his preliminary education at Creigton University and his M.D. degree at Creighton University in 1973. He is in family practice.

Charles L. Weinstein, M.D., 4440 Broadway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Weinstein is a native of Washington, D. C., received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1971. He specializes in internal medicine.

Eugene G. Wolanski, M.D., 902 Edmond, St. Joseph 64502, has become a member of Buchanan County Medical Society. Dr. Wolanski is a native of Cleveland, Ohio, received his preliminary education at John Carroll University and his M.D. degree at the University of Virginia in 1973. He specializes in internal medicine.

Marion L. Wolf, M.D., 1211 S. Glenstone, Springfield 65804, has become a member of Greene County Medical Society. Dr. Wolf is a native of Strafford, received his preliminary education at Southwest Missouri State University and his M.D. degree at the University of Missouri in 1968. He specializes in orthopaedic surgery.

Anthony C. Zoffuto, M.D., One Mile Road, Dexter 63841, has become a member of SEMO County Medical Society. Dr. Zoffuto is a native of Harrisburg, Pa., received his preliminary education at St. Francis College and his M.D. degree at the University of Tennessee in 1971. He specializes in internal medicine.

Do you have patients with Paget's Disease of Bone?

You can get updated information on the disease and on effective treatment for its symptoms of bone pain, skeletal deformities, and neurologic deficits.

Just send the coupon below.

Armour Pharmaceutical Company
Greyhound Tower
111 West Clarendon Avenue
Phoenix, Arizona 85077

☐ Send latest information on Paget's Disease of Bone.
☐ Have your representative call on me.

Dr. ________________

Address ________________

City ________ State ________ Zip ________

County Society News

FIRST DISTRICT

COUNCILOR
JOHN N. MARTIN, M.D., ST. JOSEPH

BUCHANAN COUNTY MEDICAL SOCIETY

The Buchanan County Medical Society's first meeting of the year was held in the Swiss Chalet in St. Joseph on January 5.

Forty physicians attended the dinner, brief business session and scientific program.

The guest speaker was Dr. Donald Silver, professor and chairman of the Department of Surgery, University of Missouri-Columbia Medical Center.

Before giving the scientific program, Dr. Silver outlined the purposes and conduct of the Surgical Department at the School of Medicine. He said that the Department has a two-fold purpose: (1) to stress education and provide health care resources and (2) to achieve excellence in patient care, teaching and research.

He discussed "Current Management of Variceal Bleeding."

Dr. John R. McDaniel introduced Dr. Silver.

Dr. Richard O. Craig, newly installed President, presided at the session.

CHARLES N. MULLICAN, M.D., *Secretary*

In Memoriam

Florian G. Hopkins, M.D., Box 257, Gideon 63848, a graduate of the University of Tennessee, 1937; member Dunklin County Medical Society; age 73; died Dec. 29, 1976.

Orr Mullinax, M.D., Missouri Methodist Hospital Pavillion, St. Joseph 64517, a graduate of St. Louis University, 1928; member Buchanan County Medical Society; age 79; died Jan. 14, 1977.

BRIEF SUMMARY OF
PRESCRIBING INFORMATION
ANTIMINTH® (pyrantel pamoate)
ORAL SUSPENSION

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against *Enterobius vermicularis* (pinworm) and *Ascaris lumbricoides* (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13μg/ml) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. *Usage in Pregnancy:* Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefit/risk should be considered.

Precautions. Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with preexisting liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. *Children and Adults:* Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 ml of Antiminth per 10 lb. of body weight. (One teaspoonful=5 ml.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

eliminates Pinworms and Roundworms with a single dose

- **Single dose effectiveness against both pinworms and roundworms**— The only single-dose anthelmintic effective against pinworms *and* roundworms.
- **Nonstaining**—to oral mucosa, stomach contents, stools, clothing or linen.
- **Well tolerated**—the most frequently encountered adverse reactions are related to the gastrointestinal tract.
- **Economical**—a single prescription will treat the whole family.
- **Highly acceptable**—pleasant-tasting caramel flavor.
- **Convenient**—just 1 tsp. for every 50 lbs. of body weight. May be taken without regard to meals or time of day.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Please see prescribing information on facing page. NSN 6505-00-148-6967

Antiminth® ORAL SUSPENSION
(pyrantel pamoate) equivalent to 50mg pyrantel/ml

From the Medical Schools

(Continued from page 66)

use of the medical record as a basic tool in patient care and medical education.

On December 17, the CIBA Award for Outstanding Community Service was presented to *Mr. Patrick McCalmon,* a Year-3 student, in recognition of laudable and noteworthy extracurricular activity within the community. Mr. McCalmon was selected by the student body in recognition of his efforts as a medical explorer in encouraging students to pursue health care careers. In this capacity, he works closely with secondary school students in the Kansas City area and in the northwest region of the state in organizing medical explorer posts and providing information about health career education and training programs for interested students.

UNIVERSITY OF MISSOURI-COLUMBIA

Work is now under way on two construction projects at the University Medical Center complex. Ground was broken in December for a $3.2 million School of Nursing building, at the northeast corner of the complex along the mall to the main campus. An addition to the Outpatient Clinics is farther along, although snow and frigid weather temporarily halted work in January.

Dr. Karl D. Nolph, chief of the nephrology service in the Department of Medicine, chaired a session on peritoneal dialysis and its potential at an NIH conference on January 17-19. He also is one of three kidney specialists asked to contribute to an NIH-sponsored book concerning dialyzer evaluation.

Dr. David L. Carnes, research associate in the Department of Pharmacology, has been awarded a three-year National Research Service Award by the National Institute of Dental Research. His project concerns parathyroid and Vitamin D control of bone and kidney.

Dean Charles C. Lobeck was appointed to serve on the 12-member screening committee for candidates for the presidency of the University of Missouri.

Have you moved recently? **Please send any changes of address to Missouri Medicine, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.**

Dr. Larry E. Millikan, associate professor of medicine (Dermatology Section), is president-elect of the American Dermatologic Society for Allergy and Immunology and will take office in May as president. He recently has been elected a fellow of the Academy of Physicians of Philadelphia.

Dr. Bruce McClelland and *Dr. Millikan* presented papers on their research with melanoma and on immunotherapy of keratoacanthomas at the South Central Dermatologic Congress at Tucson.

WASHINGTON UNIVERSITY

New Central Facilities of the Center for Basic Cancer Research at the School of Medicine was dedicated on January 12 in the Carl V. Moore auditorium.

The Center for Basic Cancer Research was funded in 1974 under a $2 million grant from the National Cancer Institute. The Center is a consortium of more than 30 research laboratories which have common research interests concerning cancer. Personnel in Central Facilities will provide research materials and services to these laboratories in addition to conducting their own research.

The Central Facilities include a large Tissue Culture and Virus Production Laboratory and an Electron Microscopy Center, both located in the McDonnell Medical Sciences Building. These facilities will supply materials and services to supplement ongoing research in such areas as virology, immunology, cell surface architecture, metabolic regulation and experimental cancer chemotherapy.

Howard M. Temin, Ph.D., a recipient of the 1975 Nobel Prize for Physiology and Medicine, discussed "RNA Virus and Cancers." *Thomas J. King,* M.D., Director of the Division of Cancer Research Resources and Centers of the National Cancer Institute, spoke on "Basic Research and the National Cancer Program."

A new time-release contraceptive which is injected into the cervix is being developed at Washington University School of Medicine. However unlike other contraceptive inoculations, this one should not affect the menstrual cycle or prevent ovulation.

David W. Keller, M.D., assistant professor of obstetrics and gynecology, is researching the procedure which consists of injecting microscopic capsules beneath the surface of the cervix. The microcapsules contain time-release doses of progesterone.

Keller hopes to duplicate the natural progesterone production so the fibers will block sperm passage every day of the menstrual cycle.

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Armour Pharmaceutical Company	85
Beltone Electronics Corp.	Insert (66-67)
Bio Science Laboratories	43
Burroughs-Wellcome Company	Insert (90-91)
Eggert-Carroll-Schroeder Agency, Inc.	74
Flint Laboratories	Insert (82-83)
Hoechst-Roussell Pharmaceuticals, Inc.	69, 70
Fred S. James Company	74
Eli Lilly & Company	46
Mallinckrodt Pharmaceuticals	Insert (82-83)
Medical Protective Company	84
Munns Medical Supply	80
Pennwalt Corporation	Insert (66-67)
Pharmaceutical Manufacturers Association	78 & 79
A. B. Robins	Insert (50-51), 51
Roche Laboratories	42, 91, 92
Roerig & Co.	Insert (74-75), 75, 86 & 87
Saint Louis Blue Shield	83
Smith, Kline & French	Insert (66-67)
University of Missouri-Kansas City Seminar	65
The Upjohn Company	Insert (74-75)
Warner Chilcott Laboratories	76 & 77, Insert (90-91)

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

FAMILY PHYSICIAN—To join another family physician. Practice incorporated. Town of 5,000, close to Kansas City, Mo. Compensation commensurate with experience. Adequate time off for recreation and postgraduate training. Minimal night and week-end calls. Contact Charles T. Riley, M.D., Box 68, Richmond, Mo. 64085. Telephone 816-776-6945 or 816-776-5546.

INTERNIST & FAMILY PRACTITIONER—To join 11-man multi-specialty group; city of 20,000 with a population draw of 60,000. Incorporated, offering excellent salary, fringe benefits and retirement plan. Liberal vacation and study policy. Opportunity to pursue special interest in this practice setting. Clinic presently expanding facilities and is in proximity of Hannibal's two accredited hospitals. Mark Twain's home town is an ideal place to raise a family. Call or write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or Dale J. Anderson, Administrator, at (314) 221-5250, The Hannibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 63401.

DEACONESS HOSPITAL—St. Louis, Missouri. Full-time Emergency Department physician. Rotating schedule. Three other physicians in group. Excellent compensation and fringe benefits. Contact Emergency Department, Director Stephen Spurgeon, M.D. (314) 727-1213.

PRACTICE LOCATION WANTED—In Missouri. Group-type practice preferred. Member of AMFP. Forty-three years old, married, four children. Willing to work, but must have some week-ends and week nights off. Phone (314) 464-0732. 1606 Hobelman, Arnold, Mo. 63010.

PEDIATRICIAN—22-man multi-specialty group, suburban St. Louis, $35,000 for first year, excellent fringe benefits, two medical schools teaching available. R. O. Olson, Jr., M.D., 2850 W. Clay, St. Charles, Mo. 63301. (314) 724-1940.

CONFERENCES FOR MEDICAL PROFESSIONALS—A calendar listing of over 500 national/international meetings, conferences and seminars in the medical sciences for 1977. All medical specialties included. Send a $10.00 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D. C. 20016.

HOUSE PHYSICIANS—500-bed JCAH accredited hospital. Missouri license required. Attractive salary. Contact: Department of Medical Education, Lutheran Medical Center, 2639 Miami Street, St. Louis, Missouri 63118, (314) 772-1456, Station 320.

SEEK EMERGENCY ROOM—Full-time. 38 years old. Please reply to Box 422, Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

EMERGENCY MEDICINE: Career opportunities available in Emergency Department medicine in Missouri. Also short-term and locum tenens. Flexible work schedules, competitive remuneration, professional liability insurance provided, vacation, educational leave, interview expenses. Contact T. P. Cooper, M.D., 7701 Forsythe Boulevard, #490, St. Louis, Missouri 63105 or call collect 314-727-1213. Out-of-state call toll free—1-800-325-3982.

LEO H. POLLOCK, M.D.

Missouri Medicine in Review

FORTY YEARS AGO

An editorial in the February, 1937 issue of *The Journal of the Missouri State Medical Association* reports that "the findings of the Brookings Institute that 'according to the fertility and mortality rates in Western and Northern Europe in 1926, 100 mothers gave birth to only 93 future mothers. With the fertility of 1926, the population is bound to die out unless mortality of potential mothers decreases beyond reasonable expectations (JAMA 106:1910, 1936).'

"It is likewise significant that the studies of the authorities previously quoted support the conclusion of that Committee that there is 'no evidence available to justify the broad claim that dissemination of contraceptive information will improve the economic status of the lower-income groups.'

"In a world of rapidly changing social, economic and political organizations, there are many tangible and intangible factors other than contraceptive practice that determine the birth rate and the course of racial destiny; in such a world, it may be better to let the natural methods determine that rate or, at least, to await more conclusive evidence before attempting to improve upon them."

TWENTY-FIVE YEARS AGO

The Clay County Medical Society met in regular session with the Auxiliary on November 27 at Rugel's Cafe in North Kansas City. Twenty-four members and their wives plus several guests were present. After the dinner, the ladies adjourned to the office of Dr. Robert Parker for their meeting.

Melvin A. Casberg, M.D., St. Louis, former dean of the St. Louis University School of Medicine, was appointed vice-chairman of the Armed Forces Medical Policy Council on December 15 to become effective on Jan. 1, 1952. Dr. Casberg will serve as the principal assistant to the chairman, Dr. W. Randolph Lovelace. The Council was established in January, 1951, to advise the Secretary of Defense of medical and health matters.

Ira D. Lockwood, M.D., Kansas City, was elected president-elect of the Radiological Society of North America at a recent meeting in Chicago.

The St. Louis Medical Society met on December 12 at the Auditorium of the Health Center, St. Louis County Hospital with 56 members present. Names of the following officers were announced: O. P. Hampton, M.D., President; Guy Magness, M.D., Vice-President; and M. A. Diehr, M.D., Secretary.

TEN YEARS AGO

The Council of the MSMA has authorized another one-year renewal of the contract covering the original "Medicare" program in Missouri. This is the Office of Dependent's Medical Care (ODMC) program which provides medical and health care for dependents of personnel in the nation's uniformed forces. Tom O'Brien, MSMA Executive Assistant, reported to the Council at its December 10-11 meeting and explained that during the past year, the program has been expanded to include outpatient care for dependents, care for handicapped dependents, extended inpatient care for dependents and certain benefits for retired military personnel and their dependents.

Missouri's nursing home situation remains far from satisfactory, according to Dr. M. L. Gentry of the Missouri Division of Health. With the extended care facilities provision of Medicare becoming effective on Jan. 1, 1967, only 57 nursing homes and hospitals had applied for government certification. This would indicate that the available bed space in extended care facilities will fall short of anticipated needs, said Dr. Gentry.

BREATHING WITH COMFORT.

holedyl — a highly soluble, true salt of theophylline — apidly relaxes bronchospasm to promote easier breathing. nd, gastric discomfort is minimal.

Because Choledyl is more stable...more rapidly absorbed from ne G.I. tract than aminophylline.

Available in both tablets and elixir for patients with bstructive lung disease.

noledyl® (oxtriphylline) Tablets and Elixir CAUTION: Federal law prohibits dispensing without prescription. Each rtially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. Each teaspoonful of the elixir contains 100 mg triphylline; alcohol 20%. *Indications.* Choledyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for versible bronchospasm associated with chronic bronchitis and emphysema. *Warning.* Use in pregnancy — animal studies vealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible zards to the mother and child. *Precautions.* Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly NS stimulation in children. *Adverse Reactions.* Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. *Dosage.* Average ult dosage: Tablets — 200 mg, 4 times a day; Elixir — two teaspoonfuls, 4 times a day. *Supplied.* 200 mg yellow, partially enteric coated tablets in bottles of 0 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose — 200 mg tablets (N 0047-0211-11); 100 mg red, partially enteric coated tablets in bottles of 100 0047-0210-51). Elixir — bottles of 16 fl oz (1 pint) 474 ml (N 0047-0215-16). *Toxicity.* Oxtriphylline, aminophylline d caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen. Full formation is available on request.

CH-GP-51-4/C

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

HOLEDYL®
(OXTRIPHYLLINE)

SINGLE-ENTITY
BRONCHODILATION
MINIMAL GASTRIC DISCOMFORT

Famous Fighters

JOHN L. SULLIVAN
Bare-knuckles heavyweight champion
1882-1892

NEOSPORIN® Ointment
(polymyxin B-bacitracin-neomycin)
is a famous fighter, too.

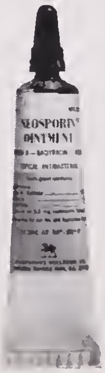
Provides overlapping, broad-spectrum antibacterial action to help combat infection caused by common susceptible pathogens (including staph and strep).

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

INDICATIONS: Therapeutically (as an adjunct to systemic therapy when indicated) for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.

Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing. **CONTRAINDICATIONS:** Not for use in the eyes or external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components. **WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensi burns, trophic ulceration and other extensive conditions where absorption neomycin is possible. In burns where more than 20 percent of the body surface affected, especially if the patient has impaired renal function or is receiving oth aminoglycoside antibiotics concurrently, not more than one application a day recommended. **PRECAUTIONS:** As with other antibacterial preparations, prolong use may result in overgrowth of nonsusceptible organisms, including fun Appropriate measures should be taken if this occurs. **ADVERSE REACTION** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current liter ture indicate an increase in the prevalence of persons allergic to neomycin. Ot toxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.



Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® ©IV

chlordiazepoxide HCl/Roche

5mg, 10mg, 25mg capsules

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.

efore prescribing, please consult com-lete product information, a summary of hich follows:

ndications: Relief of anxiety and tension ccurring alone or accompanying various isease states.

ontraindications: Patients with known ypersensitivity to the drug.

/arnings: Caution patients about pos-ble combined effects with alcohol and ther CNS depressants. As with all CNS-cting drugs, caution patients against azardous occupations requiring com-lete mental alertness (*e.g.*, operating achinery, driving). Though physical and sychological dependence have rarely een reported on recommended doses, se caution in administering to addiction-rone individuals or those who might in-rease dosage; withdrawal symptoms ncluding convulsions), following discon-uation of the drug and similar to those een with barbiturates, have been reported.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

recautions: In the elderly and debilitated, nd in children over six, limit to smallest ffective dosage (initially 10 mg or less per ay) to preclude ataxia or oversedation, icreasing gradually as needed and toler-ted. Not recommended in children under x. Though generally not recommended, if ombination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see following page.

THE ANXIETY-SPECIFI

Since its discovery in the research laboratories at Roche, Libr
has been the object of ongoing pharmacologic and clinical investigati

The published record on Librium is enormous. So large, in fac
put it into a computer literature retrieval system to make it more acces
in answering your inquiries.*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® ⒸⅣ
chlordiazepoxide HCl/Roche

ROCHE

*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page for a summary of product information.

19 South 22nd Street
Philadelphia 3, Pa. 19103

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
MAR 30 1977
MBS

MARCH, 1977
VOLUME 74, NUMBER 3

Scientific Articles

CLINICAL CYTOGENETICS IN KANSAS CITY, Michael L. Begleiter, M.S., David J. Harris, M.D., C. B. Francisco, M.D. and Lana Hankins ... 117

SIMPLIFIED HIATUS HERNIORRHAPHY, James J. Lally, M.D., William W. Gist, M.D. and Carl A. Petit, M.D. ... 122

CIRCULATORY FAILURE SECONDARY TO LOSS OF ATRIAL CONTRIBUTION, Peng Nan Wang, M.D., L. P. Stickley, M.D. and W. P. Hamilton, M.D. ... 125

Special Features

119th MSMA ANNUAL SESSION PRELIMINARY PROGRAM, DELEGATES AND EXHIBITORS ... 101

SINGING DOCTORS WILL KEEP YOU IN STITCHES AT PRESIDENTS' BANQUET IN ST. LOUIS ... 111

Contents on Page 97

119th MSMA Annual Session
April 14-17, 1977 St. Louis

A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) Ⓘⓥ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

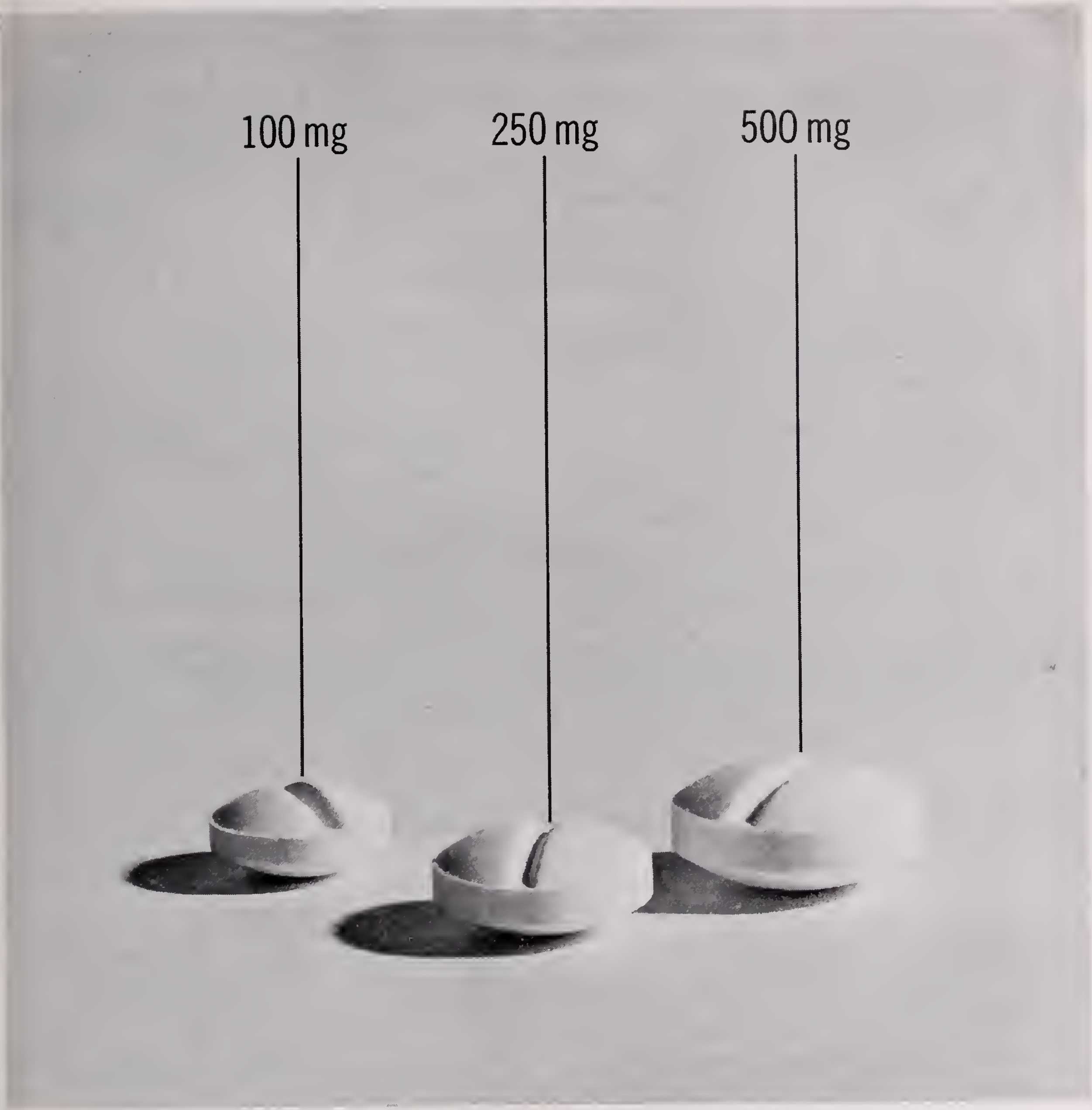
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



Tolinase®
tolazamide, Upjohn

Please contact your Upjohn representative for additional product information.

Upjohn

J-5695-6
©1977 THE UPJOHN COMPANY

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missour State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Published monthly, excep semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Sub scription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Press Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in Missouri Medicine is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MSMA

NEWS
ROUND-UP

March, 1977

Annual Session agenda full!

Socioeconomic issues are again expected to share the potlight with a superb scientific program at the 119th Annual Session of the Missouri State Medical Association, April 14-17, 1977, at Stouffer's Riverfront Towers in St. Louis. This will be the first time the Association has met at Stouffer's.

Although the malpractice insurance situation will be very important matter of discussion and possible action, several other matters of concern to the physicians f Missouri have already surfaced. Twenty-three esolutions have been submitted for inclusion in the Delegates Handbook and more are expected before the final cutoff.

All resolutions, plus committee and commission eports and Council minutes will be referred to open Reference Committees where MSMA members are invited to express their opinions on the matters at hand. Following testimony on the issues, the Reference Committees will submit reports to the House of Delegates, which sets final policy for the Association. Members are also invited to attend sessions of the House.

To date, resolutions deal with such subjects as opposition to the federal Health Professions Educational Assistance Act, mandatory AMA membership, definition of primary care physicians, the "impaired physician" and licensure of physician's assistants.

In addition, the House will vote on two proposed Constitutional changes which received preliminary approval in 1976 and were held over for a final vote this year.

These amendments would add Vice Councilors to the list of officers elected to serve the MSMA and set up an interim Fall Session to be held by the House of Delegates each year.

Continued on Next Page

SCHEDULE OF EVENTS

Thursday, April 14

8:30 a.m.- 5:00 p.m.	Practice Management Workshop, *Meramec Room*
1:00 a.m.	Registration of Delegates, *East Assembly Area*
1:30 p.m.	House of Delegates Meeting, Opening Session, *Illinois-Missouri Room*
3:00 p.m.	Reference Committee Meetings:

Friday, April 15

8:00 a.m.	Registration, *East Assembly Area*
8:00 a.m.	Exhibits Open
9:00 a.m.	General Session — "Current Issues Confronting the Physician," *Meramec Room* Introduction: **Max S. Franklin,** M.D., St. Louis, MSMA President **John H. Budd,** M.D., AMA President-Elect **Thomas Cooper,** M.D., former Assistant Secretary of HEW-Health
0:30 a.m.	Intermission to View Exhibits
0:30 a.m.	Scientific Sessions Begin
1:00 a.m.	CME Accreditation Program, *Eugene Field Room*
3:30 p.m.	Missouri State Medical Foundation Board Meeting, *Illinois-Missouri Room*
4:00 p.m.	House of Delegates, Second Session, *Illinois-Missouri Room*

Saturday, April 16

7:30 a.m.	MSMA Woman's Auxiliary Public Affairs Breakfast, *Meramec Room* Speaker: **Mr. Roy Pfautch,** Elections Research Analyst
8:00 a.m.	Registration, *East Assembly Area*
8:00 a.m.	Exhibits Open
9:00 a.m.	"Discuss the Issues with Your AMA Delegates," *Outpost Room*
9:00 a.m.	Scientific Sessions Begin
12:30 p.m.	Fifty-Year Club Luncheon, *Daniel Boone Room*
6:30 p.m.	Social Hour for those Attending Annual Banquet, *Meramec Room*
7:15 p.m.	**Annual Banquet in Honor of MSMA Past-Presidents,** *Mississippi Room*

Sunday, April 17

7:30 a.m.	House of Delegates Breakfast and Final Session, *Illinois-Missouri Room*

Annual Session Agenda

Continued

Dr. Budd

The House will take up these subjects at its first meeting at 1:30 p.m., Thursday, April 14. Also at this meeting, the Association will honor Ray McIntyre, recently retired Executive Secretary, for his 32 years of service to the MSMA.

Reference Committees will convene following adjournment of the House. The House will hold its second session at 4 p.m., Friday, and its final session at 7:30 a.m., Sunday.

The Opening General Session of the scientific program will feature talks by John H. Budd, M.D., President-Elect of the AMA, and Theodore Cooper, M.D., former Assistant Secretary of Health for HEW at 9 a.m., Friday. The two will speak on "Issues Confronting Physicians."

Again this year, the scientific portion of the Annual Session promises to be one of the best at an MSMA meeting. Twenty-three scientific programs sponsored by 13 medical specialty groups and two voluntary health agencies will be available. The program has been approved for 12 hours of Category I AMA Continuing Medical Education credit by the MSMA and is acceptable for 12 elective hours by the American Academy of Family Physicians. Preliminary programs detailing the scientific sessions have been mailed to MSMA members.

Due to the move to Stouffer's more Technical Exhibit space is available for 1977 and a record 51 Exhibitors will be on hand. Along with the opportunity to view and discuss new drugs and equipment with industry representatives, MSMA members can register for valuable attendance prizes to be awarded daily.

The annual change in leadership of the Association will take place Saturday evening when Max S. Franklin, M.D., of St. Louis, and Howard J. McAlhany, M.D., of Springfield, will be honored at the Past Presidents' Banquet. Following a short formal program, entertainment will be provided by "The Singing Doctors," a musical-humor group of physicians from the Greene County Medical Society. Tickets to the Past Presidents' Banquet, the 50-Year Club Luncheon and the Breakfast Meeting of the House of Delegates will be available at the MSMA Registration Desk.

Two special sessions have been planned at the Annual Session. On Thursday, an all-day Practice Management Workshop, designed to improve the established physician's business practices, will be conducted. There is a registration fee of $50 for the workshop, which has been approved for 7-1/2 hours of AMA Category I CME credit and 7-1/2 elective hours of credit by the AAFP.

Also, in an effort to gain more input from MSMA members, the Association's Delegates to the AMA will hold an open forum meeting from 9 a.m. to 10:30 a.m., Saturday.

The Auxiliary to the MSMA has issued an invitation to physician's wives who are not Auxiliary members to participate in several activities planned during the Convention. Non-members can obtain further information at the Auxiliary Registration Desk in the Hotel.

House to consider 23 Resolutions

A total of twenty-three resolutions have been submitted to date for considerations by the MSMA House of Delegates. More are expected before the deadline for submitting resolutions.

These resolutions, along with late resolutions, report of the MSMA Council, Committees and Commissions, will be referred to Reference Committees for debate. All MSMA members are welcome to testify before these committees. An agenda for each Reference Committee will be available at the Opening Session of the House.

According to MSMA Bylaws, any resolution not included in the Delegate's Handbook must be made available to the House of Delegates 24 hours before the session in which it is to be introduced. At least 200 copies of the resolution or funding for same must be supplied by the individual or society introducing the resolution.

At the second session of the House, the same procedure as above must be followed, but such introduction would be allowed only if approved by two-thirds of the delegates voting. At the final session of the House, it requires a unanimous vote of Delegates to allow introduction.

Resolutions introduced to date are:

No. 1 — Health Professions Educational Assistance Act.
No. 2 — Direct Dues Billing by AMA
No. 3 — Third Party Payors
No. 4 — Coverage of Chemotherapeutic Costs
No. 5 — Task Force on Professional Liability
No. 6 — Licensure of Physician's Assistants
No. 7 — Funding for Resident Participation in Organized Medicine
No. 8 — Mandatory AMA Membership
No. 9 — Impaired Physicians
No. 10 — Primary Care
No. 11 — AMA Department of Negotiations
No. 12 — Optometric Legislative Activity
No. 13 — Financing of Medicaid Program
No. 14 — Care of the Poor
No. 15 — Opposition to Physician Assistants
No. 16 — Opposition to Generic Formulary
No. 17 — Involvement in H.S.A.'s
No. 18 — Sever Relations with P.S.R.O.
No. 19 — Medicaid Financing
No. 20 — Care for Indigent Patients
No. 21 — Preservation of Quality Medical Care
No. 22 — Child Abuse
No. 23 — Psychiatrist on State Mental Health Commission

Fee system clarified

The State Division of Vocational Rehabilitation has adopted the 1974 California Relative Value Studies as a basis for determining the maximum allowable fees for needed services under the program.

In a letter mailed to all physicians this month, the Division said the major objective of the change is to update and clarify the system to be used. The new system will be effective for all services authorized on and after March 1, 1977. Physicians desiring additional information should contact Mr. W. H. Keith, Division of Vocational Rehabilitation, Department of Education, 3523 N. Ten Mile Dr., Jefferson City, Mo. 65101.

Max S. Franklin, M.D.
President

Howard J. McAlhany, M.D.
President-Elect

Dr. McAlhany to become MSMA President

On Saturday night, April 16, leadership in the Missouri State Medical Association will shift to a Springfield physician during ceremonies at the Past President's Banquet at the 119th Annual Session at Stouffer's Riverfront Towers in St. Louis.

President Max S. Franklin, M.D., a St. Louis internist-cardiologist, will present the MSMA gavel to President-Elect Howard J. McAlhany, M.D., a Springfield neurosurgeon.

Other highlights of the Banquet will include recognition of Past Presidents of the MSMA and 50-Year Members. In addition, "The Singing Doctors" from Springfield will provide an entertaining program. "The Singing Doctors" are a group of physicians from the Greene County Medical Society who feature a musical-humorous program. The "Doctors" have performed before countless organizations and have recorded several albums. Tickets for the Banquet will be available at the MSMA Registration Desk.

Dr. McAlhany is a Past-President of Greene County Medical Society and has served eight terms as MSMA Eighth District Councilor. He is the Immediate Past-Chairman of the Council.

He has been involved in organized medicine for many years and is a member of the American Medical Association, Southern Medical Association, American College of Surgeons, (Fellow), Southern Neurosurgical Society, Congress of Neurological Surgeons and Harving Cushing Society.

He served on the Governor's Task Force on Malpractice, as Medical Director for the Greater Ozarks Area Chapter, Muscular Dystrophy Clinic from 1972-1976, was President of the Missouri Society of Neurological Surgeons from 1975-76 and has served on the Springfield City Planning Council.

Dr. McAlhany received his B.S. degree at Clemson College and his M.D. degree at the Medixca Medical College of South Carolina. A neurological surgeon, he has served as president of the surgical staff at St. Johns Hospital in Springfield and was Battalion Surgeon with the United States Army in 1944-1946.

Foundation Bylaw changes proposed

Two proposed changes in the Bylaws of the Missouri
tate Medical Foundation will be voted on at the Foun-
ation's Board meeting at 3:30 p.m., Friday, in the
lissouri-Illinois Room. All MSMA members are eligi-
le to vote on the proposals.

RTICLE III. TRUSTEES. (Change to read as follows:)

ection 1. The affairs of the Foundation shall be man-
ged by a Board of Trustees who shall be members of
he Foundation. The Board shall, in 1981, consist of ten
embers to be elected as hereinafter provided and the
resident of the Missouri State Medical Association
ho shall be a member Ex-Officio of the Board. Each
ear, two Trustees of the Board shall be elected to five
ear terms by the members of the Foundation. A ma-
rity vote of members present and voting shall be nec-
ssary for election.

ARTICLE V. ELECTION OF OFFICERS (Insert)

Section 1. The President of the Foundation on the first day of the Annual Session shall select a Committee on Nominations consisting of two members of the Board of Trustees to propose candidates for offices on the Board of Trustees. The Committee on Nominations shall report on the result of its deliberations to the regular Board of Trustees meeting in the form of a ticket containing the name of one member for each of the offices listed in Article IV of the Bylaws of the Missouri State Medical Foundation.

Section 2. All elections of officers shall be by unanimous consent of the Board of Trustees unless ballot is called for. The majority of the votes cast shall be necessary to elect each officer.

Practice Management Workshop

Please send additional information on the Practice Management Workshop, April 14, 1977, at Stouffer's Riverfront Towers, St. Louis, to:

Name ______________________________

Address ____________________________

City _______________________________

Practice Management Workshop scheduled

A "Practice Management Workshop" for the established physician will be held on Thursday, April 14, 1977, at Stouffer's Riverfront Towers in St. Louis. The Workshop, sponsored by the MSMA, will run in conjunction with the 119th Annual Session.

Limited to 60 participants, the program will be presented by personnel from the Practice Management Division of the AMA. A similar program conducted in 1976 drew praise from the participants and it was recommended that the Association sponsor another Workshop.

Registration for the Workshop is $50, which includes a 150-page workbook which can be used as an "office manual," a luncheon and two coffee breaks.

In addition, the AMA offers 7-1/2 hours of Category I CME credit for the Workshop.

The program will begin at 8:30 a.m. and conclude at about 5 p.m. on Thursday. It will cover the broad basic areas of practice management and should be of interest to senior Residents as well as practicing physicians.

Some of the subjects to be covered at the Workshop include:

1. PERSONNEL
   - A. Recruiting — Job Descriptions — Hiring
   - B. Training — Evaluation — Supervision
   - C. Personnel Policies and Communication
   - D. Task Analysis and Delegation
2. BUSINESS OPERATION AND PAPERWORK
   - A. Better Financial Controls
   - B. Billing and Collection Technique
   - C. Medical Records and Filing
   - D. Patient History Questionnaires
3. PHYSICAL CHARACTERISTICS OF A MEDICAL OFFICE
   - A. Design — Construction — Ownership
   - B. Office Layout: Reception — Consulting — Exam Rooms
4. EFFECTIVE PATIENT MANAGEMENT AND PUBLIC RELATIONS
   - A. Appointment Scheduling
   - B. Systematizing the Telephone
   - C. Patient Information Booklets
   - D. Office Courtesy
5. LEGAL CONSIDERATIONS
   - A. Physician-Patient Relationship
   - B. Professional Liability
   - C. Medical Records
   - D. Organizational Structure

For further information on the workshop, please clip the accompanying box and mail it to the MSMA, Box 1028, Jefferson City, MO 65101. If you wish to enroll at this time, please include a check for $50.

Council re-appoints Dr. Finnegan

Dr. Finnegan

Dr. Joseph V. Finnegan was re-appointed Editor of MISSOURI MEDICINE by a unanimous vote of the MSMA Council during its February meeting.

The Council lauded Dr. Finnegan for his service to the Association as Editor for the past 15 years.

The Council also voted to recommend a three-year extension of the mandatory $10 assessment of MSMA members to support the Missouri State Medical Foundation, which furnishes loans to eligible Missouri residents attending medical schools. Through the Foundation, Missouri physicians have provided funds for 1,441 loans to 550 different medical students since 1970. Along with the extension of the assessment, the Council announced plans to study the financial aspects of the Foundation in order to determine future funding.

In other actions, the Council:

- Approved appointment of an Ad Hoc Committee to work with the Missouri Association of Osteopathic Physicians and the State Board of Healing Arts on matters of mutual concern.
- Commended Dr. David R. Challoner for his work in attempting to change objectionable requirements in the federal Health Professions Educational Assistance Act and agreed to support efforts to have the AMA actively oppose the law.
- Approved a $500 request from the Committee on Voluntary Health Agencies to publish a list of services of the agencies in the state.
- Directed MSMA staff to set up a meeting with staffs of Component Medical Societies to discuss areas of joint interest.

Bivalent vaccine available

Bivalent A/Victoria and swine flu vaccine will be available to all persons in Missouri age three and older under new guidelines announced recently by Dr. Herbert R. Domke, state health director.

Domke emphasized that 65-year-old population and the chronically ill are the priority target for immunization under the national program restarted recently by the Department of Health, Education and Welfare.

However, 74.3 per cent of those 65 and older already have received shots and the state still has more than 200,000 doses of flu vaccine on hand for use by public health officials and private physicians.

Federal officials were prompted to recommend resumption of the program after an outbreak of A/Victoria flu in Florida. It was noted that protection against A/Victoria may be obtained only through the bivalent vaccine provided under the federal program.

Immunization against the A/New Jersey or swine flu also is contained in the bivalent vaccine. That was the type of influenza confirmed in a case in Concordia in October and in a few other cases in Wisconsin and Minnesota.

The moratorium was not lifted by HEW on the monovalent vaccine which contains immunization against only the swine flu virus.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

resident, Max S. Franklin, M.D., St. Louis
resident-Elect, Howard J. McAlhany, M.D., Springfield
ice-President, Hubert A. Ritter, M.D., St. Louis
ice-President, Charles H. Appleberry, M.D., Rivermines
ice-President, Miles C. Whitener, M.D., St. Louis
ecretary, John I. Matthews, M.D., Jefferson City
reasurer, James M. Stokes, M.D., St. Louis
peaker, James T. Brown, M.D., Springfield
ice-Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard C. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald R. Judd, M.D., St. Louis, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*

COUNCILORS

1st District, John N. Martin, M.D., St. Joseph, *Chairman*
7th District, Andrew McCanse, M.D., Kansas City, *Vice-Chairman*

nd District, J. Russell Comer, M.D., New London
rd District, Richard V. Bradley, M.D., St. Louis
th District, Louis P. Hetlage, M.D., Troy
th District, H. Peter Ekern, M.D., Mexico
6th District, R. John Torontow, M.D., Nevada
8th District, Walter A. German, Jr., M.D., Springfield
9th District, Claude W. Cooper, M.D., Thayer
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff

R. Allen Chandler, M.D., Kansas City, *Immediate Past-President*

Executive Secretary, Royal O. Cooper

ssistant Executive Secretary, C. C. Swarens
overnmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

---

ontents for March, 1977

cientific Articles:

linical Cytogenetics in Kansas City, *Ten Years' Experience;* Michael L. Begleiter, M.S., David J. Harris, M.D., C. B. Francisco, M.D. and Lana Hankins 117

implified Hiatus Herniorrhaphy, *A Review;* James J. Lally, M.D., William W. Gist, M.D. and Carl A. Petit, M.D. 122

irculatory Failure Secondary to Loss of Atrial Contribution, *Case Report;* Peng Nan Wang, M.D., L. P. Stickley, M.D. and W. P. Hamilton, M.D. 125

pecial Features:

19th MSMA Annual Session Preliminary Program 101

SMA Annual Session, Official Delegates . 104

SMA Annual Session, Exhibitors 109

The Singing Doctors Will Keep You in Stitches 111

News and Features:

MSMA News Round-Up . . . . Insert (96-97)

Continuing Education Coming Events . . 114

President's Message 131

Physicians' Wives Invited to Enjoy Special Events 132

Woman's Auxiliary 133

Editorial 134

County Society News 135

In Memoriam 137

New Members 138

In Brief 140

From the Medical Schools 141

MSMA Financial Statement 142

MSMF Financial Statement 144

Index to Advertisers 145

Missouri Medicine In Review 146

What's new at Bio-Science St. Louis?

Always the latest specialized diagnostic tests.

Chemistry
Anti-convulsant group
Cadmium in blood
Darvon®
Ferritin in serum
Free erythrocyte protoporphyrins
Pyridoxal phosphate (B_6)
Riboflavin (B_2)
Succinimides in serum
Theophylline by HPLC
Uroporphyrinogen-1-synthetase

Endocrinology
Androstenedione in serum
Calcitonin
C-peptide
Estriol in serum
Placental Estriol in urine
HCG- β - subunit
Pregnanetriol in urine (GLC)
Prolactin
17-OH Progesterone in serum
Thyroglobulin in serum

Immunochemistry
Anti-extractable nuclear antigen (Anti-ENA)
Beta 2-microglobulin
Fungus antibody group
Gentamicin
Intrinsic factor antibodies
Tobramycin
Anti-tissue antibodies

Bio-Science

Bio-Science Laboratories

St. Louis Branch
1530 Page Industrial Blvd.
St. Louis, MO 63132
(314) 426-3474

A Dual Challenge
in
antihypertensive therapy

to lower
blood pressure
effectively...

without
compromising
existing
cardiac
output

n hypertension
BLETS: 250 mg, 500 mg, and 125 mg

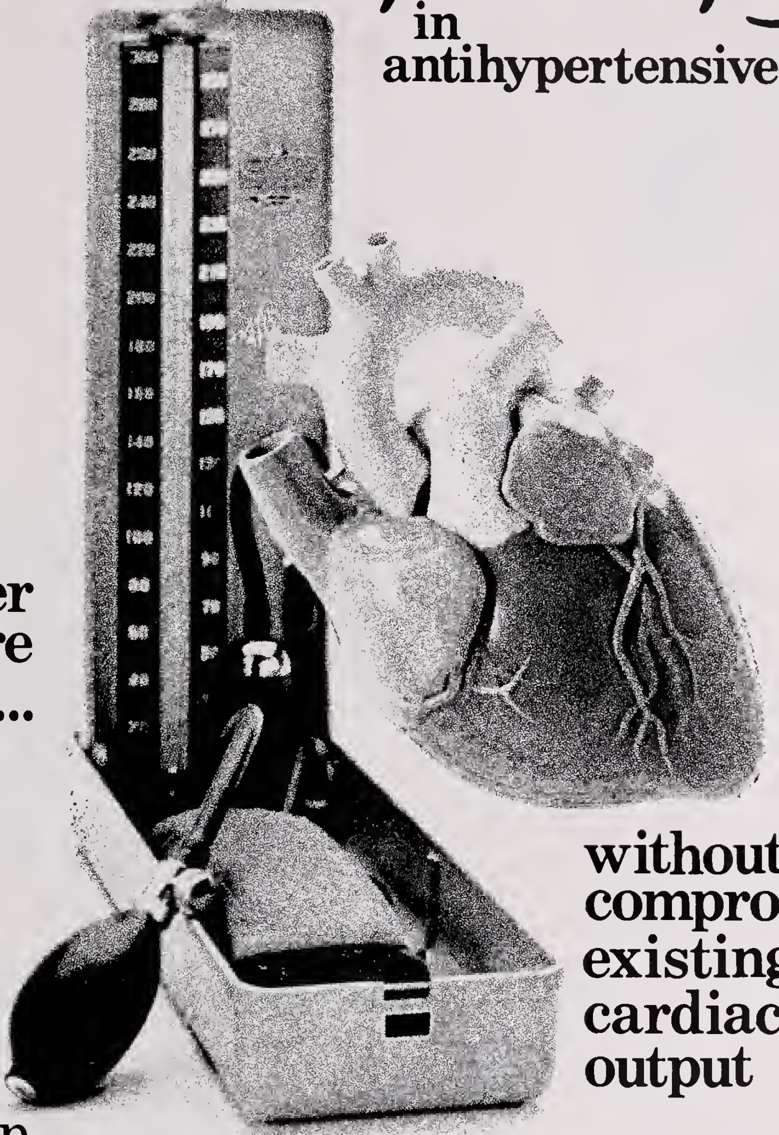
ALDOMET® (METHYLDOPA | MSD)

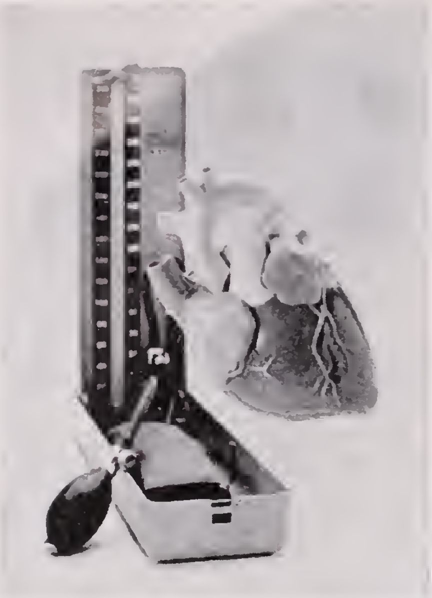
elps lower blood pressure effectively...
sually with no direct effect on
ardiac function–cardiac output
s usually maintained

DOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if
evious methyldopa therapy has been associated with liver disorders.
s important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders
y occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders
uld lead to potentially fatal complications unless properly recognized and managed. For more
tails see the brief summary of prescribing information.

r a brief summary of prescribing information, please see following page.

MSD
MERCK
SHARP&
DOHME





in hypertension

ALDOMET®

(METHYLDOPA|MSD)

helps lower
blood pressure
effectively...
usually with no
direct effect on
cardiac function–
cardiac output is
usually maintained

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

Adverse Reactions: *Central nervous system* Sedation, headache, asthenia or weakness, usuall early and transient; dizziness, lightheadedness symptoms of cerebrovascular insufficiency paresthesias, parkinsonism, Bell's palsy, decrease mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmare and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angin pectoris. Orthostatic hypotension (decrease dail dosage). Edema (and weight gain) usually relieve by use of a diuretic. (Discontinue methyldopa edema progresses or signs of heart failure appear.)

Gastrointestinal: Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sor or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundice liver disorders.

Hematologic: Positive Coombs test, hemolyti anemia. Leukopenia, granulocytopenia, thrombocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decrease libido, dermatologic reactions including eczema an lichenoid eruptions, mild arthralgia, myalgia.

Note: Initial adult dosage should be limited t 500 mg daily when given with antihypertensive other than thiazides. Tolerance may occur, usuall between second and third month of therapy; increased dosage or adding a thiazide frequentl restores effective control. Patients with impaire renal function may respond to smaller doses. Syncope in older patients may be related to increase sensitivity and advanced arteriosclerotic vascula disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125 m methyldopa each, in bottles of 100; Tablets, contai ing 250 mg methyldopa each, in single-un packages of 100 and bottles of 100 and 100 Tablets, containing 500 mg methyldopa each, single-unit packages of 100 and bottles of 100.

For more detailed information, consult your MS representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck Co., Inc., West Point, Pa. 19486 J6AM07 (70

MSD MERCK SHARP & DOHME

Preliminary Program

119th Annual Session

MISSOURI STATE MEDICAL ASSOCIATION

Stouffer's Riverfront Towers, St. Louis **April 14-17, 1977**

Thursday, April 14

8:30 AM Practice Management Workshop.
11:00 AM Registration of Delegates.
1:30 PM House of Delegates Meeting, opening session.
3:00 PM Reference Committee Meetings.
6:30 PM Missouri State Surgical Society Executive Council Meeting.

Friday, April 15

8:00 AM Registration.
8:00 AM Missouri University Alumni Board of Governors Breakfast Meeting.
9:00 AM General Session. *Current Issues Confronting the Physician.*
Introduction: Max S. Franklin, M.D., St. Louis, MSMA President.
Speaker: John H. Budd, M.D., Cleveland, Ohio, President-Elect, American Medical Association.
10:30 AM Intermission to View Exhibits.
10:30 AM Presiding: Robert E. Bolinske, M.D., St. Louis, President, Missouri State Allergy Association.
Speaker:
Current Concepts in Pulmonary Function Testing, Wilbur G. Avery, M.D., Chief, Division of Pulmonary Diseases, South Miami Hospital, South Miami, Fla.
Sponsored by the Missouri State Allergy Association and the Missouri Chapter American Academy of Pediatrics.
*11:00 AM *Multi-Modality Approach in the Treatment of Early Stage Cancer: The Theoretical Basis and Clinical Application.*
Moderator: Cary Presant, M.D., St. Louis.
Speakers: *"Theoretical Considerations of Multi-Modality Therapy,"* Cary Presant, M.D., Assistant Professor of Medicine, Washington University, St. Louis.
"Clinical Application—Breast Cancer," Gordon W. Philpott, M.D., Associate Professor, Department of Surgery, Washington University, St. Louis.
"Clinical Application—Pediatric Cancer," Arthur McElfresh, M.D., Professor and Chairman, Department of Pediatrics, St. Louis University, St. Louis.
"Clinical Application—Gynecological Cancer," Lily Ann Hancs, M.D., Assistant Professor of Radiology, Washington University, St. Louis.
James Blythe, M.D., Chief, Department of OB-GYN, St. John's Mercy Medical Center, St. Louis.
Sponsored by the American Cancer Society, Missouri Division.
*11:00 AM *Management of Common Ano-Rectal Problems.*
Moderator: Francis Burns, M.D., St. Louis.
Current Techniques in the Management of Hemorrhoids, Francis Burns, M.D., St. Louis.
Establishment and Management of Intestinal Stomata, Ira J. Kodner, M.D., St. Louis.
Treatment of Colon Polyps Colonoscopic Resection, Edward Kinsella, M.D., St. Louis.
Sponsored by the Missouri State Surgical Society.
*11:00 AM *Brasher Memorial Lecture* sponsored by the American Lung Association of Missouri and the Missouri Thoracic Society.
Moderator: Daniel J. Hurst, M.D., Columbia.
Adult Respiratory Distress Syndrome, Stephen S. Lefrak, M.D., Pulmonary Section, Jewish Hospital, St. Louis.
12:30 PM Missouri University Alumni Luncheon.
12:30 PM Missouri Thoracic Society Luncheon and Business Meeting.
1:00 PM *Medicine and Marriage,* Gordon Deckert, M.D., Professor and Chairman, Department of Psychiatry, University of Oklahoma, Norman, Okla.
Sponsored by the MSMA Woman's Auxiliary and the Missouri Psychiatric Association.

---

* Concurrent Sessions.

° 2:00 PM *Pathology and Cytology of Bladder Cancer.*
Moderator: Duane N. Tweeddale, M.D., Columbia.
Speaker: Leopold G. Koss, M.D., Professor and Chairman, Department of Pathology, Albert Einstein College of Medicine, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology and the Federation of Missouri Urologists.

° 2:00 PM *Diagnosis and Management of Jaundice Due to Choledocholithiasis.*
Moderator: Donald Kaminski, M.D., St. Louis.
Participants: *Diagnostic Techniques in the Jaundiced Patient,* Guillermo Geisse, M.D., St. Louis.
The Non-Operative Removal of Common Duct Stones, Robert Stanley, M.D., St. Louis.
Management of Recurrent Common Duct Stones, Donald Kaminski, M.D., St. Louis.

° 2:00 PM Presiding: Donald Youll, M.D., Kansas City, President-Elect, Missouri State Allergy Association.
Speaker: Wilbur G. Avery, M.D., *Program on Current Concepts in Pulmonary Function Testing* (Continued).
Sponsored by the Missouri State Allergy Association and the Missouri Chapter American Academy of Pediatrics.

3:30 PM **Intermission to View Exhibits.**

3:30 PM Missouri State Medical Foundation Board Meeting.

4:00 PM **House of Delegates,** second session.

4:30 PM Missouri State Allergy Association Business Meeting.

6:00 PM Reference Committee Meetings.

6:30 PM Cocktails and Dinner Meetings:
Missouri Society of Pathologists.
Missouri Psychiatric Association.
Missouri State Surgical Society.

7:00 PM Missouri State Allergy Association.

Saturday, April 16

7:30 AM MSMA Woman's Auxiliary Public Affairs Breakfast.
Speaker: Mr. Roy Pfautch, St. Louis, President of Civic Service Corporation and Elections Research Analyst.

8:00 AM **Registration.**

9:00 AM *Discuss the Issues With Your AMA Delegates.* (Missouri's AMA Delegates and Alternates will be available for an open forum-type discussion.

° 9:00 AM *Program on Current Concepts in Pulmonary Function Testing* (Continued).
Presiding: Donald L. Thurston, M.D., St. Louis.
Speaker: Wilbur G. Avery, M.D., Chief, Division of Pulmonary Diseases, South Miami Hospital, South Miami, Fla.
Sponsored by the Missouri State Allergy Association and the Missouri Chapter, American Academy of Pediatrics.

° 9:00 AM *Exercise and the Heart.*
Moderator: Jack S. Sanders, M.D., Jefferson City.
Participants: *Exercise Testing—Value of Standard and Nonstandard Techniques,* Albert A. Kattus, M.D., Department of Cardiology, UCLA School of Medicine, Los Angeles, Calif.
Rehabilitation of the Cardiac Patient, Nanette K. Wenger, M.D., Atlanta, Ga., Emory University School of Medicine.
Sponsored by the Missouri Heart Association, Inc.

° 9:00 AM Slide Seminar on *Gynecological Pathology.*
Moderator: Henry C. Allen, M.D., St. Louis.
Speaker: Leopold G. Koss, M.D., Professor and Chairman, Department of Pathology, Albert Einstein College of Medicine, Bronx, N. Y.
Sponsored by the Missouri Society of Pathology, the American College of Obstetrics and Gynecology (Missouri Section) and Missouri OB-GYN Society.

° 9:00 AM *The Treatment of Eye Problems and Endocrine Disease.*
Moderator: Robert K. Weir, M.D., Kansas City.
Speaker: Allen Putterman, M.D., Ophthalmologist, Reconstructive Plastic Surgeon, Chicago, Ill.
Sponsored by the Missouri Ophthalmological Society, Inc.

° 9:00 AM *Management of Common Venous Problems.*
Current Management of Varicose Veins and Ulcers, Theodore Dubuque, M.D., St. Louis.

° Concurrent Sessions.

The Prevention of Postoperative Thrombophlebitis, Hendrick Barner, M.D., St. Louis.
Diagnosis and Management of Thromboembolism, Daniel Fraser, M.D., St. Louis.
Sponsored by the Missouri State Surgical Society.

10:00 AM *Sexuality,* Theodore M. Cole, M.D., Professor, Department of Physical Medicine and Rehabilitation, University of Minnesota, Minneapolis, Minn.
Sponsored by the Missouri Society of Pathology.
Moderator: Shirley McCluer, M.D., Columbia.
Sponsored by Physical Medicine and Rehabilitation.

10:30 AM **Intermission to View Exhibits.**

*11:00 AM *Oral Mucous Membrane and Dental Conditions of Diagnostic Interest in Muco-Cutaneous Medicine.*
Moderator: Lester Reese, M.D., St. Louis.
Speaker: Marvin E. Chernosky, M.D., Clinical Professor of Dermatology, University of Texas, Houston, Tex.
Sponsored by the Missouri Dermatological Society.

*11:00 AM *Fundamentals of Acid-Base Therapy and Practice.*
Speaker: Walter C. Bernards, M.D., Chairman, Department of Anesthesiology, St. Vincent's Hospital, Portland, Ore.
Moderator: Melvin M. Schwartz, M.D., St. Louis.
Sponsored by the American College of Obstetricians and Gynecologists (Missouri Section).

*11:00 AM Slide Seminar on *Non-Gynecological Pathology.*
Moderator: Thomas J. Cooper, M.D., St. Louis.
Speaker: Leopold G. Koss, M.D., Professor and Chairman, Department of Pathology, Albert Einstein College of Medicine, Bronx, N. Y.

*11:00 AM *Specific Problems in the Burn Patient.*
Moderator: Francis X. Paletta, M.D., St. Louis.
Control of Infection in Burns, William Monafo, M.D., St. Louis.
Reconstruction of Burned Area, Francis X. Paletta, M.D., St. Louis.
The Burned Hand, Joseph Daniel Callahan, M.D., St. Louis.
Sponsored by the Missouri State Surgical Society.

12:30 PM Missouri Ophthalmological Society, Inc. Luncheon.

12:30 PM Missouri OB-GYN Society and American College of Obstetricians and Gynecologists Luncheon.

12:30 PM Fifty-Year Club Luncheon.

12:30 PM Physical Medicine and Rehabilitation Luncheon.

12:30 PM Missouri Society of Neurosurgeons Luncheon.

1:30 PM *The Hearing Handicapped Child—Diagnosis, Evaluation and Management*—A Symposium.
Moderator: Donald J. Joseph, M.D., Columbia.
Speakers: Richard H. Buckingham, M.D., Chicago, Ill.
Ms. Betty Harris, St. Louis.
Sponsored by the Missouri Ear, Nose and Throat Association.

1:30 PM

Moderator: Robert J. Stanley, M.D., St. Louis.
Microfocus Macroradiology in Pediatrics, Armand Brodeur, M.D., Cardinal Glennon Memorial Hospital, St. Louis.
Cervical Spondylosis, John W. Fries, M.D., St. Anthony's Medical Center, St. Louis.
Interpretation of Complex Carpal Abnormalities Stressing the PA View, Louis A. Gilula, M.D., Barnes Medical Center, St. Louis.
Cranial CT Scanning After Four Years: An Overview, Ben R. Mayes, Jr., M.D., St. Luke's Hospital, St. Louis.
Sponsored by the Missouri Radiological Society.

* 2:00 PM *How I Treat Common Dermatologic Problems.*
Moderator: Gordon Sauer, M.D., Kansas City.
Panel Participants: Lester Reese, M.D., St. Louis.
Thomas Lynch, M.D., Springfield.
Gary Dyer, M.D., St. Joseph.
Dallas Johnson, M.D., Kansas City.
Sponsored by the Missouri Dermatological Society.

* 2:00 PM Panel Discussion on *Fetal Management.*
Moderator: Fernando Arias, M.D., St. Louis.
Participants: *Patricia Monteleone,* M.D., Associate Professor of Pediatrics, St. Louis University, St. Louis.
Eugene G. Hamilton, M.D., Professor of OB-GYN, St. Louis University, St. Louis.

---

* Concurrent Sessions.

James P. Crane, M.D., Assistant Professor of OB-GYN, Washington University, St. Louis.

Sponsored by American College of Obstetricians and Gynecologists (Missouri Section).

3:30 PM **Intermission to View Exhibits.**
5:00 PM Missouri University Medical Alumni Cocktail Party.
5:00 PM St. Louis University Medical Alumni Cocktail Party.
5:00 PM Washington University Medical Alumni Cocktail Party.
6:30 PM Social Hour for those attending Annual Banquet.
7:15 PM Annual Banquet in honor of MSMA Past-Presidents.

Sunday, April 17

7:30 AM House of Delegates Meeting, Breakfast and Final Session.

OFFICIAL DELEGATES

119th Annual Session

County	*Delegates*	*Alternates*
Andrew	Warren C. Baker, Savannah	J. L. Villahermosa, Savannah
Audrain	Benjamin N. Jolly, Mexico	Gerald Hoxworth, Mexico
Barton	Thomas W. Carroll, Lamar	Alvin R. Cain, Lamar
Boone	Hugh E. Stephenson, Jr. Columbia	Thomas W. Burns, Columbia
"	William B. See, Columbia	John S. Spratt, Columbia
"	Benedict A. Moranville Columbia	Leroy J. Miller, Columbia
"	Kenneth K. Keown, Columbia	A. Sherwood Baker, Columbia
"	Kenneth L. Rall, Columbia	Larry E. Millikan, Columbia
"	William C. Allen, Columbia	Lewis J. Garrotto, Columbia
"	George J. Fuchs, Jr., Columbia	William D. Bradshaw, Columbia
Buchanan	Allen I. Herman, St. Joseph	R. Philip Acuff, St. Joseph
"	Charles N. Mullican, St. Joseph	Gerald E. Fox, St. Joseph
"	Wallace McDonald, St. Joseph	Berwyn H. Moen, St. Joseph
"	Ernest E. Wadlow, St. Joseph	Gordon S. Paulson, St. Joseph
Butler-Wayne Ripley-Carter	George H. Ladyman Poplar Bluff	John L. Hunt, Poplar Bluff
"	T. Eugene Ruff, Poplar Bluff	Bennie N. Till, Poplar Bluff
"	Robert H. Laatsch Poplar Bluff	Elmer C. Carlson, Poplar Bluff
"	Kirby L. Turner, Poplar Bluff	Austin R. Tinsley, Poplar Bluff
Callaway		
Cape Girardeau	John K. Holcomb Cape Girardeau	J. Marshall Jung, Illmo
"	Melvin C. Kasten Cape Girardeau	Jean A. Chapman, Cape Girardeau
"	Charles H. Cozean Cape Girardeau	Gordon W. Eller, Cape Girardeau
Chariton-Macon-Monroe-Randolph	D. D. Stuart, Brunswick	Florian L. Harms, Salisbury
"	James E. Campbell, Macon	Donald E. Eggleston, Macon
"	Floyd A. Barnett, Paris	W. Deward Chute, Moberly
"	G. R. Hudson, Moberly	Clarence C. Cohrs, Moberly
Clay	Donald A. Fakhoury Kansas City	Richard P. Bowles, Liberty
"	Richard C. Hedges Excelsior Springs	Ramon R. DyRagos, Kansas City
"	William R. McPhee Kansas City	Donald E. Kuenzi, Kansas City
"	Truman B. Schertz North Kansas City	F. Anthony Thomas, Kansas City
Clinton		
Cole	Robert H. Tanner Jefferson City	C. Stuart Exon, Jefferson City
"	Mary K. McCaffree Jefferson City	Larry K. Stauffer, Jefferson City
"	Kenneth K. C. Siu Jefferson City	Royal S. Garner, Jefferson City

County	*Delegates*	*Alternates*
Cooper	George W. Winn, Boonville	
Dallas-Hickory-Polk-Dade	Lee A. McNeel, Jr., Greenfield	Monte R. Kahler, Bolivar
"	Olin A. Griffin, Jr., Buffalo	
"	George G. Robinson Humansville	Evelyn Griffin, Buffalo
"	Charles H. Barnett, Bolivar	
Dunklin	George Dunmire, Kennett	John K. Legan, Kennett
Franklin-Gasconade-Warren	Samuel Bonney, Washington	George Richardson, Union
"	William Richardson, Union	George Workman, Herman
"	Harold Hoelscher, Warrenton	Charles Sincox, Washington
Grand River		
Caldwell	Frank R. Daley, Hamilton	
Carroll	E. Warren Allen, Carrollton	John Platz, Carrollton
Daviess	J. Larry Dowell, Pattonsburg	Edward E. Nixon, Gallatin
DeKalb	Fred K. Wilson, Winston	
Grundy	Albert D. Cross, Trenton	Oliver Duffy, Trenton
Harrison	Merriam Gearhart, Bethany	Watkins A. Broyles, Bethany
Linn	John R. Dixon, Brookfield	Billy D. Howell, Brookfield
Livingston	Thomas N. Cofer, Chillicothe	Joseph A. Conrad, Chillicothe
Mercer	Ralph W. Bohnsack, Brookfield	
Greene	Stanley S. Peterson, Springfield	David W. Hall, Rogersville
"	H. B. Ivy, Springfield	John C. Crighton, Springfield
"	Donald H. Beisner, Springfield	Daniel T. Sullivan, Springfield
"	Don E. Menchetti, Springfield	Darrell D. Domann, Springfield
"	Thomas P. Sweeney, Springfield	William J. Brian, Springfield
"	Charles J. Ash, Springfield	DeArmond Moore, Springfield
"	David L. Spalding, Springfield	Lanny R. Brent, Springfield
"	Richard H. Loeb, Springfield	Lee H. Vensel, Springfield
"	Anita M. Isaac, Springfield	James F. Terry, Springfield
Henry	Richard H. King, Clinton	Kenneth F. Scott, Clinton
Howard		
Jackson	Irving H. Clark, Kansas City	Elwyn S. Brown, Kansas City
"	Ronald A. Youmans Kansas City	Daniel J. Cutcliff, Kansas City
"	R. Don Blim, Kansas City	Robert W. Doering, Kansas City
"	Donald E. McIntosh Kansas City	Jerry C. Freeman, Kansas City
"	Raymond A. Amoury Kansas City	Lloyd M. Harlow, Kansas City
"	James H. Barloon, Kansas City	Donald A. Potts, Independence
"	Calvin E. Englemann Kansas City	Harry C. Wall, Kansas City
"	Fred D. Fowler, Kansas City	Federico Adler, Kansas City
"	Charles P. Gauthier Kansas City	Lawrence L. Evans, Kansas City
"	Edward E. Haith, Kansas City	William E. Larsen, Kansas City
"	William D. Hoadley Kansas City	John D. Mitchell, Kansas City
"	Edwin E. MacGee, Kansas City	W. Richard Morgan, Kansas City
"	Milton B. Ozar, Kansas City	John H. Nesselrode, Independence
"	Joseph A. Pinkerton Kansas City	Sidney F. Pakula, Kansas City
"	James P. Youngblood Kansas City	Wade V. Robinett, Kansas City
"	Lafe W. Bauer, Kansas City	William T. Sirridge, Kansas City
"	Raymond J. Caffrey Kansas City	
"	Richard M. Childs, Kansas City	
"	Mary C. Cortner, Kansas City	
"	Martin L. Crow, Kansas City	
"	John A. Griffith, Jr. Kansas City	
"	Frederick H. Hartwig Kansas City	

County	*Delegates*	*Alternates*
"	Harry S. Jonas, Kansas City	
"	William J. Medlicott Kansas City	
"	Richardson K. Noback Kansas City	
"	Thomas P. O'Farrell Kansas City	
"	Americo G. Ramos, Kansas City	
"	O. Dale Smith, Kansas City	
"	W. Jack Stelmach, Kansas City	
"	Gerald F. Tuohy, Kansas City	
"	S. Dwight Woods, Kansas City	
Jasper	John R. Esther, Joplin	Edward M. Grim, Joplin
"	Robert L. Willcoxon, Joplin	Frank H. Birsner, Joplin
"	Marvin A. Singleton, Joplin	Joe L. Longenecker, Joplin
Jefferson	Vicente D. Deles, Crystal City	Benjamin I. Albano, Crystal City
Johnson	Hugh A. Hanna, Warrensburg	Alfonso V. Sicat, Warrensburg
Lafayette-Ray	Jordan Kelling, Waverly	Hugh S. Brady, Concordia
"	Thomas B. Cook, Richmond	George Davault, Richmond
Lewis-Clark-Scotland	Landis Y. Davis, Canton	
Marion-Ralls-Shelby	Michael J. Bukstein, Hannibal	Phillip B. Foreman, Hannibal
"	Carl R. Kruse, Palmyra	Edward M. Plowman, Hannibal
"	Charles A. Lichty, Shelbina	Robert W. Buben, Hannibal
Mid-Missouri		
Crawford	Gordon W. Riffel, Bourbon	Frank A. Elders, Jr., Cuba
Dent	Jyotindra D. Shukla, Salem	Deo K. Bhati, Salem
Laclede	Rae W. Froelich, Lebanon	Dennis E. Hite, Lebanon
Maries	Earl E. Feind, Rolla	
Phelps	Bernard Draper, Rolla	
Pulaski	Pichat Pojanasomboon, Rolla	
Miller		
Mineral Area		
St. Francois		
Iron		
Madison		
Washington		
Reynolds		
Bollinger		
Moniteau	Kenyon S. Latham, California	Richard B. Fulks, California
Montgomery		
Morgan	J. Loren Washburn, Versailles	Ruth Kauffman, Versailles
North Central		
Adair	Milton T. English, Kirksville	
Schuyler		
Knox	Francis Tarvydas, Edina	
Sullivan		
Putnam		
Northwest		
Nodaway	Patrick B. Harr, Maryville	Robert E. Dunshee, Maryville
Holt	James D. Humphrey Mound City	Elvin D. Imes, Maryville
Atchison	Edward F. Bare, Tarkio	John M. Wanamaker, Rock Port
Gentry	Albert L. Carlin, Stanberry	M. Osman Khan, Maryville
Worth	Frank Matteson, Grant City	Benjamin F. Byland, Maryville
Ozarks		
Barry	Mary J. Merideth, Cassville	Victor G. Oceeno, Monett
Lawrence	Kenneth Glover, Mt. Vernon	William P. Hamilton, Aurora
Stone	Fred L. Wommack, Crane	
Christian	Stanley D. Roper, Ozark	
Taney	Roy Gillespie, Branson	Charles A. Spears, Branson
Newton	Paul B. Anderson, Neosho	Robert F. Betz, Neosho
McDonald	George W. Blankenship Neosho	Roy E. Kenney, Neosho
Pemiscot		
Perry-Ste. Genevieve	Dhajhone Limpiphiphatn, Perryville	

County	*Delegates*	*Alternates*
Pettis	J. E. Block, Sedalia	A. J. Campbell, Sedalia
Pike	Lawrence G. Stuerman Louisiana	Phillip W. Pitney, Louisiana
Platte		
St. Charles-Lincoln	Paul H. Rother, St. Charles	Ferdinand Del Pizzo, St. Charles
"	John C. Soucy, St. Charles	Francisco J. Obando, Troy
"	Edward O. Damron, Elsberry	James P. Felder, St. Charles
St. Louis City	Luis B. Anglo, St. Louis	John M. Anderson, St. Louis
"	William C. Banton, II St. Louis	Howard Aylward, St. Louis
"	Donald T. Behrens, St. Louis	James Bowers, St. Louis
"	Ralph L. Biddy, St. Louis	R. William Burmeister, St. Louis
"	Morton A. Binder, St. Louis	Carlo Caciolo, St. Louis
"	George Bohigian, St. Louis	Stanley Ciapciak, St. Louis
"	Leslie F. Bond, St. Louis	Stephen R. Crespin, St. Louis
"	Robert D. Brookes, St. Louis	Richard K. Danis, St. Louis
"	Robert E. Burdge, St. Louis	Ronald G. Evens, St. Louis
"	Thomas J. Cooper, St. Louis	Donald H. Finger, St. Louis
"	Robert C. Drews, St. Louis	Milton T. Fujita, St. Louis
"	Richard H. Fallon, St. Louis	George E. Gantner, St. Louis
"	Max S. Franklin, St. Louis	William P. Hamilton, St. Louis
"	Daniel M. Fraser, St. Louis	David A. Hardy, St. Louis
"	R. O. Frederick, St. Louis	James N. Heins, St. Louis
"	Paul L. Friedman, St. Louis	Harry G. Hightower, St. Louis
"	August W. Geise, Jr., St. Louis	Ronald E. Hoffmann, St. Louis
"	Clement B. Grebel, St. Louis	John R. Hogan, St. Louis
"	Charles R. Gulick, St. Louis	Vencel Hollo, St. Louis
"	Lily Ann Hanes, St. Louis	Charles A. Jost, St. Louis
"	George L. Hawkins, Jr. St. Louis	Jack Kayes, St. Louis
"	Donald R. Judd, St. Louis	Charles Kilo, St. Louis
"	John J. Kelly, St. Louis	Edward D. Kinsella, St. Louis
"	Leo J. LeBlanc, St. Louis	Edward H. Kowert, St. Louis
"	J. Otto Lottes, St. Louis	Charles B. Ladd, St. Louis
"	Napoleon Maminta, St. Louis	Charles Lepley, St. Louis
"	Paul F. Max, St. Louis	Vincent J. LoPiccolo, St. Louis
"	Roger L. Mell, St. Louis	Antonio Manasala, St. Louis
"	Robert N. Miller, St. Louis	Daniel J. Martin, St. Louis
"	Lawrence W. O'Neal, St. Louis	Melvin E. Meyer, St. Louis
"	Theodore L. Paletta, St. Louis	Marvin R. Mishkin, St. Louis
"	F. Eugene Pennington St. Louis	Charles H. Nicolai, St. Louis
"	Richard T. Quick, St. Louis	Frank J. Niesen, St. Louis
"	David M. Reisler, St. Louis	Henry D. Onken, St. Louis
"	Hubert A. Ritter, St. Louis	N. Bruce Pitsinger, St. Louis
"	Charles L. Roper, St. Louis	Arthur A. Porporis, St. Louis
"	George Sato, St. Louis	George B. Rader, St. Louis
"	John S. Sciortino, St. Louis	Lester T. Reese, St. Louis
"	Earl W. Shelton, St. Louis	Frank O. Richards, St. Louis
"	Charles S. Sherwin, St. Louis	Herbert E. Rosenbaum, St. Louis
"	A. J. Signorelli, St. Louis	John F. Schweiss, St. Louis
"	Kenneth R. Smith, St. Louis	Herman Shyken, St. Louis
"	George E. Thoma, Jr., St. Louis	Ivan W. Sletten, St. Louis
"	Clarence M. Turner, St. Louis	Benjamin F. Smith, St. Louis
"	Pablo C. deUngria, St. Louis	William Stoneman, III, St. Louis
"	Hugh R. Waters, St. Louis	J. Allen Thiel, St. Louis
"	James M. Whittico, St. Louis	George A. Ulett, St. Louis
"	Carol F. Williams, St. Louis	John A. Virant, St. Louis
"	George Zografakis, St. Louis	Stephen Waltman, St. Louis
"	Francis X. Lieb, St. Louis	Bruce J. Walz, St. Louis
"	Robert R. MacDonald St. Louis	J. Leslie Walker, St. Louis
		Tyrus D. Winter, St. Louis
		R. Dean Woehner, St. Louis
St. Louis County	Rudolph E. Catanzaro St. Louis	Robert L. Becker, St. Louis
"	Edwin J. Cunningham, Jr. St. Louis	Galileu Cabral, St. Louis

County	*Delegates*	*Alternates*
"	Daniel C. Fabito, St. Louis	Jill M. Clayton, St. Louis
"	John M. Laird, Jr., St. Louis	John J. Duggan, Jr., St. Louis
"	Jerry N. Middleton, St. Louis	Klark Exarhou, St. Louis
"	David L. Ohlms, St. Louis	Gordon M. Goldman, St. Louis
"	Miles C. Whitener, St. Louis	Godofredo M. Herzog, St. Louis
"	Vernon H. Balster, St. Louis	Allen P. Klippel, St. Louis
"	C. Read Boles, St. Louis	Howard E. Linder, St. Louis
"	Robert B. Deitchman, St. Louis	Robert J. Mueller, St. Louis
"	Jay L. Meyer, St. Louis	Wilbur A. Mullarky, St. Louis
"	Frederick D. Peterson St. Louis	James R. Nakada, St. Louis
"	Rudy Ruhling, St. Louis	Michael B. Rumelet, St. Louis
"	Melvin M. Schwartz, St. Louis	Alan R. Spivack, St. Louis
"	W. Gary Sherman, St. Louis	Thomas J. Toon, St. Louis
"	James C. Sisk, St. Louis	Frank J. Valach, St. Louis
Saline	C. A. McBurney, Slater	E. Lee McCorkle, Marshall
SEMO		
Stoddard	Fuad H. Kandalaft, Dexter	Ronald T. Hill, Dexter
New Madrid	John P. Sargent, Sikeston	William C. Critchlow, Sikeston
Mississippi	Robert L. Frazier, Charleston	Wilbur L. Davis, Charleston
Scott	Edwin J. Masters, Sikeston	Max A. Heeb, Sikeston
South Central		
Howell	W. Thomas Morgan, Jr., West Plains	A. T. Walker, Thayer
Oregon	C. Franklin Smith, West Plains	
Texas	Manuel Runez, Houston	Joe A. Wall, Houston
Wright	James A. Hasek, Mountain Grove	O. Martin Hasek, Mountain Grove
Douglas	Jack Langevin, West Plains	M. L. Fowler, West Plains
Ozark	Jack N. Wiles, West Plains	
Webster	T. M. Macdonnell, Marshfield	R. J. Bareis, Marshfield
West Central		
Bates	Robert Strobach, Butler	William Haynie, Butler
Cass	Alfred W. Eklund Pleasant Hill	Edward S. Jones, Harrisonville
Cedar	Robert L. Magee El Dorado Springs	
St. Clair	Glen H. Reed, Appleton City	Wayne Morton, Osceola
Vernon	R. W. Pearse, Jr., Nevada	L. M. Magruder, Nevada

Student Delegates-at-Large

University of Missouri-Columbia
Mr. William Harrell
Mr. Carl Davis

University of Missouri-Kansas City
Ms. Nancy Russell
Mr. Mark Scarborough

St. Louis University

Washington University
Mr. Richard Rath
Mr. Jeffrey D. Coe

Past President—Delegates-at-Large

James R. McVay, Kansas City
Robert Mueller, St. Louis
Guy N. Magness, University City
H. E. Petersen, St. Joseph
Victor B. Buhler, Kansas City
Kenneth C. Hollweg, Kansas City
Leonard T. Furlow, Crystal River, Florida
Paul R. Whitener, St. Louis
Byron M. Stuart, Boonville
Hector W. Benoit, Jr., Kansas City
David N. Kerr, Clayton
Doyle C. McCraw, Bolivar
Joseph L. Fisher, St. Joseph
Gerald L. Miller, Kansas City
Walter T. Gunn, St. Louis
E. A. Stricker, St. James
James C. Cope, Columbia
R. Allen Chandler, Kansas City

Speaker and Vice-Speaker—Delegates-at-Large

James T. Brown, Springfield, Speaker

Edwin K. Burford, Jr., Cape Girardeau, Vice-Speaker

COMMERCIAL EXHIBITS LIST

For the 119th Annual Session

Booth	*Exhibitors*
9	C. W. Alban & Company, Inc. St. Louis
27	American Medical Facilities Corporation Maryland Heights
11	Ayerst Laboratories New York, N. Y.
39	Biomedical Laboratories, Inc. Burlington, N. C.
34	Bio-Science Laboratories St. Louis
51	Blue Cross-Blue Shield St. Louis-Kansas City
48	Boehringer Ingelheim Ltd. Elmsford, N. Y.
46	Brand & Company St. Louis
33	Bristol Laboratories Syracuse, N. Y.
14	Cancer Research Center Columbia
2	Ciba Pharmaceutical Company Kansas City
6	Chromalloy Office Equipment Company St. Louis
16	Coca-Cola U.S.A. Chicago, Ill.
23	Data Service Agency, Inc. Maryland Heights
29	The Doctors House, Division of Midwest Medical Supply Maryland Heights
50	Durrell Security, Inc. St. Louis
12	Electronic Communications Ltd. St. Louis
43	Encyclopaedia Britannica, Inc. Chicago, Ill.
31	Forrest T. Jones & Company, Inc. Kansas City
35	Fred S. James & Company of Missouri, Inc. Kansas City
15	Hoechst-Roussel Pharmaceuticals, Inc. Somerville, N. J.
10	Homemakers Upjohn Kalamazoo, Mich.
19	Investment Management & Research, Inc. St. Louis
17	Johnson and Johnson New Orleans, La.
24	The Key Company St. Louis
13	Lemmon Pharmacal Company Sellersville, Pa.
44	Life Support Equipment Corporation Woburn, Mass.
41	McNeil Laboratories, Inc. Fort Washington, Pa.
25	The Medical Protective Company Fort Wayne, Ind.
38	Meyer Laboratories, Inc. Fort Lauderdale, Fla.
42	Medical Defense Associates, Ltd.— Missouri Malpractice Managers Springfield
1	Missouri State Medical Insurance, Inc. Jefferson City
3	Munns Medical Supply Company Topeka, Kan.
26	Organon Pharmaceuticals West Orange, N. J.
28	Phone-A-Gram System, Inc. San Francisco, Calif.
18	Roche Laboratories Nutley, N. J.
36	Rowell Laboratories, Inc. Baudette, Minn.
4	Sandoz Pharmaceuticals East Hanover, N. J.
20	Schering Corporation Dallas, Tex.
45	Searle Laboratories Chicago, Ill.
5	Seiler Instrument & Manufacturing Company, Inc. St. Louis
47	Smith Kline Clinical Laboratories, Inc. Creve Coeur
21	Smith Kline & French Laboratories Philadelphia, Pa.
8	Bureau of Disability Insurance Social Security Administration Kansas City
30	Southern Medical Association Birmingham, Ala.
7	Stuart Pharmaceuticals Wilmington, Del.
32	Syntex Laboratories Palo Alto, Calif.
49	Tab Products Company St. Louis
37	United Medical Equipment Company Kansas City
22	The Upjohn Company Kalamazoo, Mich.
40	Wyeth Laboratories Philadelphia, Pa.

In lieu of Exhibits, the following firms have made cash donations to assist in the sponsorship of Scientific Sessions:

Eli Lilly and Company
Indianapolis, Ind.

Geigy Pharmaceuticals
Ardsley, N. Y.

Mead Johnson Laboratories
Evansville, Ind.

Merck Sharp and Dohme
West Point, Pa.

Parke, Davis and Company
Detroit, Mich.

A. H. Robins Company
Richmond, Va.

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

Singing Doctors Will 'Keep You in Stitches' At Presidents' Banquet in St. Louis

Everyone who enjoys laughing will have a hilarious time at the Presidents' Banquet in St. Louis on April 16.

Greene County's nationally-famous Singing Doctors of Springfield will return to the MSMA banquet stage to entertain in a musical fashion new to members of the audience who have not had a previous opportunity to hear them.

The Sing'ng Doctors made their first banquet appearance in 1958 when Dr. W. S. Sewell of Springfield was President of the MSMA. They performed again in 1972. This year, their appearance will herald the installation of Dr. Howard J. McAlhany of Springfield, who is now MSMA President-Elect.

The sextet is composed of Drs. Charles E. Lockhart, Don F. Gose, F. T. H'Doubler, Jr. and James T. Brown, surgeons; Fred C. Coller, pathologist; and Harold H. Lurie, internist. Dr. James R. Cook appears with the group at various times. Dr. Lockhart has the only trained voice in the group. Dr. Brown describes the sextet as "five hams who can barely carry a tune in a basket and one real voice."

To quote Dr. Wilfred E. Wooldridge of Springfield, who wrote in the August, 1969 issue of *Resident and Staff Physician*, "This zany team has become nationally famous by making fun of themselves and all those around them. Nobody escapes—hospital administrators, nurses or professors and, least of all, their fellow practitioners. They've front-paged New York City newspapers and they've thumbed their noses at the most staid and dignified of their profession."

It all began 19 years ago when Dr. James T. Brown was program chairman for Greene County Medical Society's annual banquet. Since he had no budget, he sought out five more extrovert doctors and the six nervous doctors poked fun at the profession by adapting tunes to new medically-oriented lyrics written by Doctor Brown.

They received such an appreciative applause from their coworkers that they were asked to perform again the following year. Since that time, they have appeared on many programs in the surrounding area and in almost all of the midwestern United States and were featured on the national television show, "I've Got a Secret." They also have performed before the AMA House of Delegates in Atlantic City.

Prof. Wilfred Adler *(center)* is accompanist for The Singing Doctors—four general surgeons, an internist and a pathologist. Sitting behind Dr. Adler are *(left to right)* Drs. Don F. Gose and Charles E. Lockhart. *(Middle row)* Drs. F. T. H'Doubler, Jr., James T. Brown and James R. Cook. *(Top)* Drs. Fred C. Coller and Harold H. Lurie.

Soon after their early appearances, it became apparent to members of the group that they had a potential for accomplishing more than entertaining people because they were receiving requests for recordings of their songs. They organized the Greene County Medical Foundation and cut their first album, "Borborygimi."

Now, six albums have been made. After "Borborygimi" came "Placenta Previews," "Medic Emetics," "Singing Doctors on Stage" and "The Singing Doctors Keep You in Stitches."

"Thanks for the Miseries" is the latest album now being released. It features the group's quartet, "The Four Suppositories," Bashful Boy Emmett and La Caruso Lockhart.

With income only from these records, the group

Part of the time the "Singing Doctors" even dress like doctors. *(Left to right)* Drs. Don F. Gose, Fred C. Coller and Harold H. Lurie.

has raised approximately $250,000 and made low-interest loans to 140 medical students and grants to four Missouri medical Schools.

Incidentally, Dr. Jim Cook is one of the first medical students to benefit from the scholarship fund.

There is no other source of money because they make no charge for appearances other than their traveling expenses and a fee for their accompanist who is Wilfred Adler, a professor of music at Southwest Missouri State College in Springfield.

Do the Singing Doctors enjoy their role as performers? The answer, obviously, is why else would they give up as much as a full month per year of their individual practices—entirely uncompensated except for travel expenses—to entertain at conventions of healing arts organizations throughout the nation. Dr. Brown specifies, "Our only demand of any group wanting us to take our show to its meeting 15 or 1,500 miles from here is that we'll bring back home pocketsful of album orders to help swell the scholarship fund."

In 1972, the Singing Doctors emerged victorious from a three-year federal court battle with the IRS over whether the group's scholarship foundation was tax-exempt. The IRS was found wrong in not deeming the group a nonprofit organization and was ordered to reimburse them for three years of taxes against their record receipts.

Included in their album "hits" is a special physicians' "Tribute (?) to the Internal Revenue Service," "Halitosis Beats No Breath At All," "Tumors and Rumors," "Stalling, the Art of Medicine," "Vasectomy" and "The Best Things in Life Are Fees."

THE BEST THINGS IN LIFE ARE FEES

(Tune: The Best Things in Life Are Free)

A Doctor's image he fulfills
By playing the rich M.D.
We use computers to send bills
So no one is treated free.
The patients with cash . . . we keep 'em alive.
The poor credit risks . . . barely survive.
Doctors' bills are certainties. . . .
The best things in life are fees.

MSMA and Auxiliary members are urged to make their banquet reservations as soon as possible.

APRIL

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

The MSMA Auxiliary
Cordially Invites
All MSMA Members,
Their Wives and Guests
to Attend the Annual

PUBLIC AFFAIRS BREAKFAST

to Hear

ROY PFAUTCH, ELECTIONS RESEARCH ANALYST

Mr. Pfautch was the keynote speaker at the AM-AMPAC 1976 Annual Public Affairs Workshop. Here's your opportunity to hear him in St. Louis. You also will meet Dr. John H. Budd, President-Elect of the AMA.

7:30 AM • SATURDAY, APRIL 16 • MERAMEC ROOM • STOUFFER'S RIVERFRONT TOWERS

Tickets for the Breakfast may be purchased at the MSMA or Auxiliary Registration Desk.

BREATHING WITH COMFORT.

Choledyl – a highly soluble, true salt of theophylline – rapidly relaxes bronchospasm to promote easier breathing. And, gastric discomfort is minimal.

Because Choledyl is more stable...more rapidly absorbed from the G.I. tract than aminophylline.

Available in both tablets and elixir for patients with obstructive lung disease.

Choledyl® (oxtriphylline) Tablets and Elixir CAUTION: Federal law prohibits dispensing without prescription. Each partially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. Each teaspoonful of the elixir contains 100 mg oxtriphylline; alcohol 20%. *Indications.* Choledyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema. *Warning.* Use in pregnancy – animal studies revealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation or in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child. *Precautions.* Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly CNS stimulation in children. *Adverse Reactions.* Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. *Dosage.* Average adult dosage: Tablets – 200 mg, 4 times a day; Elixir – two teaspoonfuls, 4 times a day. *Supplied.* 200 mg yellow, partially enteric coated tablets in bottles of 100 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose – 200 mg tablets (N 0047-0211-11); 100 mg red, partially-enteric coated tablets in bottles of 100 (N 0047-0210-51). Elixir – bottles of 16 fl oz (1 pint) 474 ml (N 0047-0215-16). *Toxicity.* Oxtriphylline, aminophylline and caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen. Full information is available on request.

CH-GP-51-4/C

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

CHOLEDYL®
(OXTRIPHYLLINE)

SINGLE-ENTITY
BRONCHODILATION
MINIMAL GASTRIC DISCOMFORT

When Big Ben looks "a little off"...

Antivert®/25

(meclizine HCl) 25 mg. Tablets

for vertigo*

- Most Widely Prescribed—Antivert is e most widely prescribed agent for the anagement of vertigo* associated with dis-ses affecting the vestibular system such Menière's disease, labyrinthitis, and ves-ular neuronitis.
- Relief of Nausea and Vomiting—ntivert/25 can relieve the nausea and miting often associated with vertigo.*
- Dosage for Vertigo*—The usual adult sage for Antivert/25 is one tablet t.i.d.

IEF SUMMARY OF PRESCRIBING INFORMATION

INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed
professional information
available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

contains no aspirin

tablets
Darvocet-N® 100

100 mg. Darvon-N® (propoxyphene napsylate)
650 mg. acetaminophen

Lilly

700184

Additional information available to the profession on request from Eli Lilly and Company Indianapolis, Indiana 46206

Eli Lilly and Company, Inc.
Carolina, Puerto Rico 00630

Volume 74, Number 3—March, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

MICHAEL L. BEGLEITER, M.S., DAVID J. HARRIS, M.D.,
C. B. FRANCISCO, M.D. *and* **LANA HANKINS,** ***Kansas City***

Clinical Cytogenetics in Kansas City

Ten Years' Experience

One of the relatively new areas of laboratory investigation in modern medicine is that of the study of chromosomes. It was just 20 years ago that the proper number of chromosomes within the human cell was established and just 17 years ago that the first chromosome abnormality was reported. We recount here the results of the first ten years of a chromosomal laboratory in a children's hospital in Kansas City.

History

The in-depth study of human chromosomes began in 1956. It was in this year that Tjio and Levan firmly established that normal humans have 46 chromosomes in each cell.[1] Their study involved complex tissue culture techniques and was performed on lung from human abortuses. These procedures were soon applied to fibroblast cultures derived from skin biopsies. The first evidence that a chromosome anomaly could produce a clinical entity came in 1959 when Lejeune demonstrated that Down-syndrome patients were trisomic for a chromosome in the G group.[2] The difficulties involved in obtaining the skin biopsies made the clinical applications for chromosome studies limited. This problem was overcome in 1960 when Moorhead and associates published a technique for obtaining chromosome preparations from peripheral leucocytes.[3] Their method (with minor modifications) is still used today and involves a three-day culture period in the presence of a mitotic stimulator (phytohemagglutinin). Two hours before harvesting, colchicine (a metaphase blocking agent) is added. (During metaphase the chromosomes are highly condensed and most easily observed).

The cells are then treated in a hypotonic solution so that the cells will take on fluid. The swelling of the cells causes the chromosomes to be spread out and avoids the problem of overlapping chromosomes. The cells are then fixed in acetic-methanol, placed on slides and stained. In many laboratories, the chromosomes in 30 different cells are counted. The best spreads are photographed and the chromo-

This summary of experience in a clinical cytogenetics laboratory during the past ten years includes a brief review of the modern history of cytogenetics and a discussion of the accomplishments and future developments of the laboratory. The authors are from the Genetic Counseling Center at The Children's Mercy Hospital where Mr. Begleiter is a genetic counselor associate, Dr. Harris is a pediatric geneticist, Dr. Francisco is a pediatric neurologist and Miss Hankins is head cytogenetic technologist.

The work was supported in part by grants from The Carrie J. Loose Trust, The Victor Speas Trust and funds from The Children's Mercy Hospital.

TABLE 1

ANNUAL SUMMARIES OF THE NUMBER OF PATIENTS STUDIED

Year	*No. of Pts. Studied*	*No. of Controls*	*No. of Patients Whose Cultures Never Grew*	*No. of Abnormal Karyotypes*	*No. of Normal Karyotypes*	*Total Pts. Reported*
1965	9	7	1	0	1	1
1966	48	5	4	9	30	39
1967	108	1	21	21	65	86
1968	101	4	18	12	67	79
1969	80	2	16	12	50	62
1970	82	10	30	8	34	42
1971	87	4	20	18	45	63
1972	81	3	6	21	51	72
1973	78	1	4	20	53	73
1974	104	1	5	24	74	98
1975	124	3	10	35	76	111
Totals	902	41	135	180	546	726

somes are then cut out and arranged according to convention.[4]

The cytogenetics laboratory was established by one of us (CBF) in late 1965 because of his interest in the chromosomal etiology of mental retardation. Indications for chromosome analysis included suspected autosomal syndromes (G-trisomy, D-trisomy, E-trisomy, cri-du-chat syndrome, etc.), suspected sex chromosome abnormalities, the need to distinguish nondisjunction trisomies from clinically identical translocation syndromes, infants with ambiguous genitalia and any infant with congenital malformations which did not belong to a recognizable syndrome. In the past two years, we also have studied a number of families with fetal wastage (repeated miscarriages) and children with mental retardation and minor congenital anomalies.

TABLE 3

SEX CHROMOSOME ABNORMALITIES—
TEN YEAR TOTALS

Syndrome or Classification	*No. of Patients*	*Paris Nomenclature*
Sex Chromosome Anomalies		
Turner Phenotype		
Monosomy X	16	45, X
Monosomy X mosaic	3	46, XX/45, X
Monosomy X mosaic	1	46, XY/45, X
Deleted long arm mosaic	2	45, X/46, XX−q
Deleted short arm	1	46, XXp−
Deleted short arm mosaic	1	46, XX/46, XXp−
Multiple X syndromes		
Triple X female	1	47, XXX
Quadruple X female	1	48, XXXX
Penta X female	1	49, XXXXX
Klinefelter Phenotype		
Classical Klinefelter	2	47, XXY
Klinefelter mosaic	1	46, XY/47, XXY
XXYY syndrome	1	48, XXYY
Double trisomy*	1	48, XXY, +D

* This patient appears in Table 2 and Table 3 because he has an extra D-group chromosome and an extra sex chromosome.

Results

Nine hundred and two patients were studied in the laboratory from November, 1965 through December, 1975 (Table 1). In 135 cases, the patients' leucocyte cultures failed to grow and repeat studies were unsuccessful or the patient died before a second study could be initiated. One hundred and eighty of 726 patients had abnormal karyotypes, i.e., 24.8% of all patients karyotyped had chromosomal anomalies. The laboratory has identified a variety of chromosome abnormalities, although the Down syndrome is the most prevalent (Tables 2 & 3). Chromosome studies are essential in suspected cases of the Down syndrome, especially in babies born of young mothers, in order to distinguish the low-risk-of-recurrence families from the families of children with translocations in which the risk of recurrence may be considerably higher. One hundred and eleven of 180 (61.7%) of the abnormal karyotypes were of patients with the Down syndrome. Of these 111 patients, 105 had trisomies and six carried translocations. The translocations were of two types: the first involving a member of the D group and a member of the G group and the second involving two chromosome No. 21s. One of the D/G translocation Down syndrome children inherited the abnormal chromosome from her mother. The origin of the other D/G translocation chromosome could not be determined as the father was not available for study.

TABLE 2

AUTOSOMAL CHROMOSOME ABNORMALITIES—TEN YEAR TOTALS

Syndrome or Classification	*No. of Patients*	*Paris Nomenclature*
The Down Syndrome		
Trisomy 21		
Male	40	47, XY, +21
Female	55	47, XX, +21
Male with marker*	1	47, XY, +21, 1qh+
Male mosaic	5	46, XY/47, XY, +21
Female mosaic	4	46, XX/46, XX, +21
Translocation		
Male D/G	1	46, XY, −D, +t(DqGq)
Female D/G	1	46, XX, −D, +t(DqGq)
Male 21/21	2	46, XY, −21, +t(21q21q)
Female 21/21	2	46, XX, −21, +t(21q21q)
Translocation carrier (female)	1	45, XX, −D, −G, +t(DqGq)
Other autosomal trisomies		
D-group		
Male	4	47, XY, +13
Female	3	47, XX, +13
Double trisomy†	1	48, XXY, +D
E-group		
Male	1	47, XY, +18
Female	5	47, XX, +18
Male translocation	1	46, XY, −G, +t(EqGq)
G-group		
Male	2	47, XY, +G
Male trisomy 22	1	47, XY, +22
Undetermined trisomy		
Extra small metacentric	1	47, XX, +small metacentric
Extra centric fragment	1	47, XY, +centric fragment
Autosomal deletions and monosomies		
Ring D	1	46, XY, rD
Ring 18	1	46, XY, r18
Male cat-cry syndrome	1	46, XY, 5p−
Female cat-cry syndrome	1	46, XX, 5p−
Short arm no. 18 deletion	1	46, XY, 18p−
Short arm no. 18 deletion	1	46, XX, 18p−
Long arm no. 13 deletion	1	46, XX, 13q−
Long arm D deletion	1	46, XX, Dq−
Long arm no. 5 deletion	1	46, XX, 5q−
Monosomy G mosaic	2	46, XY/45, XY, −G
Marker chromosomes		
Centromere variant	3	46, XY, 1qh+
Trisomy with centromere variant*	1	47, XY, +21, 1qh+
Satellite variant	1	46, XX, 17ps+
Short arm increase in length	1	46, XY, 21p+
Unclassifiable karyotype	1	

* This patient appears twice because he has a chromosome abnormality as well as a normal variant chromosome.
† This patient appears in Table 2 and Table 3 because has an extra D-Group chromosome and an extra sex chromosome.

There were four patients with 21/21 translocations. All four of these chromosome errors were sporadic events; neither parent had any chromosome abnormality. Our findings of 5.4% of Down syndrome patients being translocation types with 3.6% being 21/21 translocations and 1.8% being D/G translocations is similar to the findings of others.[5] The 70 other patients with chromosome abnormalities include trisomies in the D, E and G groups, deletions, translocations, ring chromosomes, marker chromosomes and aneuploidies and deletions of the sex chromosomes.

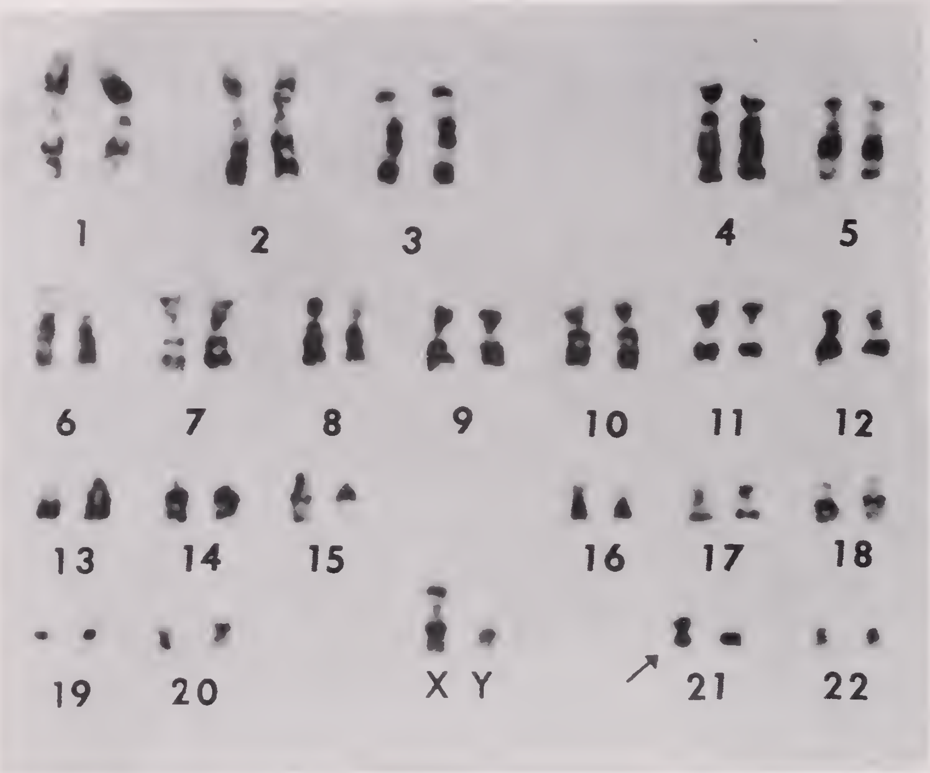


Fig. 1 Giemsa-banded karyotype demonstrating a 21/21 translocation.

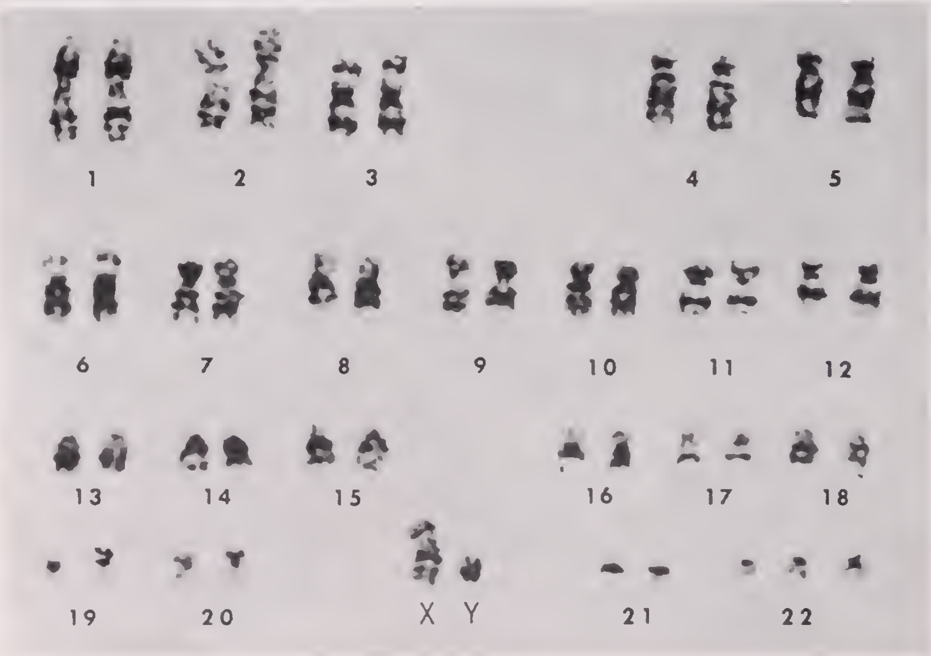


Fig. 2 Giemsa-banded karyotype demonstrating trisomy 22.

A major advance in the technique of chromosome study was provided by the introduction of banding techniques.[6] Prior to that time, standard staining techniques permitted the definite identification of only a few of the chromosomes. Unless cumbersome radioactive labeling techniques were used, chromosome pairs four through 15 and 19 through 22 could not be given a definite pair number; assignment to a chromosome group was all that was possible. The X chromosome could not be distinguished from other members of the C group. With the introduction of the banding techniques, first by fluorescence and then by giemsa staining, identification of each specific chromosome pair was possible because of their characteristic arrangement of fluorescent or dark staining bands along the chromosome arms. Routine use of the trypsin-giemsa banding technique was begun in our laboratory in 1974.[7]

20/150 H

20/100 EAR

20/70 ING IS

20/50 AS PRECIOUS

20/40 AS SIGHT HAV

20/30 YOU HAD YOUR HE

20/20 TESTED LATELY A SI

20/15 COMFORTABLE HEARING

20/10 INVESTMENT OF A FEW MIN

Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING
AID WILL HELP

TURN IT OFF WITH

AZO GANTANOL®

Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl.

FOR THE PAIN

■ Quickly relieves painful symptoms such as burning and pain associated with urgency and frequency.

■ Recommended antibacterial therapy: up to 3 days with Azo Gantanol, then 11 days with Gantanol (sulfamethoxazole).

FOR THE PATHOGENS

■ Effectively controls susceptible pathogens such as *E. coli, Klebsiella-Aerobacter, Staph. aureus, Proteus mirabilis* and, less frequently, *Proteus vulgaris.*

*nonobstructed; due to susceptible organisms

Before prescribing, please consult complete product information, a summary of which follows:

Indications: In adults, urinary tract infections complicated by pain (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli, Klebsiella-Aerobacter, Staphylococcus aureus, Proteus mirabilis,* and, less frequently, *Proteus vulgaris)* in the absence of obstructive uropathy or foreign bodies.
Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Children below age 12; sulfonamide hypersensitivity; pregnancy at term and during nursing period; because Azo Gantanol contains phenazopyridine hydrochloride it is contraindicated in glomerulonephritis, severe hepatitis, uremia, and pyelonephritis of pregnancy with G.I. disturbances.

Warnings: Safety during pregnancy not established. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma, in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, Stevens-Johnson syndrome, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *G.I. reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia. Cross-sensitivity with these agents may exist.

Dosage: Azo Gantanol is intended for the acute, painful phase of urinary tract infections. *Usual adult dosage:* 2 Gm (4 tabs) initially, then 1 Gm (2 tabs) B.I.D. for up to 3 days. If pain persists, causes other than infection should be sought. After relief of pain has been obtained, continued treatment with Gantanol (sulfamethoxazole) may be considered.

NOTE: Patients should be told that the orange-red dye (phenazopyridine HCl) will color the urine.

Supplied: Tablets, red, film-coated, each containing 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl—bottles of 100 and 500.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

DYAZIDE®
Trademark

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* WARNING
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Preexisting elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used.** Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K^+ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy.** Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium® (triamterene, SK&F Co.), and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

BURROUGHS WELLCOME CO. MAKES CODEINE COMBINATION PRODUCTS.

YOU MAKE THE CHOICE.

EMPIRIN®
COMPOUND
c̄ CODEINE
#3

Each tablet contains:
codeine phosphate, 32 mg (gr ½),
(Warning: May be habit-forming);
aspirin, 227 mg; phenacetin, 162 mg;
and caffeine, 32 mg.

Ⓒ III

EMPRACET™
c̄ CODEINE
#3

Each tablet contains:
codeine phosphate, 30 mg (gr ½),
(Warning: May be habit-forming);
and acetaminophen 300 mg.

Ⓒ III

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Two examples of the usefulness of this technique will be given. The first was a child who was a clinically obvious Down syndrome, but whose solid stained karyotype was considered to be normal. A repeat with trypsin-giemsa banding, when this became available, shows the presence of a 21/21 translocation (Fig. 1). The second example of the advantage of banding is shown by three patients found to have an extra chromosome in the G group and with multiple congenital anomalies not consistent with the diagnosis of the Down syndrome. Two of these patients were seen prior to the advent of the banding technique and could only be assumed to have a trisomy 22. In the third patient, a trypsin-giemsa banded karyotype (Fig. 2) proved the extra chromosome to be a number 22.[8]

PRESENT AND FUTURE DEVELOPMENTS

In July, 1974, the Cytogenetics Laboratory became a part of the Genetic Counseling Center of The Children's Mercy Hospital. Patients referred for chromosome analysis now receive a full genetic evaluation before the cytogenetic studies are begun. In addition, the results of the studies performed in the laboratory are communicated to the family by a member of the staff of the Genetic Counseling Center. (The referring physician receives a letter summarizing the discussion.) This procedure provides the family with the opportunity to discuss the results with someone with formal training in human genetics.

In the past year, we have initiated skin fibroblast cultures on infants with multiple congenital anomalies who died before their leucocyte cultures are harvested. (These cultures may only be established on tissue samples from infants whose parents have provided autopsy authorizations.) This system provides a double-check to insure karyotypic results on these malformed infants.

In the future, we plan to establish a number of additional banding techniques (quinacrine fluorescence, reverse giemsa banding, and telomere banding) and to begin culturing amniotic fluid cells for the prenatal diagnosis of chromosome anomalies and inborn errors of metabolism.

REFERENCES

1. Tjio, J. H. and Levan, A. L.: The Chromosome Number of Man. Hereditas 42:1, 1956.
2. Lejeune, J.: Le Mongolisme. Premier Example D'aberration Autosomique Humaine. Ann. Genet., Semaine Hop. 1:41, 1959.
3. Moorhead, P. S., Nowell, P. C., Mellman, W. S., Battips, D. M. and Hungerford, D. A.: Chromosome Preparations of Leucocytes From Human Peripheral Blood. Exp. Cell Res. 20:613, 1960.
4. Paris Conference (1971): Standardization in Human Cytogenetics. Birth Defects 8(7):1, 1972.
5. Wright, S. W., Day, R. W., Muller, H. and Weinhouse, R.: The Frequency of Trisomy and Translocation in Down's Syndrome. J. Pediat. 70:420, 1967.
6. Caspersson, T., Lomakka, G. and Zech, L.: 24 Fluorescence Patterns of Human Metaphase Chromosomes—Distinguishing Characters and Variability. Hereditas, Lund. 67:89, 1971.
7. Seabright, M. L.: A Rapid Banding Technique for Human Chromosomes. Lancet 2:971, 1971.
8. Begleiter, M. L., Kulkarni, P. and Harris, D. J.: Confirmation of Trisomy 22 by Trypsin-Giemsa Staining. J. Med. Genet. (in press).

Consumerism and its impact on lawyers and doctors will be probed during the 1977 Medicolegal Symposium in San Francisco on March 17-20.

The symposium, which is cosponsored every two years by the American Bar Association and the American Medical Association, is expected to attract more than 200 persons interested in hearing the latest information on such subjects as malpractice insurance, professional discipline and legislation affecting the professions.

The presidents-elect of both organizations, John Budd, M.D. of the AMA and William B. Spann, Jr., of the ABA, will address the opening session, discussing "Social Impacts of Professional Liability." Scheduled to address a luncheon session on March 19 are Presidents Justin A. Stanley of the ABA and Richard E. Palmer of the AMA.

Among the other speakers and their topics are James J. Stewart, Indianapolis, "The Constitutionality of Remedial Legislation in the Field of Professional Liability"; Dr. Arthur J. Mannix, Jr., New Rochelle, N. Y., and Aaron Jacobson, Cleveland, "Malpractice Insurance and Alternatives"; Dr. Malcolm Stuart M. Watts, San Francisco, "Changing Times: Ethical Considerations and Professional Discipline"; and Chesterfield Smith, Lakeland, Fla., former ABA president; Laura Nader, Berkeley, Calif., and Robert Cartwright, former president of the Association of Trial Lawyers of America, "Consumerism and the Professional."

JAMES J. LALLY, M.D., WILLIAM W. GIST, M.D.
and **CARL A. PETIT, M.D.,** ***Kansas City***

Simplified Hiatus Herniorrhaphy

A Review

The entire problem of hiatus hernia is focused on the simple mechanical reflux of gastric contents into the esophagus and the resulting pain, ulceration, bleeding and stricture that may follow.

Corrective surgery which evolved during the last 25 years has seen both good and bad results. Present-day thinking is directed more toward producing effective sphincter action[1-3] than mere hernia repair and, while many patients have obtained gratifying relief through surgery, several problems of hiatus herniorrhaphy are still of serious concern to many patients and surgeons alike.[4-6]

These problems are the following:

1. The extensive surgery of some techniques.[7]
2. Outright recurrence with the same original difficulties.[8]
3. Swallowing difficulties and inability to vomit or eructate following surgery.[9]

The more extensive surgery of a thoracic approach to hiatus hernia is presently finding less support except in unusual cases,[10] and the lengthy operating time necessary in more complicated techniques for precise placement of tissues also militates against surgery for many patients.

Outright recurrence of hiatus hernia after an operation is an unsuitable outcome to many patients and has done great damage to the reputation of surgical treatment of this disease.[11]

The authors report the results in 138 cases in seven years in this review of the simple central tendon hiatal herniorrhaphy technique and introduce the use of a mersilene strip instead of external rectus fascia in anchoring the esophagogastric junction to the central tendon. The excellent exposure and visibility which allows the lower esophageal segment to be well secured within the abdomen are illustrated. Drs. Lally, Gist and Petit are from the departments of surgery, Kansas City General Hospital and Medical Center, St. Mary's Hospital and Trinity Lutheran Hospital.

Dysphagia and inability to vomit after hernia repair are difficult and, possibly, hazardous problems which frequently necessitate secondary procedures for emergency states.

These problems herald the genuine need for a simple operation for hiatus hernia that is both sound and safe and with a solid promise of nonrecurrence.[12, 13]

As a solution to these problems, this article presents a review of and illustrates the simple technique of central tendon hiatal herniorrhaphy[14] and introduces the use of a mersilene strip instead of the patient's fascia, which was used initially in earlier operations.

Material and Methods

One hundred and thirty-eight selected patients with hiatal hernia and associated reflux esophagitis were diagnosed preoperatively with upper gastrointestinal (GI) roentgenographic examination and fiberoptic esophagoscopy. They were surgically treated by central tendon hiatal herniorrhaphy. Early postoperative roentgen studies in 91% of these patients; long-term, follow-up roentgen studies in 54%; and follow-up subjective responses in 71% are the basis for conclusions for central tendon hiatus hernia repair. The longest period of time in which cases have been followed is eight years; the average follow-up period has been four years.

Procedure (Fig. 1)

Through a left, upper-abdominal paramedian incision, the left triangular ligament is divided and the left lobe of the liver is retracted to the right A curved incision through the peritoneum at the margin of the hiatus allows exposure of the crura and the entire hiatal defect.

The muscular fibers of the crural canal are sutured together with 2-0 silk sutures to gently

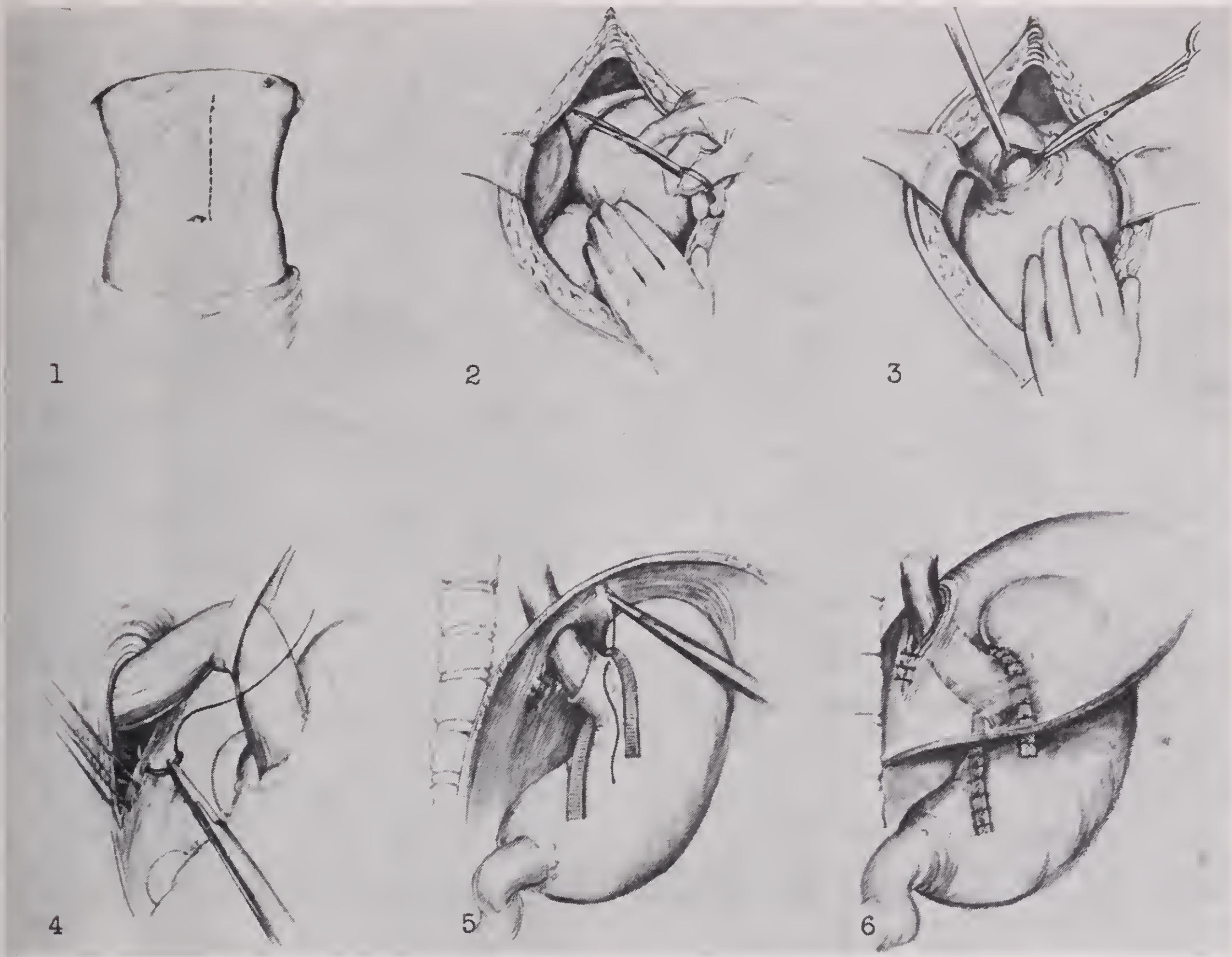


Fig. 1 Central tendon hiatal herniorrhaphy.

close the hiatus just behind the esophagus.

A seven-inch strip of mersilene is sewn at its midpoint into the angle of His and to the central tendon above. This first suture in the diaphragm is placed two inches anterior to the hiatus. Similar silk sutures continue anteriorly to sew together the forward half of the mersilene strip, the central tendon and the anterior gastric surface in a line parallel with the lesser curvature. The posterior end of the mersilene strip is then drawn gently taut behind the posterior cardia and sutured to the lesser curvature and downward across the anterior surface of the stomach to the greater curvature border.

Results

Of 138 patients operated on for hiatus hernia by the central tendon technique, 89 had anchorage of the esophagogastric junction with a fascial strip taken from the patient's external rectus sheath. Forty-nine patients, who are the most recently done, had anchorage achieved with a seven-inch strip of mersilene mesh.

All patients were examined with upper-GI roentgenogram within 14 postoperative days. All but one were found to have an acutely angled esophagogastric junction without obstruction or reflux which was anchored well within the abdomen. The only patient whose operation was classified as a failure had previously undergone gastric resection and had only a small remaining segment of stomach arranged in Bilroth II fashion.

One patient with a preoperative stricture of the lower esophagus required bougienage on two occasions. Barium swallow in this patient two years later revealed no evidence of stricture. The longest time for a follow-up roentgenogram was eight years; the average time was four years and four months. Except for the previously resected patient mentioned above, there were no anatomical recurrences or demonstrations of reflux by roentgenographic study.

A follow-up of subjective results in slightly more than half (71) of the patients revealed relief of heartburn in all but three patients who described occasional discomfort after eating highly seasoned foods.

Dysphagia following central tendon repair disappeared entirely within two months. Fourteen percent of the patients described increased "gas" as a continuing symptom, but no patient described a need for continuing antacid therapy.

COMMENTS

The central tendon technique through an abdominal approach uses a mersilene mesh strip to anchor an exceptionally deep angle of His to the central tendon of the diaphragm. This results in a definitely patent lower esophageal sphincter firmly locked in place two inches within the abdomen. Sphincter action of the acute esophagogastric junction is self adjusting and has the physiologically correct function of preventing reflux without obstruction.

Central tendon hiatal herniorrhaphy has been demonstrated during an eight-year period to be a reliable hiatus hernia repair with a recurrence rate of less than 1% and a minimum of subjective complaints.

Use of a mersilene mesh strip in place of the patient's fascia has further simplified and strengthened this procedure. No complications or ill effects from the use of mersilene have been noted in this series.

This simple operation was made practical with the introduction of abdominal chest wall retractors which allow excellent infradiaphragmatic exposure. With a reduction of operating time and surgical risk, hiatus hernia repair, when indicated, can now be offered with increased safety to a greater range of patients.

REFERENCES

1. Allison, P. R.: Reflux Esophagitis, Sliding Hiatal Hernia and the Anatomy of Repair. Surg. Gynec. Obstet. 92:419, 1951.
2. Bettex, M. and Stillhart, H.: Operation for Hiatus Hernia and Cardioesophageal Achalasia by Fundoplication After Nissen. Surgery 55:451, 1964.
3. Borema, I.: Gastropexia Anterior Geniculata for Sliding Hiatus Hernia for Cardiospasm. J. Int. Coll. Surg. (Bull.) 29:533, 1958.
4. Collis, J. L.: A Review of Surgical Results in Hiatus Hernia. Thorax 16:114, 1961.
5. Hermann, R. E.: Transabdominal Repair of Esophageal Hiatal Hernia Anterior to the Esophagus. Surg. Gynec. Obstet. 126:827, 1968.
6. Hill, L. D., Tobias, J. and Morgan, E. H.: Newer Concepts of the Pathophysiology of Hiatal Hernia and Esophagitis. Amer. J. Surg. 111:70, 1966.
7. Nissen, R.: Gastropexy and "Fundoplication" in Surgical Treatment of Hiatal Hernia. Amer. J. Digest. Dis. 6:954, 1961.
8. Orringer, M. B., Skinner, D. B. and Belsey, R. H. R.: Long-Term Results of the Mark IV Operation for Hiatal Hernia and Analysis of Recurrences and Their Treatment. J. Thorac. Cardio. Surg. 63:25, 1972.
9. Pearson, J. B. and Gray, J. G.: Oesophageal Hiatus Hernia; Long-Term Results of the Conventional Thoracic Operation. Br. J. Surg. 54:530, 1967.
10. Cooley, D. A.: Techniques in Surgery (Madden). I:206, 1964.
11. Mustard, Robert A.: A Survey of Techniques and Results of Hiatus Hernia Repair. Surg. Gynec. Obstet. 130:131, 1970.
12. Skinner, D. B. and Belsey, R. H. R.: Surgical Management of Esophageal Reflux and Hiatus Hernia: Long-Term Results With 1,030 Patients. J. Thorac. Cardiov. Surg. 53:33, 1967.
13. Smiddy, F. G. and Ross, J. G.: The Treatment of Sliding Hiatus Hernia by Fundoplication. Br. J. Surg. 51:564, 1964.
14. Lally, J. J. and Gist, W. W.: Surgical Advances. Vol. 3, No. 7, Oct., 1972.

Reprints: *James J. Lally, M.D.*
519 Plaza Parkway Bldg.
4620 J. C. Nichols Parkway
Kansas City, Mo. 64112

A major outbreak of hard measles in the state began in Laclede County in September. Unfortunately, it did not come to the attention of public health officials until early December when a case showed up in one of the schools that reports weekly through the school absenteeism surveillance program. More than 500 cases have been reported in 18 counties, with cases in several nearby states including Kansas, Oklahoma and Illinois. The outbreak is part of a national resurgence of measles. County reports in May, 1976 showed three counties with immunization levels for measles 56% or less which means that nearly half the children in those counties were not protected. Mass immunization clinics have been held in the schools of several counties hit by the outbreak. Forty-one cases of measles were reported in January compared to 195 in December.

—*Public Health News*, Division of Health in Missouri

PENG NAN WANG, M.D., L. P. STICKLEY, M.D. *and*
W. P. HAMILTON, M.D., *St. Louis*

Circulatory Failure Secondary to Loss of Atrial Contribution

Case Report

THE LOSS OF atrial contribution to ventricular filling and stroke volume has been studied, and the hemodynamic consequences of nonsequential atrioventricular output have been emphasized. Pacemaker-induced cardiovascular failure has been mentioned. In this report, we document hemodynamic complications due to loss of atrial contribution, which is secondary to hyperkalemic-induced junctional rhythm, and temporary right ventricular pacing.

CASE REPORT

An 82-year-old white woman was admitted to St. John's Mercy Medical Center with a history of shortness of breath, wheezing and diaphoresis with nausea. She was known to have a previous history of arteriosclerotic heart disease with previous myocardial infarctions in 1965 and 1967. She also had a history of longstanding hypertension, hypothyroidism and chronic renal disease with azotemia.

Approximately two weeks prior to her admission, she was hospitalized at another hospital with evidence of digitalis excess resulting in complete heart block. During that hospitalization, her digoxin level was 3.7 ng/ml. She required the insertion of a temporary transvenous pacemaker because of complete heart block with bradyarrhythmia. With discontinuance of digoxin (Lanoxin), she returned to a normal sinus rhythm and was discharged from the hospital without symptoms.

She was doing well until the day of admission when she received an anonymous phone call telling her that she was going to die. Following this, the patient became very frightened. She then became somewhat stuporous, developed shortness of breath and diaphoresis and was brought to the emergency room at St. John's Mercy Medical Center.

A physical examination on admission revealed an elderly, white woman who was in no acute distress. She was noted to be staring into space and was not responding to direct questions. Her temperature was 96.4F, she had a blood pressure of 200/130 mm Hg with a pulse rate of 100 beats per minute and regular. Her respiratory rate was 18. Examination of the optic fundi revealed some arterial narrowing without AV nicking. There were no hemorrhages or exudates. The neck showed no signs of jugular venous distention and there was a normal carotid pulse. The lungs were clear to auscultation and percussion.

The heart revealed a point of maximal impulse (PMI) in the fifth intercostal space just lateral to the midclavicular line. S1 was normal and S2 was physiologically split. There was a grade II-III/VI systolic ejection murmur audible at the left sternal border and also over the right base. The abdomen was unremarkable and the extremities revealed good pulses without edema. A neurological examination revealed no localizing signs.

An electrocardiogram revealed a normal sinus rhythm with first degree A-V block and occasional atrial premature beats. There were nonspecific ST and T wave changes noted. A complete blood cell count (CBC) revealed a hematocrit value of 42% with a hemoglobin level of 14.1 gm/100 ml. The white blood cell count was 11,300/cu mm with a normal differential. The serum creatinine value was 2.8 mg/100 ml. The sodium level was 130 mEq/liter with a potassium value of 3.6 mEq/liter, chloride value of 90 mEq/liter and a carbon dioxide content (CO_2) of 28 vol %. Arterial blood gases revealed a pH of 7.40, a pCO_2 of 36, a pO_2 of 90 with an O_2 saturation of 94%. T4 was .4 μg/dl with a free thyroxin of .3 (normal range of 4.4 to 15.7). Digoxin level was less than 0.4 ng/ml. Creatinine clearance was 19 cc/min. Chest x-ray examination revealed cardiomegaly with no evidence of congestive changes.

The patient was placed on a regimen of hydrochlorothiazide (Hydrodiuril), 50 mg daily; aldomet, 250 mg four times a day; and potassium chloride, 20 mEq twice a day; in addition to liatrix (Thyrolar), ½ gr daily.

On February 17, eleven days after her admission to the hospital, the patient was found to be confused, complaining of shortness of breath and also was noted to be diaphoretic. She had a pulse rate of approximately 35 beats per minute. An electrocardiogram showed a junctional rhythm. Her blood pressure had dropped from 180/110 to approximately 70 systolic, palpable. The neck veins revealed prominent jugular venous distention. Cardiac examination revealed the presence of a grade III-IV/VI holosystolic murmur at the apex and left sternal border. The lung fields revealed bilateral moist rales. She was transferred to the Coronary Care Unit at which time a temporary transvenous pacemaker was inserted through the left basilic vein without complications.

Known to have arteriosclerotic heart disease, hypothyroidism and hyperkalemia, an 82-year-old woman underwent a temporary transvenous right ventricular pacemaker insertion for a slow junctional rhythm. Cardiovascular collapse with hypotension and acute mitral regurgitation occurred during junctional rhythm and right ventricular pacing. In addition to the important role of atrial kick in a noncompliant heart, the development of acute hemodynamically significant mitral regurgitation is emphasized. The important role of atrial kick in a noncompliant heart is reemphasized. The authors are from the Cardiology Division, St. Louis University School of Medicine and St. John's Mercy Medical Center.

In spite of a pacemaker rate of 70 beats per minute, the patient's blood pressure remained at approximately 80 systolic. The pacemaker rate was increased to 100 beats per minute and her blood pressure increased to approximately 90. A Swan-Ganz catheter was inserted and revealed a pulmonary artery pressure of 80/25 mm Hg with a pulmonary capillary wedge pressure of 25 mm Hg mean with a large 50 mm Hg V wave. Arterial blood gases revealed a pH of 7.44, a pCO2 of 34, a pO2 of 91 with an O2 saturation of 97 on 40% O2. Serum potassium value was 7.2 mEq/liter. Her blood urea nitrogen (BUN) value was 73 mg/100 ml with a creatinine of 3 mg/100 ml. T4 was 0.7 μg/dl. With treatment of the hyperkalemia with intravenous sodium bicarbonate, glucose and insulin, sinus rhythm was restored. Serium K+ level was 4.6 mEq/liter. Upon restoration of sinus rhythm, blood pressure returned immediately to 180/110 mm Hg. Pulmonary artery pressure with sinus rhythm was 35/10 mm Hg and pulmonary capillary wedge pressure with sinus rhythm dropped to 10 mm Hg mean. There was no giant V wave noted on the pulmonary capillary wedge tracing and the holosystolic murmur disappeared.

In order to see if acute mitral regurgitation could be again demonstrated, the pacemaker was preset at a rate above sinus rate. With the pacemaker rhythm faster than the patient's normal sinus rhythm, the blood pressure immediately dropped to 100/70 mm Hg and a large "v" wave was again noted on the pulmonary capillary wedge tracing.

Discussion

Atrial contribution to ventricular filling has been mentioned for many years. With the introduction of artificial cardiac pacemakers, this problem has been brought to our attention again. In 1962, Sellers *et al* noted a 15% increment in cardiac output when atrial systole preceded ventricular activity.[1]

In 1965, Samet *et al* demonstrated that cardiac output in patients with complete heart block studied during synchronous atrioventricular pacing increased 15% to 20% from values obtained during right ventricular catheter outflow tract pacing. The primary reason for the hemodynamic differences between atrial and ventricular pacing is the absence of synchronized atrioventricular activity during ventricular pacing. They concluded that aberrant ventricular depolarization itself resulted in little decrease in cardiac index and showed that the hemodynamic sequelae of ventricular pacing were secondary to a significant loss of atrial contribution to ventricular filling. A consistent reduction in left ventricular end diastolic pressure was thought to reflect a decrease in left ventricular volume. They demonstrated an increase in left atrial pressure when the P wave occurred slightly after or simultaneously with the QRS complex, in addition to ventricularization of the left atrial pressure curve suggesting regurgitation.[2-4]

Mitchell *et al* noted a 19% reduction in ventricular stroke volume when ventricular contraction was not preceded by atrial systole.[5] In 1970, Furman and Eschar emphasized the various degrees of A-V insufficiency caused by asynchonous pacing.[6] In 1974, Hass *et al* reported a patient who underwent permanent transvenous right ventricular pacemaker implantation for prolonged syncope and atrioventricular conduction defects. Cardiovascular collapse and acute severe mitral regurgitation developed during ventricular pacing in their patient. Atrial synchronous or A-V sequential pacing was recommended for this condition.[7]

Hyperkalemia lowers the myocardial resting membrane potential and decreases the upstroke velocity and the duration of the myocardial action potential. This decreased rate of ventricular depolarization is evident electrocardiographically as prolongation of both the initial and terminal portions of the QRS complex. It has been proved that the electrocardiographic changes in hyperkalemia depend directly on the increase in the level of potassium in the blood serum. The potassium/sodium relationship appears important, too. A lowered serum sodium content augments the electrocardiographic abnormalities of hyperkalemia. The electrocardiogram (EKG) changes are in order of appearance as follows:

1. An increase in extracellular K+ produces changes first in the recovery process of the cardiac cell.

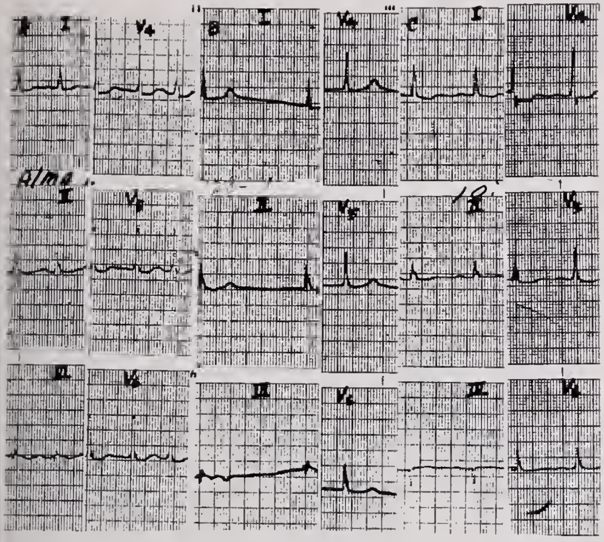


Fig. 1 (A) Sinus tachycardia, first degree A-V block. Occasional APCs, nonspecific ST-T change with low amplitude terminal T wave. (B) Junctional rhythm 46/min, serum K^+ was 7.2 mEq/liter. The early T wave inversion and low amplitude terminal T wave, assume a more "normal" appearance, instead of tall, early peaked "tent-shaped" T waves. (C) First degree A-V block. Non-specific ST-T change. The serum K^+ level was 4.6 mEq/liter. The ST-T wave morphology return to low amplitude T wave.

As the K^+ concentration raises, changes in activation occur. The earliest change is an increase in the rate of repolarization which is responsible for the early peaked tent-shaped T waves in the clinical EKG. This tall, narrow, symmetric, peak T wave may appear at a potassium concentration of 5.5 to 6.0 mEq/liter.

2. As the extracellular K^+ increases, there is a decrease in the K^+ gradient across the cell membrane during diastole. This results in a decrease in resting potential and a corresponding reduction in membrane responsiveness. This change produces a decrease in cardiac conduction velocity. Slowed intraventricular conduction produces a prolonged PR interval. This change can occur with a serum K^+ level of about 6.5 mEq/liter.
3. The atrium is relatively more sensitive to hyperkalemia than other cardiac tissue. With serum K^+ levels of 7.0 mEq/liter, impaired intra-atrial conduction results and a broad low amplitude P wave is seen. Eventually, atrial arrest occurs with absent P waves and establishment of a junctional rhythm. The T wave remains symmetrical and peaked. When blood serum K^+ level reaches 7 mEq/liter or more (usually at K^+ levels greater than 8-9 mEq/liter), p waves disappear although ventricular excitability is still present.

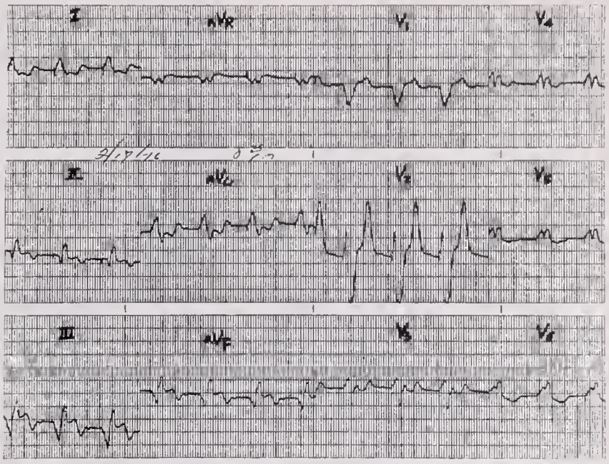


Fig. 2 Temporary transvenous right ventricular pacing with the electrode in the apex. The EKG showed pacemaker rhythm with LBBB pattern and of rate 80/min.

4. When hyperkalemia reaches an extreme value, repolarization begins while some areas of myocardium are still being depolarized. This produces a progressively widened QRS complex which merges with the T wave into a smooth, biphasic sine wave.

On the other hand, the effect of hyperkalemia on cardiac rhythm is complex. Any arrhythmia may be seen. A mild to moderate rise may speed A-V conduction and shorten the PR interval. However, progressive increases will slow A-V conduction, prolong the PR interval and produce complete A-V block. Hyperkalemia may produce progressive sinus bradycardia or sinus arrest with junctional or ventricular escape rhythms. In addition to these, sinus tachycardia, supraventricular tachycardia, frequent extrasystoles, ventricular tachycardia and ventricular fibrillation may be produced. The EKG changes of hyperkalemia can be modified by other factors such as underlying cardiac disease, the presence of digitalis or the balance of parasympathetic-sympathetic nerve activity. For example, in the presence of digitalis, the resultant early T wave inversion and low amplitude terminal T wave may, with coexistent hyperkalemia, assume a more normal appearance (Fig. 1). The inverted T wave of left ventricular hypertrophy may become upright.

The patient was known to have underlying arteriosclerotic heart disease with clinically nonsignificant aortic stenosis and hypothyroidism. She also had underlying renal disease. The latter two conditions contributed to the development of digitalis intoxication with complete A-V block requiring a temporary pacemaker two weeks prior to this admission. Lanoxin was discontinued, but potassium

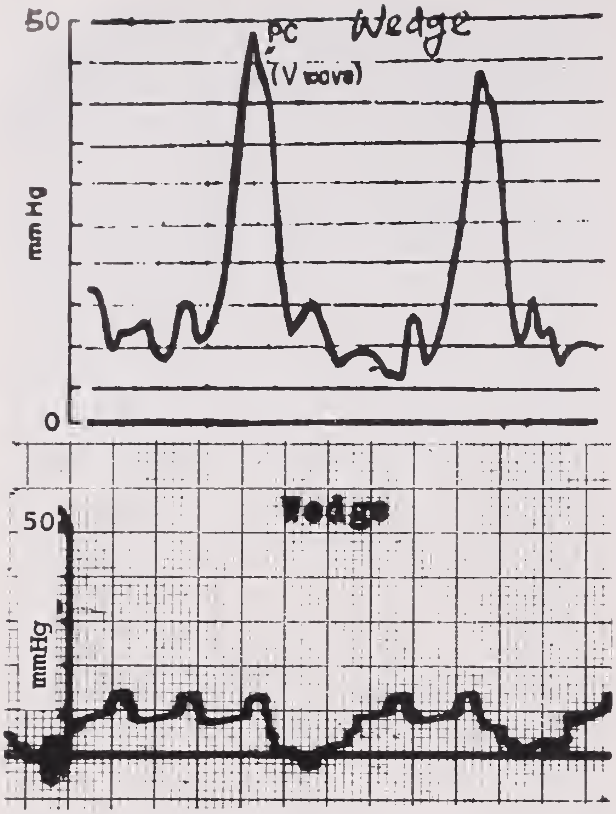


Fig. 3 *(Top)* The serum K+ level was 7.2 mEq/liter. This is the wedge pressure tracing during right ventricular pacing. Mean 25 mm Hg with huge "V" wave of 50 mm Hg. *(Bottom)* After correction of hyperkalemia to K+ level 4.6 mEq/liter, normal sinus rhythm restores. The wedge pressure mean was 10 mm Hg without a prominent "V" wave.

supplement was given. With preexisting renal disease, hyperkalemia developed.

Hyponatremia, possibly secondary to renal disease or diuretics or both, aggravated the EKG manifestation of hyperkalemia and a slow junctional rhythm developed with loss of atrial activity. Circulatory collapse and congestive heart failure occurred.

Right ventricular pacing did not improve cardiovascular hemodynamics. The hemodynamic information obtained from a Swan-Ganz catheter revealed acute mitral regurgiation (Fig. 3). The pulmonary artery (PA) pressure was 80/20 mm Hg. Left ventricular filling pressure was 25 mm Hg with a huge "V" wave of 50 mm Hg. After treatment of the hyperkalemia, normal sinus rhythm resumed. Circulatory failure disappeared. The PA pressure dropped to 35/10 mm Hg and LV filling pressure to 10 mm Hg without a prominent "V" wave. The blood pressure increased from 70 mm Hg palpable to 180/110 mm Hg. When right ventricular pacing was stopped, sinus activity returned and the blood pressure returned to 180/110 mm Hg. This report again emphasizes the important role of atrial kick in a noncompliant heart.

In addition, the development of acute mitral regurgitation also significantly contributed to the hemodynamic consequence. The exact mechanism for acute mitral regurgitation is unknown. Acute dilation of mitral annulus secondary to left atrial stretching is a possibility. On the other hand, circulatory collapse secondary to loss of atrial contribution with decreased coronary perfusion pressure or aberrant ventricular depolarization may have resulted in acute papillary muscle dysfunction.

REFERENCES

1. Sellers, F. J., Donald, D. E. and Wood, A. H.: Atrial Contribution to Stroke Volume in Dogs With Chronic Cardiac Denervation. Physiologist 5:211-215, 1962.
2. Samet, P., Bernstein, W. H. and Levine, S.: Significance of the Atrial Contribution to Ventricular Filling. Am. J. Cardiol. 15:195-202, 1965.
3. Samet, P., Bernstein, W. H., Nathan, D. A., *et al:* Atrial Contribution to Cardiac Output in Complete Heart Block. Am. J. Cardiol. 16:1-10, 1965.
4. Samet, P., Castillo, C. and Bernstein, W. H.: Hemodynamic Sequelae of Atrial, Ventricular and Sequential Atrial Ventricular Pacing in Cardiac Patients. Am. Heart J. 725-729, 1966.
5. Mitchell, J. H., Gupta, D. N. and Payne, R. M.: Influence of Atrial Systole on Effective Ventricular Stroke Volume. Circulation Res. 17:11-18, 1965.
6. Furman, S. and Escher, D. H. W.: Principles and Techniques of Cardiac Pacing. New York: Harper & Row, 1970, p. 165.
7. Haas, J. M. and Strait, S. B.: Pacemaker Induced Cardiovascular Failure. Am. J. Cardiol. 33:295-299, 1974.
8. Cardiovascular Clinic-Complex, Electrocardiography, p. 270-279.
9. J. Willis Hurst and Logue *et al:* The Heart, 3rd ed., p. 1497-1499.
10. Demetrio Sodi-Pallares: Deductive and Polyparametric Electrocardiography, p. 288-291.

DON'T MISS

. . . This Excellent Scientific Program

. . . The Public Affairs Breakfast

. . . The Sessions of the House of Delegates

. . . The Outstanding Exhibits

. . . The Annual Presidents' Banquet

119th MSMA Annual Session—April 14-17, 1977

AMA Expands Continuing Medical Education Opportunities in 1977.

Now you can choose from 15 regional CME meetings!

Recognizing the importance of continuing medical education to its members, the AMA has greatly expanded its CME programs. During 1977, the AMA will offer 15 regional CME meetings around the country in addition to its scientific programs at both the Annual Convention and Winter Meeting.

The purpose of the regional programs is to make it easier and more convenient for you to continue your medical education by bringing the meetings closer to your hometown and by scheduling them on the weekends to avoid interference with your practice.

All courses are approved by the AMA Council on Continuing Physician Education for Category 1 credit toward an AMA Physician's Recognition Award. A syllabi written by medical school faculties is provided with every course.

Specific information on course location, fees, academic program, faculty, and hotel reservations will be available approximately 2 months before each course date. Please write to address below at that time stating your selection(s). Print name, address, and office phone number.

1977 Regional Schedule

Tulsa, Oklahoma	January 22-23
Birmingham, Alabama	February 5-6
*Lake Tahoe, Nevada	February 11-13
Denver, Colorado	February 19-20
*Tarpon Springs, Florida	March 4-6
Detroit (Southfield), Michigan	March 26-27
New York (Westchester), New York	April 16-17
Houston, Texas	May 15
Hartford, Connecticut	September 10-11
*Lake of the Ozarks, Missouri	September 16-18
Chicago, Illinois	September 24-25
*Hot Springs (Homestead), Virginia	Sept. 30-Oct. 2
*Huron, Ohio	October 7-9
*Honolulu, Hawaii	Oct. 30-Nov. 4
Hershey, Pennsylvania	November 18-19

AMA's 126th Annual Convention

San Francisco, California	June 18-22

AMA's Winter Scientific Meeting

Miami Beach, Florida	December 10-13

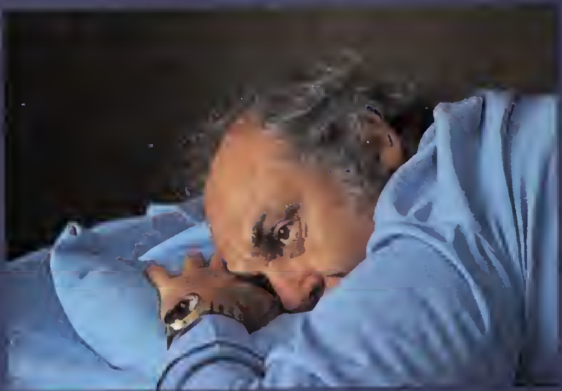
AMA Spokesmanship Seminars

Chicago, Illinois (Marriott O'Hare Hotel)	August 13-14 November 12-13

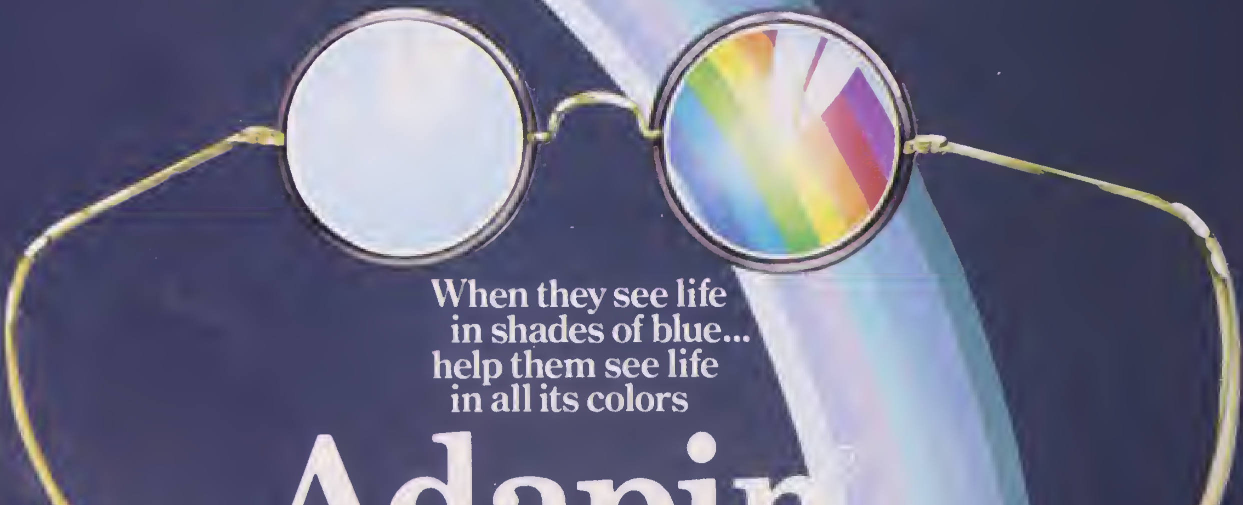
*Courses end at midday for recreation activities

AMA Department of Meeting Services
535 North Dearborn Street
Chicago, Illinois 60610

Depression comes in
shades of blue



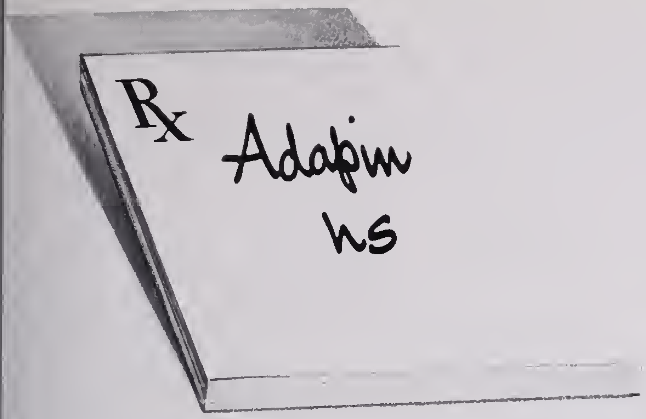
Insomnia
is a shade of blue
that often accompanies
depression



When they see life
in shades of blue...
help them see life
in all its colors

Adapin
(doxepin HCl)

Please see prescribing information on the right-hand page



Available as

10-mg. capsules

25-mg. capsules

50-mg. capsules

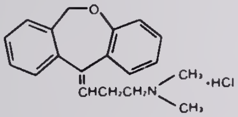
ADAPIN®

(Doxepin HCl)

Prescribing information:

DESCRIPTION

Adapin (doxepin HCl) is an isomeric mixture of N, N-dimethyl-dibenz(b,e) oxepin-$\Delta^{11(6H)}$, γ propylamine hydrochloride.



ACTIONS

Adapin has a variety of pharmacological actions with its predominant action on the central nervous system. While its mechanism of action is not known, studies have demonstrated that it is neither a monoamine oxidase inhibitor nor a primary stimulant of the central nervous system.

INDICATIONS

In controlled clinical evaluations, **Adapin** has shown marked antianxiety and significant antidepressant effects. **Adapin** has been found to be well tolerated even in elderly patients.

Adapin is indicated for the treatment of patients with:

1. Psychoneurotic anxiety and/or depressive reactions.
2. Mixed symptdms of anxiety and depression.
3. Anxiety and/or depression associated with alcoholism.
4. Anxiety associated with organic disease.
5. Psychotic depressive disorders including involutional depression and manic-depressive reactions.

Target symptoms of psychoneurosis that respond particularly well to **Adapin** include: anxiety, tension, depression, somatic symptoms and concerns, insomnia, guilt, lack of energy, fear, apprehension and worry.

Because **Adapin** provides antidepressant as well as antianxiety effects, it is of particular value in patients in whom anxiety masks depression. Patients who have not responded to other antianxiety or antidepressant drugs may benefit from **Adapin.**

In a large series of patients systematically observed for withdrawal symptoms, none were reported—a finding which is consistent with the virtual absence of euphoria as a side effect and the lack of addictive potential characteristic of this type of chemical compound.

CONTRAINDICATIONS

Because **Adapin** has an anticholinergic effect, it is contraindicated in patients with glaucoma or a tendency toward urinary retention.

Use of **Adapin** is contraindicated in patients who have been found hypersensitive to it.

WARNINGS

Usage in Pregnancy—Adapin has not been evaluated in pregnant patients. Therefore, it should not be used during pregnancy unless, in the judgment of the physician, it is essential to the welfare of the patient. In animal reproduction studies of **Adapin (doxepin hydrochloride),** gross and microscopic examination of the offspring gave no evidence of drug-related teratogenic effect. Following doses of up to 25 mg./kg./day for 8 to 9 months, no changes were observed in the number of live births, litter size, or lactation. A decreased rate of conception was observed when male rats were given 25 mg./kg./day for prolonged periods—an effect which has occurred with other psychotropic drugs and has been attributed to drug effect on the central and/or autonomic nervous systems.

Usage in Children—The use of **Adapin** in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors—Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with **Adapin.** The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

PRECAUTIONS

Drowsiness may occur with **Adapin**; therefore, patients should be warned of its possible occurrence and cautioned against driving a motor vehicle or operating hazardous machinery while taking the drug.

Patients should also be cautioned that the effects of alcoholic beverages may be increased.

Since suicide is an inherent risk in depressed patients and remains a risk through the initial phases of improvement, depressed patients should be closely supervised.

Although **Adapin** has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Compounds structurally related to **Adapin** can block the effects of guanethidine and similarly acting compounds. However, at the usual clinical dosages, 75 mg. to 150 mg. per day, **Adapin** has been given concomitantly with guanethidine without blocking its antihypertensive effect. But at dosages of 300 mg. per day or higher, **Adapin** has exerted a significant blocking effect.

Adapin, like other structurally related psychotropic drugs, potentiates norepinephrine response in animals. But this effect has not been observed with **Adapin** in humans, which is in accord with the low incidence of tachycardia reported clinically.

ADVERSE REACTIONS

Anticholinergic Effects: Dry mouth, blurred vision and constipation have been reported. These are usually mild, and often subside as therapy is continued or dosage reduced.

Central Nervous System Effects: Drowsiness has been observed. It usually occurs early in the course of therapy and tends to subside as therapy continues. (See Dosage and Administration section.)

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported adverse effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects (such as increased sweating), weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

DOSAGE AND ADMINISTRATION

In most patients with mild to moderate anxiety and/or depression: 10 mg. to 25 mg. t.i.d. to start. A starting dosage of 10 mg. t.i.d. for a period of four days may reduce the initial drowsiness experienced by some patients, and may be tried in cases where drowsiness is clinically undesirable. Decrease or increase the dosage at appropriate intervals according to individual response. Usual optimum dosage is 75 mg. to 150 mg. per day.

In some patients with mild symptomatology or emotional symptoms accompanying organic disease, dosage as low as 25 mg. to 50 mg. per day has provided effective control.

In more severe anxiety and/or depression: 50 mg. t.i.d. may be required to start—if necessary, gradually increase to 300 mg. per day. Additional effectiveness is rarely obtained by exceeding 300 mg. per day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

OVERDOSAGE

Symptoms—An increase of any of the reported adverse reactions, primarily excessive sedation and anticholinergic effects such as blurred vision and dry mouth. Other effects may be: pronounced tachycardia, hypotension and extrapyramidal symptoms.

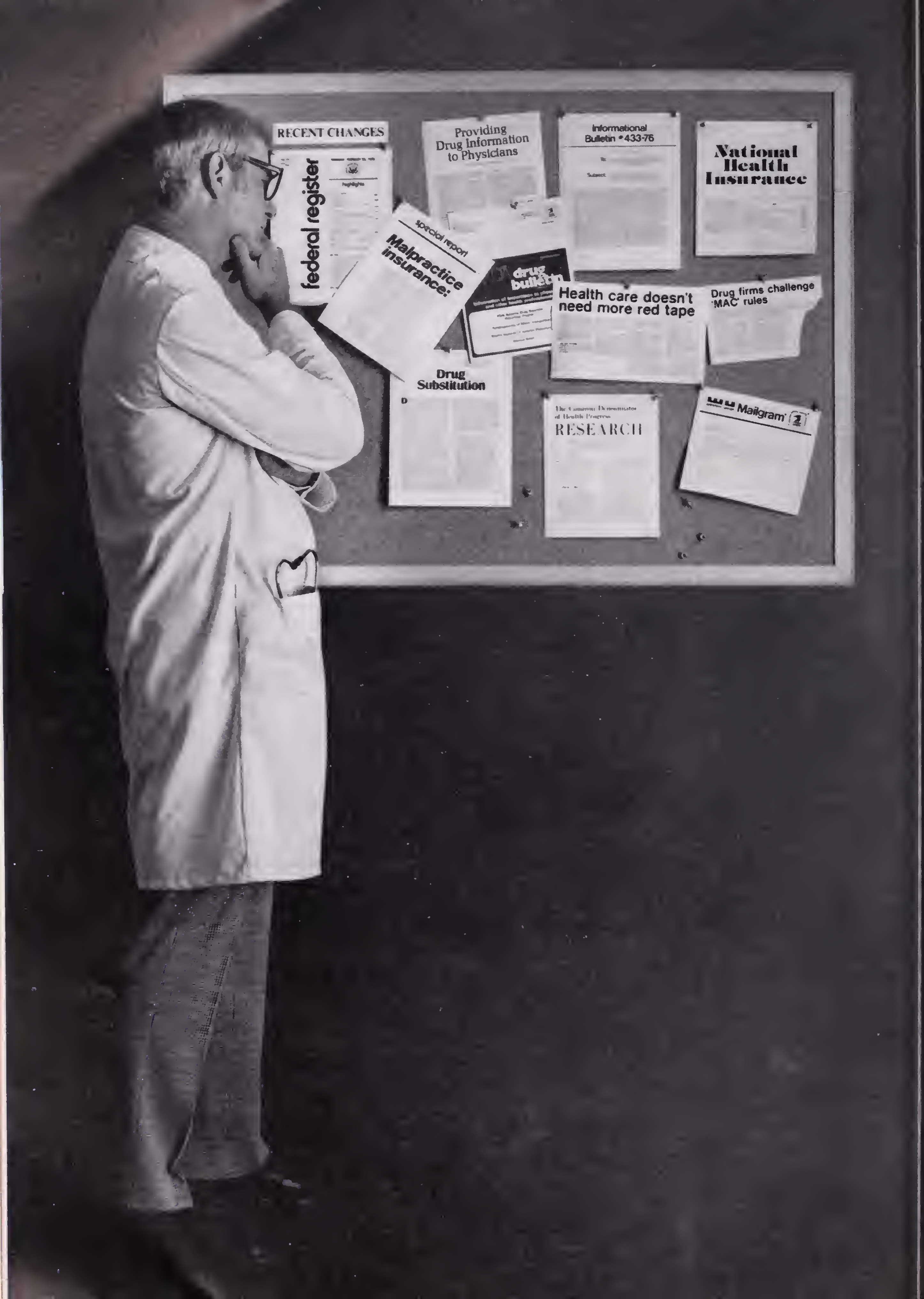
Treatment—Essentially symptomatic; supportive therapy in the case of hypotension and excessive sedation.

HOW SUPPLIED

Each capsule contains doxepin, as the hydrochloride, 10 mg. (NDC 0018-0356), 25 mg. (NDC 0018-0357), and 50 mg. (NDC 0018-0358) capsules in bottles of 100 and 1000.

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603


RECENT CHANGES
federal register
Highlights
Providing Drug Information to Physicians
Informational Bulletin #433-76
Subject
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
The Common Denominator of Health Progress
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all ds of scrutiny. Your control over patient therapy is ng monitored, judged and occasionally abrogated, netimes by unknown third parties.

The worry is that in the wake of this focus, the relanship between you and your patient will be weakened, hout offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, ulations or professional custom stipulate that your -generic prescriptions be filled with the precise prod- s you prescribe. But in the last five years, a dozen or e State laws have been changed, permitting the phar- cist in most cases to select a product of the same eric drug to fill any prescription.

Ironically, this dilution of physician control has en place against a background of growing evidence purportedly equivalent drug products may be in- ivalent, since neither present drug standards nor their orcement are optimal. In fact, the FDA itself says it not enforced the same standards for hundreds of low-on" products that it had applied to the original A approvals. Thus physician control over patient apy is being eroded with a risk that patients may be osed to drugs of uncertain quality.

The major advertised claim for substitution is reduced cription prices for consumers. Yet no documentation ny significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is deral regulation designed to cut the Government's bill by setting price ceilings for drugs dispensed to licare and Medicaid patients. Unless the prescriber ifies on the prescription that a particular product is lically necessary, the Government intends to pay only he cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

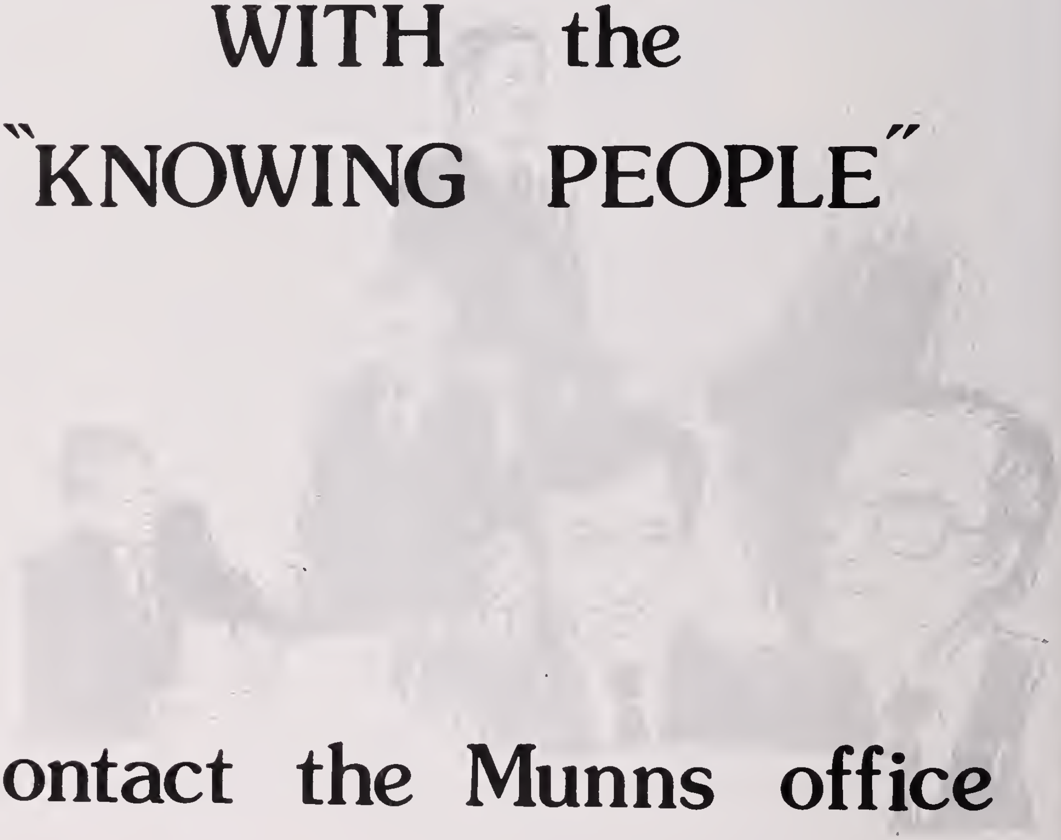
If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

MUNNS OFFERS A STEP OUT OF THE ORDINARY WITH the "KNOWING PEOPLE"



Contact the Munns office nearest YOU!

MUNNS MEDICAL SUPPLY

Topeka	Kansas City	Wichita	St. Louis	Tulsa
272-2300	421-2088	522-8111	645-0300	622-9300

President's Message

On a recent Sunday, I had finished reading my latest journal. I had heard the latest broadcast of PRN. There was nothing worthwhile on television. So, I had time to think and wonder—to think and wonder about what the future holds for the Practice of Medicine. Will the United States make the same miserable mistake that Great Britain did and cause socialized medicine to be started here? How could our country afford it without going broke like England?

Once an individual is broke, he starves and dies. When a nation goes broke, it merely prints more money and the result is inflation. With inflation, everything becomes more expensive, including medical care. So, it is a vicious cycle, and the medical profession will catch most of the blame—but not the unrealistic and naive members of Congress who are raising their own salaries.

Max S. Franklin, M.D.

When inflation occurs, the people who suffer the most are the poorer ones. Socialized medicine will not help them because, with inflation and increasing deficits, the federal government will place a ceiling on the amount of medical care to be available. Recently, it was reported in the *St. Louis Globe-Democrat* that the government is considering placing a ceiling on hospital costs. This, of course, means reduced medical care. Just how far this would go one can only guess. However, an educated guess is that medical care would be greatly restricted.

When I started this message, I wondered what is going to happen to the Practice of Medicine. Somehow, my "wondering" has turned into visualizing the downfall of medical care under governmental medicine. The government is more concerned with cost accounting—not quality medical care.

Let us wonder some more. If the government places a ceiling on hospital costs, how will the hospitals (especially the private hospitals) continue to exist? Will the government take them over so that private administration of what were private hospitals will be discontinued? Then, what will happen to their boards of directors and their charitable contributions? Again, the poor will suffer!

Let us go back to the first question. What will happen to the Practice of Medicine? Doctors will become salaried employees or, if you prefer the use of the word, slaves. The incentives that we now have to furnish good medical care will vanish with time and with increased restrictions on the duties of physicians. Again, medical care will deteriorate.

In review, it seems that good medical practice is synonymous with good medical care and, therefore, poor medical practice would mean poor medical care.

If this is true, and I believe it is, then what is the good of socialized medicine?

Our next "wonder" is who, besides governmental bureaucrats, wants socialized medicine? Does Big Labor want it so that it will not have to dig into its tremendous financial reserves? Does Big Business want it so it will not have to contribute to its present medical plans and pensions?

The latest Gallup polls show that the medical profession is still at the top in public opinion. It also shows that only 28% of the general public seems to want socialized medicine.

I will close with a final question. Does the United States population want 28% of the public to determine the future of medicine for 100% of our entire population? In my opinion, the answer is a resounding NO!

All Physicians' Wives Are Invited to Enjoy Special Events in St. Louis

All physicians' wives who accompany their husbands to the MSMA Annual Session in St. Louis are invited to visit the MSMA Auxiliary Convention meetings and enjoy the special events.

Mrs. George P. Wilson, President, emphasizes that physicians' wives do not need to be members of the Auxiliary to participate.

This annual meeting provides an excellent opportunity for nonmembers to become acquainted with Auxiliary members from all parts of the state, observe the Auxiliary "in action" and learn about its many interesting and worthwhile programs and projects related to the health care field.

Following is a schedule of events which should be of special interest:

Friday, April 15

12-Noon **Councilor's Luncheon.** Mississippi Room. Honoring MSMA President Max S. Franklin and the MSMA Advisory Council ($10).

1-4 pm **Seminar on Medicine and Marriage.** Mississippi Room. Conducted by Gordon H. Deckert, M.D., Chairman, Department of Psychiatry, University of Oklahoma. Cosponsored by Woman's Auxiliary/MSMA and Missouri Psychiatric Association. (No charge.)

1-4 pm **Silk Flower-Making Craft Workshop.** Atrium "C." Limit—20 participants ($20 for supplies).

6:00 pm Reception for President of the MSMA Auxiliary. Mississippi Room. (No charge.)

Saturday, April 16

7:30 am **Public Affairs Breakfast.** Meramec Room. Featured speaker: Mr. Roy Pfautch, President of Civic Service Incorporated and Elections Research Analyst. Greetings from the AMA: John H. Budd, M.D., AMA President-Elect ($7).

12-Noon **Installation Luncheon.** Mississippi Room. Honoring Mrs. Chester L. Young, President-Elect of the AMA Auxiliary, and Mrs. Linus W. Hewit, President of the Southern Medical Association ($10).

Browse in Our Boutique! Contribute to the MSMF!

Come and browse through the Auxiliary's AMA-ERF Boutique of Unusual and Unique Gifts. Proceeds will support medical schools of your choice. You also are invited to contribute to the Missouri State Medical Foundation at the Auxiliary Registration Desk. Two of our contributors will receive either a handmade quilt or Waterford crystal bowl. Your contributions will help to provide loans for deserving medical students in Missouri!

For additional information about the convention and special events, please visit the Auxiliary Registration Desk, which will open at 10 am on Thursday, April 14.

RESERVATION FORM—MSMA AUXILIARY CONVENTION EVENTS

____
(Your Name)

____
(Address)

____

Please mail form with your check to "Aux. to St. Louis Co. M.S. Convention Fund" to: Mrs. Edgar W. Davis, 936 Mansionhill Dr., Ballwin, Mo. 63011.

Please check events you wish to attend:

Friday, April 15	
———Councilor's Luncheon	$10.00
———Silk Flower-Making Workshop	$20.00
———Seminar on Medicine and Marriage	
———Reception for President of Auxiliary	
Saturday, April 16	
———Public Affairs Breakfast	$ 7.00
———Installation Luncheon	$10.00

Woman's Auxiliary

How small, of all that human hearts endure,
That part which laws or kings can cause or cure!
Still to ourselves in every place consigned,
Our own felicity we make or find:
With secret course, which no loud storms annoy,
Glides the smooth current of domestic joy.
—Samuel Johnson, 1709-1784

Dear Doctor:

The national trend toward divorce has been keenly felt within the medical profession. While no one, including the Census Bureau and medical societies, has collected statistics pointing to a higher divorce rate among doctors, physicians interviewed agree such is the case.

Mrs. George P. Wilson
President

"Although nobody has done a study documenting the trend, it appears that doctors and their wives no longer feel compelled to continue a marriage that they find unfulfilling simply because they think the profession demands it," reports Dr. Edward Stainbrook, psychiatrist and chairman of the Department of Human Behavior at the University of Southern California medical school.

In recent months, the AMA and Auxiliary have focused attention on understanding the problems in medical marriages. The AMA's winter session in Philadelphia presented a special program on the subject. At the Auxiliary's national leadership conference in October, it was the most heavily attended of all seminars offered.

Recognition of the deep concern felt by many members prompted the MSMA Woman's Auxiliary to investigate the possibilities of presenting a seminar directed toward this subject. Through the cooperative efforts of the MSMA, the Missouri Psychiatric Association and the Auxiliary, we are pleased to offer the seminar on *Medicine and Marriage* by Gordon H. Deckert, M.D. to registrants of the MSMA Annual Session in St. Louis.

Dr. Deckert holds the position of chairman and professor of the Department of Psychiatry and Behavioral Science at the University of Oklahoma. He is nationally recognized as an authority on understanding and applying the principles of interpersonal relationships within medical families. His teaching experience extends to professional groups throughout the United States. His seminar will be held at 1 PM on Friday, April 15. The program is offered to you without charge or the necessity of pre-registration.

We invite you and your spouse to join us.

Very sincerely,

Your Auxiliary

EDITORIAL

THE CARTER ADMINISTRATION AND COST CONTAINMENT

There is much speculation and concern these days as to what the attitudes of the incoming Presidential administration of Jimmy Carter will be in regard to medical practice. While attending a very good Regional Meeting of the College in Atlanta a few weeks ago, I learned that the internists of Georgia knew little more of those attitudes than did the rest of us. There is reasonable consensus that the fiscal constraints of the immediate future will determine that no cost increasing plans or changes, such as national health insurance, are first over the horizon.

It is to be hoped that the new administration and the new Congress will give hard and considered attention to the various "cost containing" mechanisms which are already prescribed and supported at considerable cost by the federal government.

There should be a study of the cost effectiveness of the PSRO procedure and of utilization review. There is already evidence that these processes are expensive and inefficient ways by which to identify a limited number of incompetent practitioners and a few unnecessarily prolonged hospital stays. The reader is referred to an impressive study by McSherry (Surgery, Vol. 80, p. 122, 1976) which reports the experience with medical audit and utilization review in the Department of Surgery at Cornell. Costly medical audits had little discernable effect on the practice procedures and habits of the surgical staff. The identification of six instances of expressively prolonged hospitalization out of 9,500 hospital admissions was estimated to have cost about $34,000 per discovery. Admittedly, these studies were conducted on a high quality surgical service where irregularities would not be expected to be frequent. Nevertheless, even on that service it would be anticipated that more room for improvement exists than was corrected by the two methods of review. Quality medical audit is difficult to establish and maintain on a busy clinical service and many variables enter into the determination of the proper length of hospital stay.

The above critique is not written with the intention that medical audit and utilization review be perfunctorily discontinued but it is important that accumulated experience be reviewed to determine whether these procedures, costly overall in man hours and in dollars, should be pursued, modified or dropped.

It already seems clear that the PSRO mechanism is not geared to the assurance of quality medicine so that, as pointed out previously, other approaches must be used for quality assurance.

The Health Service Agency system (HSAs) is new and comparatively untested. However, the preliminary signals are not encouraging. Most HSAs have a minimum of professional medical membership and input and, in their earlier functioning at least, are reminiscent of the previous unsuccessful Comprehensive Health Planning Agencies (CHPAs). Political influence is increased in the HSAs as compared to CHPAs. This potentially could be beneficial but almost certainly will prove detrimental.

The author recently spent three very pleasant days as the Donald Balfour Visiting Professor at the Mayo Medical School and Clinic. In considering a need for expansion and redevelopment at the Clinic, the local HSA seemed to look upon the Mayo Clinic simply as a local community resource instead of as the important national and even international institution which we all know that it is.

This decade is the era of accountability and, when performed to a proper degree, accountability is beneficial to both provider and consumer. When overdone, accountability can be counter productive and the time is near, if already upon us, when a stock taking of the various audit procedures and other regulatory processes should be done. Let us hope that the new government in Washington will proceed in a discerning way; otherwise medical care could be made poorer and even more costly.

Jack D. Myers, M.D., President
American College of Physicians

—Reprinted with permission from *The Bulletin* of the American College of Physicians

Scientific Sessions Important to Every Physician!

119th MSMA ANNUAL SESSION

April 14-17, 1977 St. Louis Stouffer's Riverfront Towers

County Society News

FIRST DISTRICT

COUNCILOR
JOHN N. MARTIN, M.D., ST. JOSEPH

UCHANAN COUNTY MEDICAL SOCIETY

The annual “Heart” meeting of the Buchanan County Medical Society was held at the Swiss Cha-t in St. Joseph on February 2. A program on Heart has been sponsored by the St. Joseph Heart Council for many years during February, which is Heart Month.”

Dr. Edward H. Fischer of Kansas City, cardiolo-ist, was the speaker. He discussed “Echocardiog-aphy.”

Special guests at the meeting were Ron Eggle-on, president of the St. Joseph Heart Council, and ichard M. Nelson, a cardiology technician at Methodist Medical Center.

The speaker was introduced by Dr. Wallace Mc-Donald, program chairman. Dr. Richard O. Craig resided at the meeting.

CHARLES N. MULLICAN, *Secretary*

ECOND DISTRICT

COUNCILOR
J. RUSSELL COMER, M.D., NEW LONDON

HARITON-MACON-MONROE-RANDOLPH COUNTY MEDICAL SOCIETY

The Chariton-Macon-Monroe-Randolph County Medical Society held its regular meeting on Feb-uary 10 in the Library Conference Room of Wood-nd Hospital in Moberly.

Those attending were Drs. Antonio Aguilera, ose Hori, G. R. Hudson, C. H. Lin, H. T. Lin, . V. Tompson, W. D. Chute, C. C. Cohrs, J. Will leming, Jr., D. C. Yang and Ruel Miciano of Moberly; F. A. Barnett of Paris; P. V. Dreyer of Huntsville; and J. E. Campbell and D. E. Eggleston f Macon.

Dr. R. V. Tompson, Vice-President, presided in e absence of Dr. R. L. Bautista, President. After brief business meeting, a program of interesting ses seen recently was presented by the various hysicians.

Dr. R. V. Tompson discussed three cases of frac-red hips and the new Compression Nail. He dis-ssed the history of various devices used in the pair of fractured hips previous to the Compression Nail and the problems encountered with each and illustrated his talk with numerous x-rays.

Dr. C. C. Cohrs discussed a case of Crohns disease in a patient who had a history of digestive tract problems and who had improved remarkably since removal of a portion of the colon in March, 1976. Dr. Tompson described the operative technique and Dr. Hori discussed the pathology of the lesion.

Dr. Tompson next presented a report of a malignant lesion of the breast, which proved to be an extremely rare type, and told of his management of the case. Dr. Hori and Dr. Augilera each presented two case reports.

There was stimulating discussion of all the cases by the entire group.

G. R. HUDSON, M.D., *Secretary*

FIFTH DISTRICT

COUNCILOR
H. PETER EKERN, M.D., MEXICO

BOONE COUNTY MEDICAL SOCIETY

The officers and delegates of Boone County Medical Society were hosts to the legislators from Boone County at a dinner on February 4.

After the dinner, there was discussion of the bills pertaining to medicine which are now pending in the Missouri legislature.

All of the legislators and Society members present felt that the meeting was very productive and that it should be continued as a regular feature in future years.

B. A. MORANVILLE, II, M.D., Secretary

TENTH DISTRICT

COUNCILOR
EUGENE T. HANSBROUGH, M.D.,
POPLAR BLUFF

MINERAL AREA MEDICAL SOCIETY

The Mineral Area Medical Society met on January 20. The meeting was called to order by Dr. Jay F. Tuttle, President.

Members present were Drs. Jay F. Tuttle, H. D. Dierker, Robert A. Huckstep, Bill Nicolay, Tom R. Burcham, Jr., Alvan G. Karraker, Charles E. Carleton, Jr., and Victor D. Bentinganan.

The Society authorized the Secretary to contact the State Representatives for the area to express

Think you know all abou asthma?

Then you should know all about TEDRAL.
It provides—

- ☐ rapid symptomatic relief, as well as prophylaxis
- ☐ β-ADRENERGIC ACTION THAT RELAXES BRONCHIA SMOOTH MUSCLE
- ☐ α-ADRENERGIC ACTION THAT REDUCES BRONCHIA EDEMA AND SECRETIONS
- ☐ synergistic action of ephedrine and theophylline for effecti and prolonged bronchodilation
- ☐ dosage forms to meet individual patient needs

For asthma management...

Tedral® / Tedral® SA / Tedral® Elixi

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer), 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); and 25 mg phenobarbital in the immediate release layer.

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

W|C **WARNER/CHILCOTT**
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

County Society News *(Continued)*

the members' opposition to HB 240. Dr. Huckstep moved that the Society also should contact the U. S. Senators in regard to HB 240.

Several proposed changes in the MSMA Constitution were read. Future programs were discussed. It was suggested that the Society should contact the county nurses in both St. Francois and Madison counties for a report on available services.

The program was presented by Dr. Dierker who reported on a working vacation in Nicaragua. He described medical problems he encountered during one month's experience working in a 100-bed hospital in Eastern Nicaragua.

H. D. Dierker, M.D., *Secretary*

In Memoriam

Harry R. Staley, M.D., 4740 Roanoke Parkway, Kansas City 64112, a graduate of Tulane University, 1931; member Jackson County Medical Society; age 74; died Jan. 7, 1977.

James E. Rauch, M.D., 4606 Broadway, Kansas City 64112, a graduate of the University of Kansas, 1966; member Jackson County Medical Society; age 37; died Jan. 13, 1977.

Arthur M. Boyd, M.D., 1615 S. Grand Ave., St. Louis 63104, a graduate of Washington University, 1933; member St. Louis Medical Society; age 70; died Jan. 19, 1977.

Ralph L. Ferguson, M.D., P.O. Box B, Joplin 64801, a graduate of the University of Arkansas, 1935; member Jasper County Medical Society; age 76; died Jan. 19, 1977.

George L. Peterson, M.D., 4706 Broadway, Kansas City 64112, a graduate of the University of Kansas, 1953; member Jackson County Medical Society; age 51; died Jan. 19, 1977.

Helen L. Taylor, M.D., 81 Willmore Rd., St. Louis 63108, a graduate of Washington University, 1951; member St. Louis Medical Society; age 56; died Feb. 4, 1977.

Elliot M. Braverman, M.D., 1501 South Grand Ave., Sedalia 65301, a graduate of Tufts Medical School, 1955; member Pettis County Medical Society; age 46; died Feb. 7, 1977.

Ian M. Thompson, M.D., University of Missouri School of Medicine, Columbia 65201, a graduate of New York University, 1947; member Boone County Medical Society; age 55; died Feb. 11, 1977.

New Members

P. Malek Ahmadi, M.D., Mid-Missouri Mental Health Center, Columbia 65201, has become a member of Boone County Medical Society. Dr. Ahmadi is a native of Iran, received his M.D. degree at the University of Tehran in 1968. He specializes in psychiatry.

William C. Allen, M.D., Section of Orthopaedics, University of Missouri School of Medicine, Columbia 65201, has become a member of Boone County Medical Society. Dr. Allen is a native of Geneva, Ohio, received his preliminary education at Hiram College and his M.D. degree at the University of Chicago in 1960. He specializes in orthopaedics.

J. D. Benitone, M.D., Box 201, Caruthersville 63830, has become a member of Pemiscot County Medical Society. Dr. Benitone is a native of Herrin, Ill., received his preliminary education at Vanderbilt University and his M.D. degree at the University of Illinois in 1969. He specializes in general surgery.

Jo J. Bidwell, M.D., 4320 Wornall Rd., Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Bidwell is a native of Springfield, received her preliminary education at the University of Missouri and her M.D. degree at the University of Kansas in 1966. She specializes in psychiatry.

Charles R. Blackwell, M.D., 1734 E. 63rd, Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Blackwell is a native of Roseville, Ohio, received his preliminary education at Tennessee A & I State University and his M.D. degree at Meharry Medical College in 1965. He specializes in anesthesiology.

William O. Bryant, M.D., 701 E. Lincoln, Hayti 63851, has become a member of Pemiscot County Medical Society. Dr. Bryant is a native of Newborn, Tenn., received his preliminary education at Memphis State College and his M.D. degree at the University of Tennessee in 1956. He is in general practice.

Daniel J. Hurst, M.D., Dept. of Medicine, University of Missouri, Columbia 65201, has become a member of Boone County Medical Society. Dr. Hurst is a native of Greensboro, N. C., received his preliminary education at Wake Forest College anc his M.D. degree at the University of Chicago i 1967. He specializes in pulmonary internal medicine.

C. H. Lin, M.D., 346 Woodland Ave., Moberl 65270, has become a member of Chariton-Macon Monroe-Randolph County Medical Society. Dr Lin is a native of Taiwan, China, received hi M.D. degree at Kaohsiung Medical College in 1968 He specializes in obstetrics and gynecology.

H. T. Lin, M.D., 346 Woodland Ave., Moberl 65270, has become a member of Chariton-Macon Monroe-Randolph County Medical Society. Dr Lin is a native of Pingtung, Taiwan, received hi M.D. degree at Kaohsiung Medical College in 1967 He specializes in internal medicine.

Charles M. Luetje, M.D., 2929 Baltimore, Kansas City 64108, has become a member of Jackso County Medical Society. Dr. Luetje is a native o Cape Girardeau, received his preliminary education at Southeast Missouri State University and hi M.D. degree at the University of Missouri in 1967 He specializes in otolaryngology.

Michele C. McIntosh, M.D., 11200 Winne Rd Independence 64052, has become a member o Jackson County Medical Society. Dr. McIntosh i a native of Kansas City, received his preliminar education at Baylor University and his M.D. degre at Baylor Medical School in 1973. He specializes i pediatrics.

Gerald L. Miller, Jr., M.D., 2929 Baltimore, Kansas City 64108, has become a member of Jackso County Medical Society. Dr. Miller is a native o Kansas City, received his preliminary education a Wesleyan University and his M.D. degree at Northwestern University in 1968. He specializes in obstetrics and gynecology.

Abdul R. Mir, M.D., 2316 E. Meyer Blvd., Kansas City 64132, has become a member of Jackso County Medical Society. Dr. Mir is a native o Srinagar, Kashmir, received his preliminary education at Sri Pratap College and his M.D. degree a the University of Kashmir College in 1967. H specializes in internal medicine.

William J. Moss, M.D., 1504 E. Broadway, Columbia 65201, has become a member of Boon

County Medical Society. Dr. Moss is a native of Cookeville, Tenn., received his preliminary educaion at David Lipscomb College and his M.D. degree at the University of Tennessee in 1971. He pecializes in obstetrics and gynecology.

Brent M. Parker, M.D., 807 Stadium, Columbia 5201, has become a member of Boone County Medical Society. Dr. Parker is a native of St. Louis, eceived his preliminary education at Washington University and his M.D. degree at Washington University in 1952. He specializes in internal mediine and cardiology.

Theerawat Pattaropong, M.D., 747 Main, New Madrid 63869, has become a member of Pemiscot County Medical Society. Dr. Pattaropong is a naive of Thailand, received his preliminary educaion at the University of Medical Science and his M.D. degree at Chiengmai Medical School in 1968. He specializes in internal medicine.

George S. Poehlman, M.D., University of Misouri, 807 Stadium, Columbia 65201, has become member of Boone County Medical Society. Dr. Poehlman is a native of Columbia, received his preminary education at the University of Missouri nd his M.D. degree at the University of Missouri n 1973. He is in family practice.

Wayne Stine, M.D., 1329 Chipper La., Wichita, Kan. 67212 has become a member of Franklin-Gasconade-Warren County Medical Society. Dr. Stine is a native of Washington, D. C., received his preliminary education at Purdue University and his M.D. degree at St. Louis University in 1972. He is in family practice.

Gritte Supattanasiri, M.D., 1115 Ward, Caruthersville 63830, has become a member of Pemiscot County Medical Society. Dr. Supattanasiri received his preliminary education at Chiengmai Medical School and his M.D. degree at Chiengmai Medical School in 1960. He specializes in general surgery.

Harold V. Werner, M.D., University of Missouri, Columbia 65201, has become a member of Boone County Medical Society. Dr. Werner is a native of Huron, S. D., received his preliminary education at Huron College and his M.D. degree at Northwestern University in 1966. He specializes in internal medicine and endocrinology.

D. C. Yang, M.D., 346 Woodland Ave., Moberly 65270, has become a member of Chariton-Macon-Monroe-Randolph County Medical Society. Dr. Yang is a native of Taiwan. He received his M.D. degree at China Medical College in 1969. He specializes in pediatrics.

★
Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction
THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Borgmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
Suite 202-B, 6600 West 95th Street, Overland Park, Kansas 66212
Telephone: (Area Code 913) 381-4222

in Brief

A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 527-1500 / TWX 910-221-0300

NO ORGANIZATION rates higher than the AMA in public credibility, according to a recent Gallup poll. The poll tested the public's belief in communications of all types from government agencies, labor unions and professional and trade associations. The AMA ranked 6.8 on a ten-point scale, while the average for professional associations was 6.5. The average rating for trade associations was 5.1; for government agencies, 5.7; and for labor unions, 5.4. In one portion of the poll, the public demonstrated its belief that AMA actions are in the public interest by giving the Association a high 6.6 rating. This feeling of trust was supported in another Gallup poll in which 71% of the public said it had a great deal or a fair amount of confidence in physician organizations to propose fair and workable health programs.

AT LATEST COUNT the Federal Trade Commission has issued 48 subpenas in its restraint of trade investigation of medical organizations. Included are 11 medical specialty boards and 37 specialty societies. The specialty boards subpenaed are allergy and immunization, anesthesiology, family practice, internal medicine, nuclear medicine, otolaryngology, pathology, pediatrics, radiology, surgery and urology.

THE FTC was asked to reconsider its complaint of restraint of trade against the AMA and two medical societies regarding advertising by physicians. In a brief filed with the commission, the AMA said its policy book on ethics, *Opinions and Reports of the Judicial Council,* was being revised before the FTC complaint was filed. As a result, the brief said, the AMA is being forced to defend statements that do not even reflect current policy. The FTC complaint was filed in December, 1975 against the Association, the Connecticut State Medical Society and the New Haven Medical Assn.

THE AMA Departments of Housestaff Affairs and Practice Management will co-sponsor "Starting Your Practice" workshops for young physicians planning to enter private practice. Each two-day program will be at AMA Headquarters. Dates are Feb. 21-22, March 15-16, March 29-30, May 3-4, May 23-24 and June 7-8. For details write Department of Practice Management, AMA Headquarters.

THE AMA'S national health insurance bill, titled "The Comprehensive Health Care Insurance Act of 1977," is number HR 1818 in the House and S 218 in the Senate. At a news conference following introduction of the bill in Congress recently, AMA President Richard E. Palmer, M.D., said the proposal "fairly represents the viewpoints of this country's private sector" and "is a viable solution to th problems of providing quality medical care to al Americans." Joseph Califano announced at hearings on his confirmation as secretary of HEW that n national health insurance proposal is planned b the Carter Administration this year.

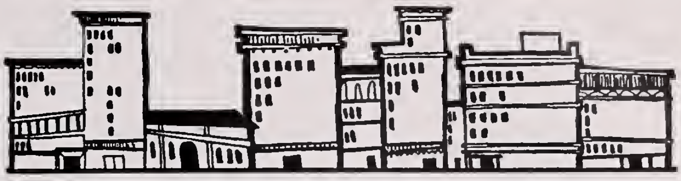
THE MOST VIOLENT TV network last fall was the National Broadcasting Company, according t the National Citizens Committee for Broadcasting which received a $25,000 grant from the AMA t support its monitoring of violence on TV. Th American Broadcasting Company was second an the Columbia Broadcasting Company was the leas violent.

THE 30TH National Conference on Rural Healt will be March 30-April 1 at Washington Plaza Seattle. The theme for the meeting will be "Directions for Rural Health Services."

THE PUBLICATION, *Joint AMA-ABA Guidelines: Present Status of Serologic Testing in Problems of Disputed Parentage*, provides guidance t legislators, judges, attorneys and physicians. Reprints will be available soon from the AMA Department of Medical Terminology and Nomenclature, AMA Headquarters.

AVAILABLE FROM AMA: *Mental Retardatio* OP-314, describes the role of the primary physicia in diagnosis and family guidance. Cost is $2 e for 1-10 copies; $1.80 ea. for 11-49 copies; an $1.60 ea. for 50 or more. Write Order Departmen AMA Headquarters. . . . The film presented at th AMA National Leadership Conference, "Mast Slave Manipulator," is available on a free loa basis. A written request, giving dates the film needed, should be directed to Department of Radi TV and Motion Pictures, AMA Headquarters.

rom the ledical Schools



ASHINGTON UNIVERSITY

Bernard Becker, M.D., professor and head of the epartment of Ophthalmology, has received the rst annual Albrecht von Graefe Award for “sig-ificant contributions to glaucoma research.”

The von Graefe Award, a specially struck bronze edal and a $1,000 honorarium, was established by e International Glaucoma Congress. The award onors the memory and work of Dr. Albrecht von raefe, a distinguished German ophthalmologist ho pioneered modern eye surgery for relief of the cute form of glaucoma.

Dr. Becker's research into the causes and control f glaucoma started in the early 1950s at Johns opkins University and continued through his ten-re at Washington University. His work on the rug, acetazolamide, established the basis for its ide use in control of glaucoma. Dr. Becker's re-earch contributions have been reported in approxi-ately 300 papers published in scientific journals.

A native of New York City, Dr. Becker is a grad-ate of Princeton University and Harvard Medical chool. He served in the U. S. Army Medical Corps efore his appointment to Johns Hopkins Hospital. e has held his present position at Washington niversity School of Medicine since 1953.

NIVERSITY OF MISSOURI-COLUMBIA

The George David Peak Memorial Burn Care enter was opened with a dedication ceremony on ebruary 6. *Mr. and Mrs. George Peak,* Columbia, ut the ribbon to mark the opening of the facility edicated in memory of their son.

Dr. Joseph White, Provost for Health Affairs; *Dr. oyd Terry,* director of the Burn Care Center; *Joe . Greathouse,* director of the Hospital, and others poke at the dedication which was followed by a eception and tours of the facility.

Construction of the seven-bed Burn Care Center as made possible by a gift from the Peak family nd matching funds provided by the University De-elopment Fund unrestricted monies. *George David eak* was one of the original members of the Emer-ency Medical Services team at the University edical Center.

Chancellor Herbert W. Schooling has designated *r. Charles C. Lobeck,* dean of the College of Medicine, to represent the Columbia campus on the screening committee conducting the search for a new president of the University of Missouri.

Dr. Parviz Malek-Ahmadi, assistant professor in the Department of Psychiatry, has been admitted to Fellowship in the Royal College of Physicians and Surgeons in Canada. Dr. Malek-Ahmadi joined the faculty in January after completing five years of training in general and child psychology in the Department of Psychology.

Dr. Karl Nolph, chief of the Nephrology Section, Department of Medicine, recently attended a meeting of the Southern Section of the American Federation for Clinical Research (AFCR) and the Southern Society for Clinical Investigation (SSCI) in New Orleans. He presented a paper to the SSCI on his research efforts entitled “Longitudinal Studies of Circulating Antibodies to Nuclear Antigens in Patients on Chronic Hemodialysis.”

UNIVERSITY OF MISSOURI-KANSAS CITY

The new Truman Medical Center and the School of Medicine recently received a gift of $25,000 from the Goppert Foundation to establish a gastroenterology laboratory in the Department of Medicine.

The UMKC Medical Library is now one of eight search site libraries in the new Kansas City Metropolitan Information Network (MINET). This affiliation makes it possible to offer searchers in a wide variety of commercially marketed databases as well as the National Library of Medicine's MEDLINE and TOXLINE databases. The MINET network includes public, academic and special libraries which will cooperate by pooling searching expertise and talents in a broad range of subjects. Searches and their costs will be handled in a uniform fashion throughout the region.

Primary users include the UMKC School of Medicine faculty, students and staff; UMKC faculty and graduate students in the schools of graduate nursing, dentistry and pharmacy; Truman Medical Center full-time staff; Jackson County Medical Society members; Western Missouri Mental Health Center full-time staff; Children's Mercy Hospital full-time staff; and Truman Medical Center East (Jackson County Hospital) full-time staff.

All other users of the Medical Library will be

(Continued on page 144)

FINANCIAL STATEMENT FOR THE YEAR 1976

LENNERTSON & COMPANY

Certified Public Accountants

ST. LOUIS, MISSOURI 63144

January 28, 1977

Missouri State Medical Association
113 Madison
Jefferson City, Missouri 65101

Gentlemen,

The balance sheet of Missouri State Medical Association, a nonprofit Missouri corporation, has been examined as of December 31, 1976, and the related statements of income and reserves and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion the aforementioned financial statements present fairly the financial position of Missouri State Medical Association at December 31, 1976, and the results of its operations and the changes in its financial position for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours very truly,
Lennertson & Company

Exhibit A

Missouri State Medical Association
Balance Sheet, December 31, 1976

Assets

Current Assets		
Mercantile Trust Co. (Treasurer's Acct.)	$ 7,052.63	
Central Missouri Trust Co. (Secretary's Acct.)	811.98	
Petty Cash Fund	25.00	
Certificate of Deposit	120,000.00	
Total Current Assets		$127,889.61
Investments at Cost (Exhibit C-2)		
Corporate Bonds	$ 5,000.00	
Corporation Stocks	77,454.09	
North American Savings Account Due 12/20/77	40,079.52	
Total (Market Value $151,224)		122,533.61
Accounts Receivable		
Advertisers	$ 4,317.29	
Others	68.37	4,385.66
Dues Receivable—Exhibit D (See Reserve-Contra)		10,410.00
Fixed Assets (At Cost)		
Land	$ 26,000.00	
Building	119,464.12	
Furniture and Fixtures	20,637.04	
Total	$166,101.16	
Less Reserve for Depreciation	21,919.40	144,181.76
Advance for Travel Expense		1,293.21
		$410,693.85

Liabilities

Current Liabilities		
Supplies and Expenses	$ 4,377.77	
Due AMA	2,730.00	
Accrued Payroll Taxes	40.42	
Due Missouri State Medical Foundation	225.00	
Total Current Liabilities		$ 7,373.19
Deferred Credit to Income (Advance Payments)		5,250.00
Reserve for Uncollected Dues (See Receivable)		10,410.00
Reserve for Future Activities—Balance 1/1/76	$308,976.43	
Improvements to Building	852.60	
Excess of Income over Expense—Exhibit B	77,831.63	387,660.66
		$410,693.85

Exhibit B

Missouri State Medical Association
Income Statement for the Year 1976

Particulars	*General Activities*	*Journal Publication*	*Total*
Dues Received (including $3.00 per member annually for the Journal)	$360,827.00	$ 13,338.00	$374,165.00
Rentals—Annual Session Exhibit Space	8,800.00		8,800.0
Annual Session Contributions	1,005.00		1,005.0
Subscriptions to the Journal—Nonmembers		825.00	825.0
Advertising Space—The Journal		30,634.88	30,634.8
Investments—Interest and Dividends	40,605.87		40,605.8
Collection Fees on AMA Dues	5,928.65		5,928.6
Tour Reimbursement	3,008.72		3,008.7
Reimbursed Fees for Services	7,017.85		7,017.8
Total Income	$427,193.09	$ 44,797.88	$471,990.9
Expenses			
Salaries	$154,465.24	$ 21,627.50	$176,092.7
The Journal—Paper, Printing, etc		46,514.43	46,514.4
Commission on Journal Advertising		3,828.03	3,828.0
Commissions and Meeting Expenses	75,984.28		75,984.2
Custodian Fees—Investments	296.35		296.3
Depreciation	5,082.68	962.39	6,045.0
Dues and Subscriptions	892.12		892.1
Employees' Pension Plan Contribution	11,534.44	3,172.80	14,707.2
Equipment Purchases, Rentals, and Repairs in lieu of Depreciation	3,553.97	473.07	4,027.0
Improvements to Building	852.60		852.6
Insurance—General	1,445.00		1,445.0
Insurance—Blue Cross	3,222.72	437.27	3,659.9
Interest Expense	767.58		767.5
MMPAC—Administrative Expenses	3,385.89		3,385.8
Membership, Data Processing	155.14		155.1
Occupancy Expense	3,889.42	674.72	4,564.1
Postage	7,203.70		7,203.7
Professional Fees	9,160.04	600.00	9,760.0
Stationery, Printing, and Office Supplies	4,238.17		4,238.1
Student Awards	225.00		225.0
Taxes—Payroll	8,257.52	1,374.41	9,631.9
Taxes—Income	548.25	282.43	830.6
Taxes—Real Estate	634.55		634.5
Telephone and Telegraph	7,758.53	1,083.11	8,841.6
Traveling Expenses—Executive Secretary and Assistants	9,575.99		9,575.9
Total Expenses	$313,129.18	$ 81,030.16	$394,159.3
Excess of Income or (Expenses)	$114,063.91	$(36,232.28)	$ 77,831.6

(Continued in next column)

Exhibit C-

Missouri State Medical Association
Statement of Commissions and Meeting Expenses for the Year 1976

Annual Session		$30,019.3
Council		11,474.4
Delegates to AMA		17,802.2
Public Affairs		7,837.8
Woman's Auxiliary		3,141.1
Commissions:		
Commission on Medical Economics, Third Party Medicine, and Governmental Relations	$ 238.70	
Commission on Continuing Education and Health Manpower	2,913.89	
Commission on Medical-Legal Affairs	2,103.11	
Committee on Interspecialty Medicine	96.11	
Committee on Legislative Affairs	149.90	
Committee on Planning	207.65	5,709.3
Total		$75,984.2

Exhibit C-

Statement of Investments December 31, 1976

Description	*Bonds at Par*	*Cost*
Pacific Gas & Electric, 4½% due 6/1/90	$5,000.00	$ 5,000.0
Johns-Manville 200 shares		5,582.3
Central & Southwest Corp. 400 shares		6,345.6
American Home Produces Corp. 150 shares		3,006.8

(Continued on next page)

Statement of Investments December 31, 1976

(Continued from previous page)

irestone Tire and Rubber Co. 140 shares	3,771.93
aker International Corporation 165 shares	5,940.09
nterco—Common no par 420 shares	12,407.63
. P. Morgan and Company 244 shares	5,161.93
nternation Telephone & Telegraph Corp. 100 shares	6,986.25
ankamerica Corp. 800 shares	13,751.15
exaco, Inc. 200 shares	6,937.26
nternational Paper 145 shares	5,563.01
SMI, Inc. 200 shares	2,000.00
orth American Savings Account, 6% due 12/20/77	40,079.52
Total	$122,533.61

Exhibit D-1

Missouri State Medical Association
Dues Receivable and Membership by Societies
December 31, 1976

	MEMBERSHIP				
Societies	*Junior*	*Active*	*Honor*	*Total*	*Unpaid Dues*
ndrew		3		3	
udrain		23		23	
arton		3	1	4	
oone	10	226	10	246	$ 1,010.00
uchanan		88	16	104	100.00
utler-Wayne-Ripley		46	2	48	300.00
allaway		13	1	14	
ape Girardeau		65	3	68	
hariton-Macon-Monroe-Randolph		14	6	20	100.00
lay	1	110	1	112	350.00
linton		3	1	4	
ole		58	5	63	100.00
ooper		7		7	
allas-Hickory-Polk-Dade		7	1	8	
unklin		22		22	200.00
ranklin-Gasconade-Warren		27	1	28	100.00
rand River		29	6	35	
reene		240	16	256	
enry		5	4	9	100.00
oward		4		4	
ackson	17	847	151	1,015	500.00
asper		75	10	85	300.00
efferson		22	1	23	200.00
ohnson		14	1	15	
afayette-Ray		24		24	
ewis-Clark-Scotland		1		1	
arion-Ralls-Shelby		30	1	31	
id Missouri		33	2	35	500.00
iller		1	1	2	
ineral Area	1	38	4	43	
oniteau		3		3	
ontgomery		1		1	
organ		5		5	
orth Central		2		2	
orthwest Mo.		15	1	16	100.00
zark		35	8	43	300.00
emiscot		10		10	
erry-Ste. Genevieve		11	2	13	
ettis		33	1	34	100.00
ike		11		11	100.00
latte		4		4	
t. Charles-Lincoln	1	73	1	75	1,600.00
t. Louis City	143	1,413	149	1,705	3,950.00
t. Louis County	8	484	51	543	
aline		7	1	8	
emo		34	4	38	
outh Central		17	1	18	200.00
ebster		2		2	
est Central		27	6	33	200.00
Totals	181	4,265	470	4,916	$10,410.00 (A)

A) Delinquent dues of members at December 31, 1976 carried at he request of local Societies. Other delinquent members were dropped rom membership in accordance with the by-laws.

Exhibit E

Missouri State Medical Association
Statement of Source and Application of Funds for the Year 1976

Funds Acquired		
Excess of income over expenses for the year	$77,831.63	
Add Depreciation (non-cash)	6,045.07	
	$83,876.70	
Decrease in Accounts Receivable	1,391.84	
Increase in Deferred Credit to Income	575.00	
Decrease in Travel Advances	215.39	
Total Funds Acquired		$ 86,058.93
Funds Applied		
Purchase of Investments	$40,079.52	
Payoff of Real Estate Mortgage	65,642.40	
Total Funds Applied		105,721.92
Balance—Decrease in Working Capital		$ 19,662.99
Accounted for as follows:		
Decrease in cash	$12,081.15	
Decrease in Certificate of Deposit	5,000.00	
Increase in Current Liabilities	2,581.84	
Balance—Decrease in Working Capital		$ 19,662.99

Missouri State Medical Association
Notes to Financial Statements
December 31, 1976

1. *Investments.* Permanent investments with a cost of $122,533.61 and the Certificates of Deposit were confirmed by a statement from the custodian, Mercantile Trust Company.

Investment income for the year was as follows:

Interest—Certificate of Deposit	$12,519.29
Interest—Corporate Bond	225.00
Dividends on Stock	27,782.06
Savings Account	79.52
Total Investment Income	$40,605.87

2. *Building, Equipment, and Depreciation.* The building occupied by the Association with a cost of $118,611.52 will be depreciated over a useful life of 30 years and the furniture and fixtures in the amount of $20,637.04 has a 10 year useful life. Depreciation is computed on a straight line basis.

Purchase of small equipment, rentals and repairs for the year in the sum of $4,027.04 were charged to expense in lieu of depreciation. Building additions in the amount of $852.60 are included in Exhibit B as expenses. However, these additions are also included in Fixed Assets and the cost will be recorded as an increase to "Reserve for Future Activities."

3. *Dues and Assessments.* Membership dues and assessments are taken into income on a cash receipt basis whereas all other accounts are maintained on the accrued basis. The following are the dues and assessments for each member in effect during the year 1976.

	Active	*Junior*
Journal	$ 3.00	$ 3.00
Association General Fund	87.00	7.00
Foundation Assessment	10.00	
Mo. State Medical Assn. Dues and Assessments	$100.00	$10.00
American Medical Association	250.00	35.00
Totals	$350.00	$45.00

4. *Income Taxes.* The Internal Revenue Service requires that the Association pay taxes on its unrelated business income. For the year ended December 31, 1976, the Association is liable for Federal and State Income Taxes in the amount of $830.68.

MISSOURI STATE MEDICAL FOUNDATION

Give now to your student loan fund!

Send A Generous Contribution To

MISSOURI STATE MEDICAL FOUNDATION

113 Madison, Jefferson City, Missouri 65101

MISSOURI STATE MEDICAL FOUNDATION DECEMBER 31, 1976

LENNERTSON & COMPANY
Certified Public Accountants
ST. LOUIS, MISSOURI 63144

January 28, 1977

Missouri State Medical Foundation
113 Madison
Jefferson City, Missouri 65101

Gentlemen,

An examination was made of the balance sheet of Missouri State Medical Foundation as of December 31, 1976, and the related statements of support, revenue and expenses and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the aforementioned statements present fairly the assets and liabilities of Missouri State Medical Foundation at December 31, 1976, arising from cash transactions, and the revenues collected and expenditures made by it during the year ended, on a basis consistent with that of the preceding year.

Yours very truly,
Lennertson & Company

Exhibit A

Missouri State Medical Foundation Balance Sheet (Cash Basis), December 31, 1976

Assets		
Cash		
Checking Account	$ 51,102.42	
Savings Account #05842586	46,371.63	
Total Cash		$ 97,474.05
Loans Receivable from Medical Students	$625,318.98	
Less Reserve for Losses	9,248.10	616,070.88
		$713,544.93
Fund Reserve		
Balance January 1, 1976		$654,454.17
Additions for the Year 1976		
Interest on Student Loans	$ 11,896.66	
Interest on Bank Deposits	2,371.48	
Contributions (detailed below)	14,834.57	
Assessment of Members, Active $10.00	41,435.00	70,537.71
		$724,991.88
Less Expenses for the Year 1976		
Administrative Services	$ 6,600.00	
Professional Fees	600.00	
Printing, Meeting and Misc. Expense	441.05	
Provision for Losses on Student Loans	3,805.90	11,446.95
		$713,544.93

Contributions	
Albert C. Cross, M.D.	$ 100.00
Max S. Franklin, M.D.	100.00
Woman's Auxiliary to MSMA	300.00
Woman's Auxiliary to MSMA	1,287.54
Woman's Auxiliary to Pettis County Medical Society	100.00
Woman's Auxiliary to Jackson County Medical Society	100.00
Estate of Mae Gay Schwab in memory of George Gay, M.D.	10,000.00
Sub Total	$11,987.54
Contributions under $100 each	2,847.03
Total Contributions	$14,834.57

Missouri State Medical Foundation
Notes to Financial Statements
December 31, 1976

1. *Income.* Accrued interest on outstanding loans at December 31, 1976 amounted to $39,889.74 and is not included in the loan balances in Exhibit A.

2. *Student Loans.* Summary of Loans Receivable.

Loans Receivable January 1, 1976	$567,407.85
Uncollectible Loan Reinstated	464.86
	$567,872.71
Loans made during the year	111,350.00
	$679,222.71
Less Loan Repayments	49,778.73
	$629,443.98
Deceased Student Loan	3,625.00
Uncollectible Loans Charged Off	500.00
Loans Receivable December 31, 1976	$625,318.98

3. *Reserve for Losses.* This reserve is carried to offset uncollectible loans and to charge off student loan balances in the event of death of the borrower.

Medical Schools *(Continued)*

offered MEDLINE/TOXLINE searches at an average cost figure based on actual connect-time charges incurred in the Library.

SAINT LOUIS UNIVERSITY

Leading national influenza scientists, epidemiologists, virologists, public health specialists and physicians met in St. Louis for an all day symposium to obtain first hand information on influenza, including aspects of swine flu from the leading authorities, at the invitation of the Saint Louis University School of Medicine.

The occasion was the first annual Goronwy O. Broun Symposium on Influenza held on February 17 in the Learning Resources Center.

The speakers were *Theodore Cooper,* M.D., former Assistant Secretary for Health, Department of Health, Education and Welfare, Washington, D. C.; *Walter R. Dowdle,* Ph.D., director, Virology Division, Bureau of Laboratories, Center for Disease Control, Atlanta, Ga.; *Robert Huebner,* M.D., chief, Laboratory of RNA Tumor Viruses National Cancer Institute National Institutes of Health, Bethseda, Md.; *Robert G. Webster,* Ph.D., professor and member of the Laboratories of Virology, St. Jude Children's Research Hospital, Memphis, Tenn.; Edwin D. Kilbourne, M.D., professor and chairman, Department of Microbiology, Mount Sinai School of Medicine, City University of New York; *Maurice Green,* Ph.D., professor of microbiology, Saint Louis University School of Medicine and director, Institute for Molecular Virology; *R. Gordon Douglas, Jr.,* M.D., professor of medicine and dentistry, head, Infectious Diseases Unit, Strong Memorial Hospital, Rochester, N. Y.; *Irene T. Schulze,* Ph.D., associate professor of Microbiology, Saint Louis University School of Medicine.

Goronwy O. Broun, Sr., M.D., professor emeritus of Internal Medicine and dean emeritus of Saint Louis University School of Medicine had the unusual distinction of occupying the honoree chair and a speaker's chair at the symposium.

The chairman for the morning session was *R. Walter Schlesinger,* M.D., chairman of the Department of Microbiology at Rutgers University School of Medicine. The chairman for the afternoon session was *Carl Harford,* M.D., professor emeritus Department of Internal Medicine, Washington University School of Medicine.

The symposium was sponsored by the School of Medicine's Department of Internal Medicine and Microbiology, together with the Veteran's Administration Education Center.

INDEX TO ADVERTISERS

They Help Make Missouri Medicine *Possible*

eltone Electronics Corp. .... Insert (120-121)
io Science Laboratories ... 98
urroughs Wellcome Company .. Insert (120-121)
anley Medical Equipment Co. ... 145
red S. James & Co. of Missouri, Inc. ... 110
li Lilly & Company ... 116
edical Protective Company ... 139
erck Sharp & Dohme ... 99, 100
unns Medical Supply ... 130
Pennwalt Corporation ... Insert (128-129)
Pharmaceutical Manufacturers Association ... Insert (128-129), 129
Roche Laboratories ... 94, Insert (120-121), 147, 148
Roerig & Co. ... Insert (112-113), 113
Smith, Kline & French Co. ... Insert (120-121)
University of Missouri-Kansas City Seminar ... 115
The Upjohn Company ... 95
Warner Chilcott ... Insert (112-113), 136 & 137

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

AMILY PHYSICIAN—To join another family physician. ractice incorporated. Town of 5,000, close to Kansas City, o. Compensation commensurate with experience. Adequate me off for recreation and postgraduate training. Minimal ght and week-end calls. Contact Charles T. Riley, M.D., ox 68, Richmond, Mo. 64085. Telephone 816-776-6945 or 16-776-5546.

NTERNIST & FAMILY PRACTITIONER—To join 11- an multi-specialty group; city of 20,000 with a population aw of 60,000. Incorporated, offering excellent salary, fringe nefits and retirement plan. Liberal vacation and study licy. Opportunity to pursue special interest in this prac- e setting. Clinic presently expanding facilities and is in oximity of Hannibal's two accredited hospitals. Mark wain's home town is an ideal place to raise a family. Call write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or ale J. Anderson, Administrator, at (314) 221-5250, The annibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 401.

IMARY CARE PHYSICIANS—Who are seeking new oup practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

ANLEY 14 x 17 Vertical X-Ray and Medical Record Cabinets re used in most hospitals in America.

pecial new ultrasonic, $399. Physio Therapy—Complete xamining and Reception Room Furniture—Traction Equipnent—Hospital Beds—Wheelchairs—Jacuzzi Whirlpools—xygen. SOLD & RENTED.

HANLEY MEDICAL EQUIPMENT

614 S. Grand St. Louis, Mo. 63111 314-351-3359

PEDIATRICIAN—Solo pediatrician seeks partner; prefers someone interested in neonatology. Growing college town on the edge of the Ozarks, half way between St. Louis and Memphis, Tenn. James A. Dinkins, M.D., FAAP, 23 Doctors Park, Cape Girardeau, Mo. 63701.

FOR SALE—All-purpose medical Ritter table in perfect condition. $1,000. Call (314) 464-0732 or write to 1606 Hobelman Drive, Arnold, Mo. 63010.

ICU/CCU PHYSICIAN—Full time beginning July 1, 1977. Minimum of three years' postgraduate training in Internal Medicine; Missouri license required. Competitive salary and benefits, paid professional liability insurance. Contact Frank J. Cantanzaro, M.D., Medical Director, Missouri Baptist Hospital, 3015 North Ballas Road, St. Louis, MO 63131. (314) 432-1212.

DEACONESS HOSPITAL—St. Louis, Missouri. Full-time Emergency Department physician. Rotating schedule. Three other physicians in group. Excellent compensation and fringe benefits. Contact Emergency Department, Director Stephen Spurgeon, M.D. (314) 727-1213.

PEDIATRICIAN—22-man multi-specialty group, suburban St. Louis, $35,000 for first year, excellent fringe benefits, two medical schools teaching available. R. O. Olson, Jr., M.D., 2850 W. Clay, St. Charles, Mo. 63301. (314) 724-1940.

CONFERENCES FOR MEDICAL PROFESSIONALS—A calendar listing of over 500 national/international meetings, conferences and seminars in the medical sciences for 1977. All medical specialties included. Send a $10.00 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D. C. 20016.

EMERGENCY MEDICINE: Career opportunities available in Emergency Department medicine in Missouri. Also short-term and locum tenens. Flexible work schedules, competitive remuneration, professional liability insurance provided, vacation, educational leave, interview expenses. Contact T. P. Cooper, M.D., 7701 Forsythe Boulevard, #490, St. Louis, Missouri 63105 or call collect 314-727-1213. Out-of-state call toll free—1-800-325-3982.

LEO H. POLLOCK, M.D.

Missouri Medicine in Review

FORTY YEARS AGO

Dr. Edwin H. Schorer, Health Director of Kansas City, has urged precautionary steps against smallpox spreading to Kansas City from St. Joseph and several communities in Kansas where the disease has been reported. So far this year, there has been no case of smallpox reported in Kansas City. Last year, there were seven cases.

The following officers were elected at a recent meeting of the St. Louis Surgical Society: Dr. Walter C. G. Kirchner, president; Dr. Nathan A. Womack, secretary; Dr. Malvern C. Copton, treasurer; and Dr. Robert E. Schlueter, member of the Council.

Dr. E. F. Yancey, Sedalia, has resigned as medical director of the Missouri, Kansas and Texas Railroad Company. Dr. Yancey has been with the company for 52 years and is 78 years old. He has practiced in Sedalia since 1885.

A memorial service was held at Washington University for the late Dr. W. McKim Marriott, former dean of Washington University School of Medicine. Dr. Marriott died on November 11 in San Francisco where he had gone on July 1, 1936 to become dean of the Medical School and director of medical research at the University of California. Tribute was paid to Dr. Marriott by Chancellor George R. Throop, St. Louis; Dr. Edwards A. Park, Johns Hopkins University; Dr. Philip A. Shaffer, St. Louis; and Dr. Alexis F. Harman, St. Louis.

TWENTY-FIVE YEARS AGO

March 30-April 2 are the dates of the 94th Annual Session of the Missouri State Medical Association, which promises to be an excellent meeting. All meetings will be held in the Hotel Jefferson in St. Louis. Louis H. Bauer, M.D. of Hempstead, N. Y., President-Elect of the American Medical Association, will speak on "Problems Facing the Medical Profession" at the Presidents' Banquet. C. Edgar Virden, M.D. of Kansas City, President of the MSMA, will preside and J. William Thompson, M.D. of St. Louis, President-Elect, will be installed as President.

The following physicians have been elected Fellows of the recently formed American Academy of Obstetrics and Gynecology: Drs. A. N. Arneson, Robert J. Crossen, E. Lee Dorsett, Paul F. Fletcher, Joseph A. Hardy, Jr., Leo J. Hartnett, Joseph M. Krebs, Laurence M. Riordan, Melvin A. Roblee, and William C. Stude of St. Louis; and Harold L. Gainey, Buford G. Hamilton, J. Milton Singleton and Joseph C. Webster of Kansas City.

TEN YEARS AGO

E. H. Stratemeier, editor of the *Greater Kansas City Medical Bulletin,* writes:

"Home Brew-Schlitz-Heineken's? It's all beer, isn't it? Chemical analysis would show it the same, Generic name—beer.

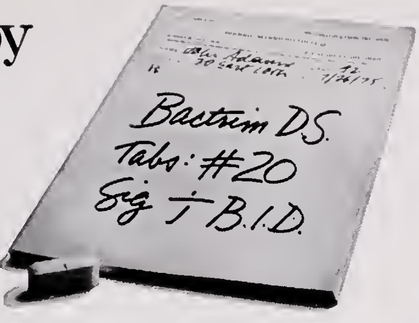
"If we carry over into commercial foods and beverages the desires of the Great Society, you couldn't order Hamm's or Schlitz or Budweiser or Falstaff. All you could say is beer and take your chances.

"Now, we are supposed to do this with the drugs we order; generic name—and if the law becomes effective, the cheapest one is to be given. But then, what do you expect from an outfit that doesn't honor its own patent laws?

"A pharmaceutical house spent untold amounts to bring out tetracycline. The patent was issued There are no patents issued on chemical processes in Italy. A company there made the drug . . . maybe generically the same, but who knows otherwise The Government purchased this product because it was cheaper."

William D. Mayer, M.D., associate dean of the University of Missouri-Columbia School of Medicine since 1964, has been appointed Dean of the School and Director of the Medical Center effective July 1. The present dean and director, Vernon E Wilson, M.D., has been appointed to a new administrative position, Executive Director for Health Affairs.

)-day Bactrim therapy ›utperforms 10-day :mpicillin therapy.



a multicenter, double-blind study of patients with
ronic or frequently recurrent urinary tract infection,
ıctrim 10-day therapy outperformed ampicillin
-day therapy by 27.2%, when comparing patients
ıo maintained clear cultures for eight weeks.
iterion for "clear culture" was 1000 or fewer organ-
ns/ml of urine.

While adverse reactions noted in this study were
ld (*e.g.*, vomiting, nausea, rash), more serious reac-
ns can occur with these drugs. See manufacturer's
oduct information for complete listing. Maintain
equate fluid intake; perform frequent CBC's and
nalyses with microscopic examination.

te: Bactrim tablets were used in these clinical trials. Bioequiv-
ncy studies show one Bactrim DS double strength tablet is
uivalent to two Bactrim tablets.

Bactrim™ DS
(160 mg trimethoprim and 800 mg sulfamethoxazole)
Double Strength tablets
Just 1 tablet B.I.D.

Bactrim™

(80 mg trimethoprim and 400 mg sulfamethoxazole)
2 tablets B.I.D.

'or chronic or frequently recurrent cystitis nd pyelonephritis due to susceptible organisms.

**fore prescribing, please consult complete product information, a
mmary of which follows:**

**lications: Chronic urinary tract infections evidenced by persistent
cteriuria (symptomatic or asymptomatic), frequently recurrent infec-
ns (relapse or reinfection), or infections associated with urinary
ıct complications, such as obstruction.** Primarily for cystitis, pyelo-
phritis or pyelitis due to susceptible strains of *E. coli, Klebsiella-
terobacter, Proteus mirabilis, Proteus vulgaris* and *Proteus
ɔrganii.*

)TE: The increasing frequency of resistant organisms limits the use-
lness of antibacterials, especially in these urinary tract infections.

ıe recommended quantitative disc susceptibility method (*Federal
gister, 37*:20527-20529, 1972) may be used to estimate bacterial
sceptibility to Bactrim. A laboratory report of "Susceptible to tri-
ethoprim-sulfamethoxazole" indicates an infection likely to respond
Bactrim therapy. If infection is confined to the urine, "Intermedi-
e susceptibility" also indicates a likely response. "Resistant" indi-
tes that response is unlikely.

ntraindications: Hypersensitivity to trimethoprim or sulfonamides;
egnancy; nursing mothers.

arnings: Deaths from hypersensitivity reactions, agranulocytosis,
lastic anemia and other blood dyscrasias have been associated
th sulfonamides. Experience with trimethoprim is much more
ıited but occasional interference with hematopoiesis has been re-
rted as well as an increased incidence of thrombopenia with pur-
ra in elderly patients on certain diuretics, primarily thiazides.
re throat, fever, pallor, purpura or jaundice may be early signs of
rious blood disorders. Frequent CBC's are recommended; therapy
ould be discontinued if a significantly reduced count of any formed
ood element is noted. **Data are insufficient to recommend use in in-
ıts and children under 12.**

ecautions: Use cautiously in patients with impaired renal or hepatic
nction, possible folate deficiency, severe allergy or bronchial
hma. In patients with glucose-6-phosphate dehydrogenase defi-
ency, hemolysis, frequently dose-related, may occur. During ther-
y, maintain adequate fluid intake and perform frequent urinalyses,
th careful microscopic examination, and renal function tests, par-
ularly where there is impaired renal function.

verse Reactions: All major reactions to sulfonamides and trimeth-
rim are included, even if not reported with Bactrim. *Blood dys-
ısias:* Agranulocytosis, aplastic anemia, megaloblastic anemia,
ombopenia, leukopenia, hemolytic anemia, purpura, hypopro-
ombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for children under 12. Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) every 24 hours
Below 15	Use not recommended

Supplied: Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10.

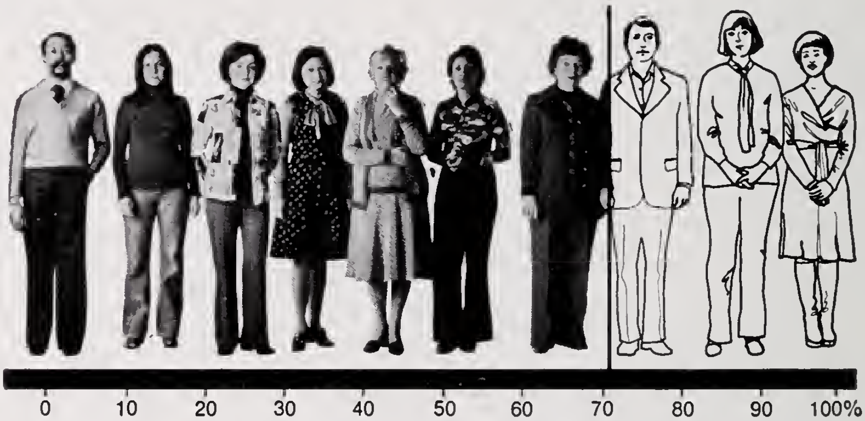
Oral suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole; fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

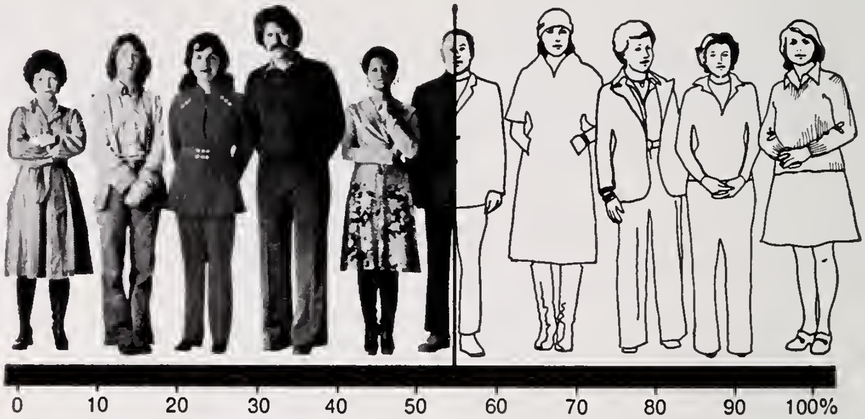
In a multicenter study of patients with chronic or frequently recurrent urinary tract infe

19 South 22nd Street
Philadelphia 3, Pa. 1/1105

Bactrim was 27.2%* more effective than ampicillin in keeping patients infection-free for 8 weeks.†



Bactrim–70.5% of 78 patients infection-free at 8 weeks.



ampicillin–55.4% of 74 patients infection-free at 8 weeks.

*This percentage is arrived at by the statistical method of dividing the difference between Bactrim and ampicillin results (15.1%) by the percent of ampicillin results (55.4%).

†Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110

Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

Double Strength tablets
Just 1 tablet B.I.D.

Note: Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

Please see summary of product information on preceding page. ROCHE

MOS

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
APR 26 1977

APRIL, 1977

VOLUME 74, NUMBER 4

Scientific Articles

CHLOROQUINE IN THE TREATMENT OF PORPHYRIA CUTANEA TARDA, James A. Roller, M.D. and Philip C. Anderson, M.D. 167

CHRONIC GRANULOMATOUS DISEASE ASSOCIATED WITH ACUTE PERICARDITIS WITH TAMPONADE, Zuhdi Lababidi, M.D., Nasrollah Hakami, M.D. and Carl Almond, M.D. 170

PLEURAL THORN SIGN OF PLEURAL EFFUSION, Alan E. Oestreich, M.D. 172

ALCOHOLIC HEPATITIS, J. Ned Smith, M.D. 174

HEARING EVALUATIONS FOR THE YOUNG CHILD, Deborah Fritts, M.A. 177

Special Article

PHYSICIAN HELP NEEDED 159

Contents on Page 153

University of Missouri-Columbia Medical Center

SPECIAL ISSUE

A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) Ⓘⓥ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

What's new at Bio-Science St. Louis?

lways the latest pecialized diagnostic tests.

hemistry
nti-convulsant group
admium in blood
arvon®
erritin in serum
ree erythrocyte protoporphyrins
yridoxal phosphate (B_6)
iboflavin (B_2)
uccinimides in serum
heophylline by HPLC
roporphyrinogen-1-synthetase

ndocrinology
ndrostenedione in serum
alcitonin
-peptide
striol in serum
lacental Estriol in urine
CG- β- subunit
regnanetriol in urine (GLC)
rolactin
7-OH Progesterone in serum
hyroglobulin in serum

Immunochemistry
Anti-extractable nuclear antigen (Anti-ENA)
Beta 2-microglobulin
Fungus antibody group
Gentamicin
Intrinsic factor antibodies
Tobramycin
Anti-tissue antibodies

Bio-Science

Bio-Science Laboratories

St. Louis Branch
1530 Page Industrial Blvd.
St. Louis, MO 63132
(314) 426-3474

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Misso State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Published monthly, exce semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Su scription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Pre Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in MISSOURI MEDICINE is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

esident, Max S. Franklin, M.D., St. Louis
esident-Elect, Howard J. McAlhany, M.D., Springfield
ce-President, Hubert A. Ritter, M.D., St. Louis
ce-President, Charles H. Appleberry, M.D., Rivermines
ce-President, Miles C. Whitener, M.D., St. Louis
cretary, John I. Matthews, M.D., Jefferson City
easurer, James M. Stokes, M.D., St. Louis
eaker, James T. Brown, M.D., Springfield
ce-Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard C. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald R. Judd, M.D., St. Louis, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*

COUNCILORS

1st District, John N. Martin, M.D., St. Joseph, *Chairman*
7th District, Andrew McCanse, M.D., Kansas City, *Vice-Chairman*

d District, J. Russell Comer, M.D., New London
d District, Richard V. Bradley, M.D., St. Louis
h District, Louis P. Hetlage, M.D., Troy
h District, H. Peter Ekern, M.D., Mexico
6th District, R. John Torontow, M.D., Nevada
8th District, Walter A. German, Jr., M.D., Springfield
9th District, Claude W. Cooper, M.D., Thayer
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff

R. Allen Chandler, M.D., Kansas City, *Immediate Past-President*

Executive Secretary, Royal O. Cooper

ssistant Executive Secretary, C. C. Swarens
overnmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

---

ontents for April, 1977

cientific Articles:

hloroquine in the Treatment of Porphyria Cutanea Tarda, *Case Report;* James A. Roller, M.D. and Philip C. Anderson, M.D. 167

hronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade, *Case Reports;* Zuhdi Lababidi, M.D., Nasrollah Hakami, M.D. and Carl Almond, M.D. 170

leural Thorn Sign of Pleural Effusion, *Case Reports;* Alan E. Oestreich, M.D. . . . 172

lcoholic Hepatitis; J. Ned Smith, M.D. . . 174

earing Evaluations for the Young Child; Deborah Fritts, M.A. 177

pecial Article:

hysician Help Needed 159

News and Features:

MSMA News Round-Up . . Insert (154-155)

In Brief 157

Medical Melange 158

From the Medical Schools 162

Continuing Education Coming Events . . 164

President's Message 179

Woman's Auxiliary 181

Editorial 182

In Memoriam 182

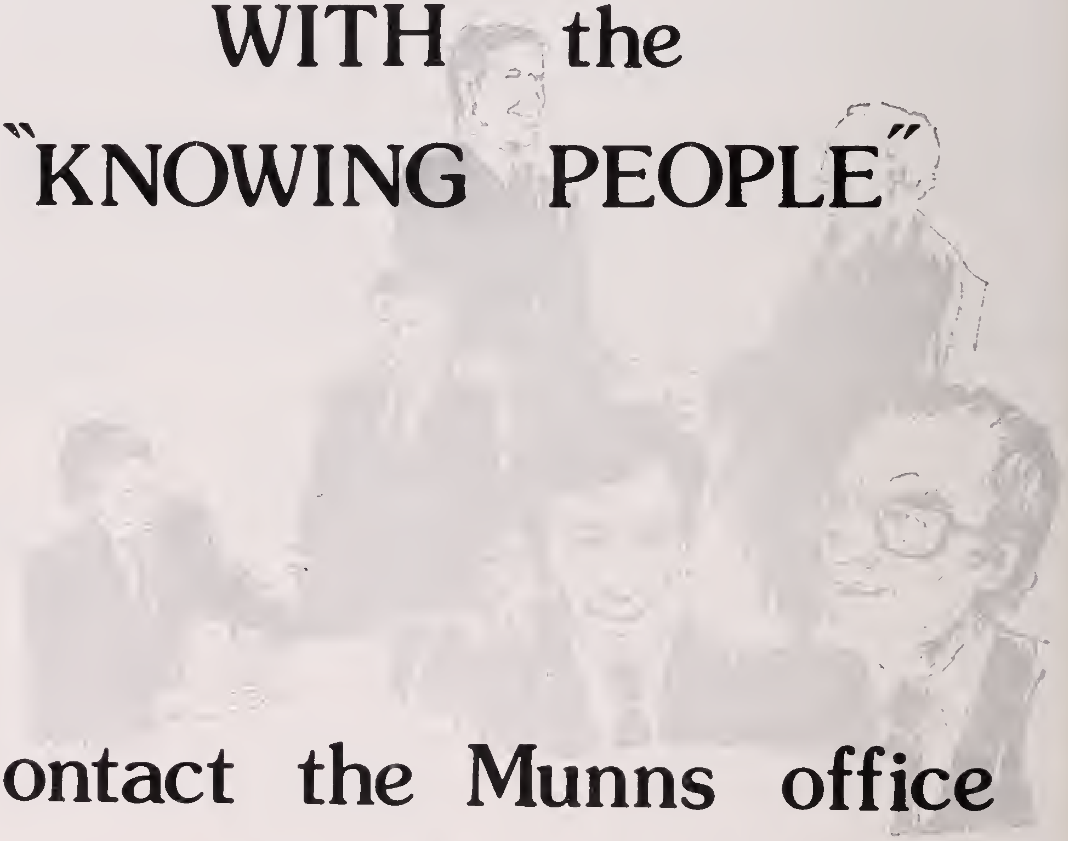
County Society News 183

New Members 184

Index to Advertisers 188

Classified Ads 189

Missouri Medicine in Review 190



MUNNS OFFERS A STEP OUT OF THE ORDINARY WITH the "KNOWING PEOPLE"

Contact the Munns office nearest YOU!

MUNNS MEDICAL SUPPLY

Topeka	Kansas City	Wichita	St. Louis	Tulsa
272-2300	421-2088	522-8111	645-0300	622-9300

MSMA

NEWS ROUND - UP

April, 1977

Legislature reaches halfway point

With the current General Assembly at the halfway point, the MSMA is keeping track, to varying degrees, of 48 Senate bills and 74 House bills.

Several bills supported by the MSMA have passed one House and are awaiting action by the remaining Legislative body. These include SB 48, which would lower the age of consent for medical treatment to 18; SB 50, which includes "brain death" in the state's definition of death; SB 322, which requires health insurance policies to cover hospitalization for alcoholism; and HB 341, which decriminalizes alcoholism.

Four other bills have been reported favorably by Legislative Committees and are on the calendar to be heard in floor debate. These include SB 305, which provides loans to medical students who agree to serve in rural areas or urban areas of need, HB 235, a "Good Samaritan" bill; HB 726, which would allow coroners to harvest pituitary glands and other useable tissues and organs when performing autopsies; and HB 791, which would provide funding for additional Family Practice Residency Programs in the state.

A bill designed to protect confidentiality of medical records, SB 110, met several challenges and a special committee will be established to study the problem this summer. In addition, the "Certificate-of-Need" bill, SB 231, was postponed for additional study prior to next January.

Three bills dealing with the malpractice situation have been heard, but are still in committee. These bills join several others dealing with attorney's malpractice insurance and product liability insurance which have been slowed to date. The bills are SB 327, which would require that malpractice judgements of over $200,000 be awarded over a period of years rather than in a lump sum; SB 440, which seeks to reduce a malpractice award by deducting payments made from other sources; and HB 466, which requires a medical expert witness in malpractice cases be from Missouri or a contiguous state.

Fortunately, three bills opposed by the MSMA have been effectively killed for this Session. These bills are HB 240, which would have allowed chiropractors to examine and furnish health certificates to school teachers; HB 850, which provided for licensing of physician assistants; and SB 36, which would have required physicians to write presciptions on numbered forms.

However, three bills which the MSMA opposed are still alive and MSMA members are urged to contact their Senator and Representative and express their opposition. Two of these bills, SB 228, which would allow chiropractors to use diagnostic procedures and adjunctive therapies approved by the Board of Chiropractors; and SB 374, which would allow optometrists to use topically applied diagnostic drugs, have been reported out of Senate Committees and are awaiting possible floor debate. Although the bills are far down on the calendar, MSMA members should inform their Senator of medicine's opposition.

The other bill, HB 589, which would place strict regulations on who could use X-ray equipment and calls for the licensing of X-ray technicians, has passed the House. Again, Senators should be told of medicine's opposition.

The Association is continuing its efforts to gain an increase in Medicaid funds for physician services. Following several meetings with the past state Administration, the Association was able to secure a hefty increase in funding in the budget recommendations by the Department of Social Services. However, when the Administration changed in January, so did the money situation. Whereas the funding level for fiscal 1977 was $20.8 million, the new Administration requested just $18.2 million for the coming year.

Working with members of the House Appropriations Committee early this month, the Association helped secure a vote that set the funding level for 1978 at $23 million, more than $4 million more than asked by the Governor. This figure, however, will face several crucial tests prior to the final decision.

MSMA members with specific questions concerning legislation are urged to contact Association Headquarters (314-636-5151).

HEW to revise list following protests

The Department of H.E.W. is to release a new and corrected list of physicians and other providers whose Medicare billings were $100,000 or more in 1975. The original list, released March 13 and sharply protested by the AMA, was full of errors. Although HEW officials admitted that the list was not checked carefully enough, no formal statement on the mistakes has been issued.

The AMA, spot-checking the list in 30 states, found an error rate of 66.5% in the HEW release. The AMA checked 173 of the 409 physicians listed as solo practitioners. Of these, 86 are incorrectly listed as solo practitioners, seven had incorrect amounts attributed to them, and 22 said both the solo designation and the amount were wrong. Only 56 of the 173 considered the information correct.

MSMA membership hits record total

Membership in the Missouri State Medical Association continues to grow and a record total was reached at the end of 1976.

As of Dec. 31, 1976, total MSMA membership was 4,916, an increase of 126 members over the 1975 figure of 4,790. Since 1972, a period of four years, MSMA membership has grown from 4,428, or more than 11 percent.

Although the number of MSMA members who are also members of the AMA dipped slightly in 1976 because, most probably, of an increase in AMA dues, the total of AMA members in Missouri has increased since 1972. On Dec. 31, 1976, the MSMA had 3,676 members who also belonged to the AMA. That represented a drop of 130 AMA members from 1975, but is an increase of 108 AMA members from 1972. Seventy-five percent of MSMA members are also members of the AMA.

Figures to date indicate that 1977 MSMA and AMA membership will continue to show steady growth. With the new computer record-keeping, more than two-thirds of the 1976 membership totals have already been reported.

Switch to computer billing is success

More than two-thirds of the MSMA membership has responded to the two dues billings for 1977. The delinquency date for membership in the Association is March 1.

The Association switched to a computer billing system this year and, for the first time, additional bills are mailed to those members who have not yet paid their 1977 dues. The "Second Notice" was mailed February 15 and a "Third Notice" will be mailed April 18. The Additional notices are being sent out in an effort to speed up the payment of dues and, therefore, reduce the number of members who are dropped for non-payment, but later reinstated when their dues are received.

Some members complained that they received the "Second Notice" after they had paid their dues. Although the Association keeps up-to-date records to minimize the number receiving the additional notices, there is always a certain lag time between when a member pays his dues and when those dues are forwarded to the MSMA.

Currently, each member is billed through his County Medical Society and when he pays his dues, the money goes first to the county society, then to the MSMA and then to the AMA.

Next year, if a County Medical Society desires, the MSMA will be able to bill the county's members directly, do the record-keeping and then refund the county for the county dues paid by each member. This would cut down drastically on the paperwork required of the county secretaries.

If a County Medical Society is interested in having the MSMA bill direct in 1978, the Secretary should contact Association Headquarters.

Drug substitution proposed

The Missouri Division of Family Services has proposed the substitution of generic drugs for brand name drugs in the state's Medicaid program by this summer.

Division Director, Ewing B. Gourley, said under the revision, brand name drugs on the list of 218 drugs for which Medicaid will make payment will be replaced by their generic equivalent if the patent on the brand name drug has expired.

Gourley claims the switch to less expensive generic drugs will save the state $2 million a year. He added that the savings will enable Medicaid to add about 30 drugs to the present formulary.

The proposal must be printed in MISSOURI REGISTER and will then be open for comments from the public.

European Adventure planned

Members of the MSMA are invited to take the Classical European Adventure, a two-week tour featuring stops in Rome, Athens, and Istanbul.

The tour, sponsored by MSMI, departs Kansas City and St. Louis on July 23, 1977, and returns Aug. 5, 1977. It is a non-regimented trip with arrangements by INTRAV. Cost of the tour is $1398.

The first four days are spent in Rome, followed by four days in Athens and four days in Istanbul. Optional side trips are available.

The tour package includes direct charter jet flights, accommodations in deluxe hotels, complete American breakfast and gourmet dinners, luggage gratuities at airports and hotels, 70 pound luggage allowance, complimentary cocktail party, a travel director and five hosts available to assist.

MSMA members have been mailed a brochure outlining the tour, but if you have misplaced your copy and desire additional information, write: European Adventure, Missouri State Medical Association, P.O. Box 1028, Jefferson City, Mo. 65101.

Physicians active in HSA

The Greene County Medical Society is well represented in the Area IV Health Systems Agency. A 5 member Lakes Country Council was elected February 28, 1977, in a public meeting at the Howard Johnson, in Springfield. Elected as providers were Dr. Michael S. Clarke, Dr. James Cook, Dr. Courtney Whitlock, Dr. Hugh Lundman, and Dr. Yates Trotter. Also elected as providers were Auxiliary members Marjorie Penninger, Georgia Christie and Greene County medical executive Jim Thompson.

The Subarea Council is an advisory group for the HSA Board of Directors. Dr. Stanley Peterson serves on the Southwest Missouri HSA Board of Directors.

CPT edition available

More than 2,000 new and revised medical procedures are listed in the new fourth edition of *Current Procedural Terminology*, the American Medical Association's comprehensive and current system for naming, coding and reporting medical procedures and services.

The fourth edition of CPT is available through the Order Department, American Medical Association, 535 North Nearborn Street, Chicago, Ill. 60610. Single copies are $12 each.

BREATHING WITH COMFORT.

Choledyl – a highly soluble, true salt of theophylline – rapidly relaxes bronchospasm to promote easier breathing. And, gastric discomfort is minimal.

Because Choledyl is more stable...more rapidly absorbed from the G.I. tract than aminophylline.

Available in both tablets and elixir for patients with obstructive lung disease.

Choledyl® (oxtriphylline) Tablets and Elixir CAUTION: Federal law prohibits dispensing without prescription. Each partially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. Each teaspoonful of the elixir contains 100 mg oxtriphylline; alcohol 20%. *Indications.* Choledyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema. *Warning.* Use in pregnancy – animal studies revealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation or in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child. *Precautions.* Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly CNS stimulation in children. *Adverse Reactions.* Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. *Dosage.* Average adult dosage: Tablets – 200 mg, 4 times a day; Elixir – two teaspoonfuls, 4 times a day. *Supplied.* 200 mg yellow, partially enteric coated tablets in bottles of 100 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose – 200 mg tablets (N 0047-0211-11); 100 mg red, partially enteric coated tablets in bottles of 100 (N 0047-0210-51). Elixir – bottles of 16 fl oz (1 pint) 474 ml (N 0047-0215-16). *Toxicity.* Oxtriphylline, aminophylline and caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen. Full information is available on request.

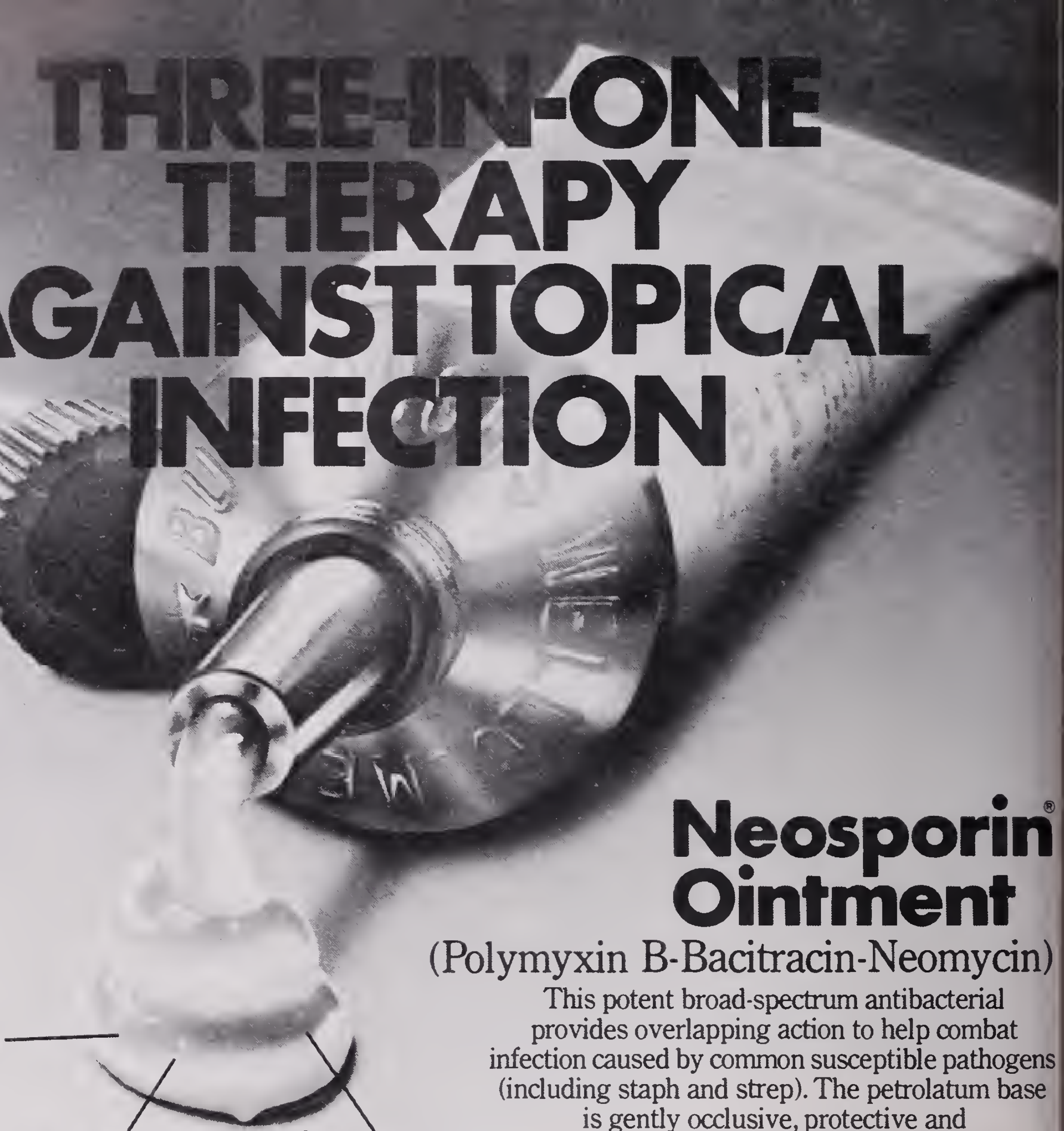
CH-GP-51-4/C

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

CHOLEDYL®
(OXTRIPHYLLINE)

SINGLE-ENTITY
BRONCHODILATION
MINIMAL GASTRIC DISCOMFORT

THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION



Neomycin
Staphylococcus
Haemophilus
Klebsiella
Aerobacter
Escherichia
Proteus
Corynebacterium
Streptococcus
Pneumococcus

Bacitracin
Staphylococcus
Corynebacterium
Streptococcus
Pneumococcus

Polymyxin B
Pseudomonas
Haemophilus
Klebsiella
Aerobacter
Escherichia

In vitro overlapping antibacterial action of Neosporin® Ointment (polymyxin B-bacitracin-neomycin).

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

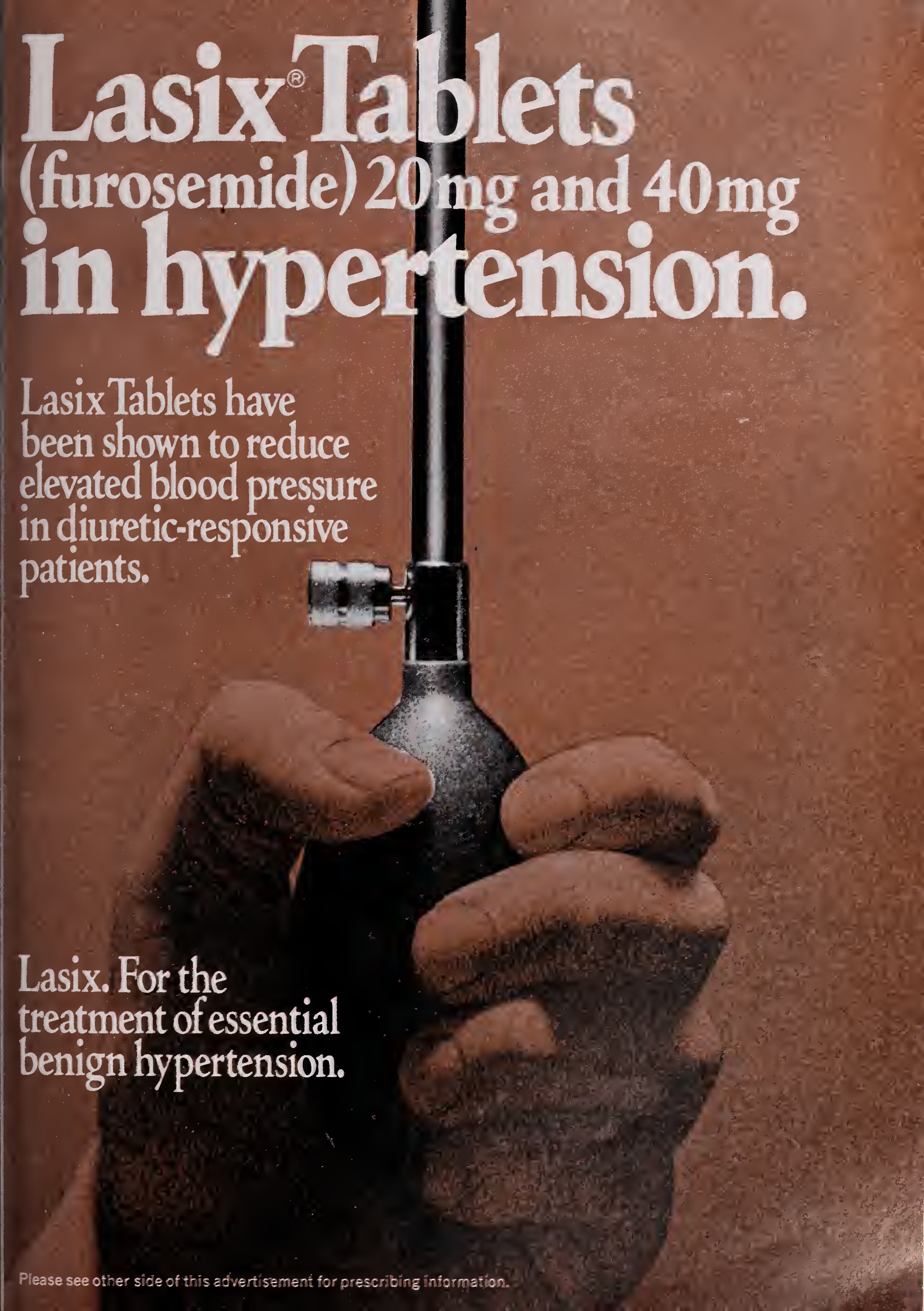
WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.



Lasix® Tablets
(furosemide) 20 mg and 40 mg
in hypertension.

Lasix Tablets have been shown to reduce elevated blood pressure in diuretic-responsive patients.

Lasix. For the treatment of essential benign hypertension.

Please see other side of this advertisement for prescribing information.

Lasix® Tablets
(furosemide) 20 mg and 40 mg
in hypertension.

A brief summary of the Prescribing Information for
Lasix® (furosemide) Tablets 20 mg and 40 mg

WARNING—Lasix (furosemide) is a potent diuretic which if given in excessive amounts can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dose schedule have to be adjusted to the individual patient's needs. (See under "Dosage and Administration.")

Indications—Lasix (furosemide) is indicated for the treatment of the edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome.

Hypertension—Lasix (furosemide) may be used for the treatment of hypertension alone or in combination with other antihypertensive drugs. Hypertensive patients who cannot be adequately controlled with thiazides will probably also not be adequately controllable with Lasix (furosemide) alone.

CONTRAINDICATIONS—Because animal reproductive studies have shown that Lasix (furosemide) may cause fetal abnormalities, the drug is contraindicated in women of childbearing potential. (See "Additional Information.")

Lasix (furosemide) is contraindicated in anuria. If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, the drug should be discontinued. In hepatic coma and in states of electrolyte depletion, therapy should not be instituted until the basic condition is improved or corrected. Lasix (furosemide) is contraindicated in patients with a history of hypersensitivity to this compound.

Warnings—Excessive diuresis may result in dehydration and reduction in blood volume, with circulatory collapse and with the possibility of vascular thrombosis and embolism, particularly in elderly patients. Excessive loss of potassium in patients receiving digitalis glycosides may precipitate digitalis toxicity. Care should also be exercised in patients receiving potassium depleting steroids.

Frequent serum electrolyte, CO_2 and BUN determinations should be performed during the first few months of therapy and periodically thereafter, and abnormalities corrected or the drug temporarily withdrawn.

In patients with hepatic cirrhosis and ascites, initiation of therapy with Lasix (furosemide) is best carried out in the hospital. Sudden alterations of fluid and electrolyte balance in patients with cirrhosis may precipitate hepatic coma; therefore, strict observation is necessary during the period of diuresis. Supplemental potassium chloride and, if required, an aldosterone antagonist are helpful in preventing hypokalemia and metabolic alkalosis.

Patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic reactions.

In those instances where potassium supplementation is required, an oral liquid preparation should be used rather than enteric-coated potassium salts.

There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated thiazides with potassium salts. These lesions may occur with enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides, or certain other oral diuretics.

These small-bowel lesions have caused obstruction, hemorrhage, and perforation. Surgery was frequently required, and deaths have occurred.

Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Patients with known sulfonamide sensitivity may show allergic reactions to Lasix (furosemide).

Precautions—As with any potent diuretic, electrolyte depletion may occur during therapy with Lasix (furosemide), especially in patients receiving higher doses and a restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting, and/or mental confusion.

Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen. These have been observed in association with dehydration, which should be avoided, particularly in patients with renal insufficiency.

When parenteral use of Lasix (furosemide) precedes its oral use, it should be kept in mind that cases of tinnitus and reversible hearing impairment have been reported. There have also been some reports of cases in which irreversible hearing impairment occurred. Usually, ototoxicity has been reported when Lasix (furosemide) was injected rapidly in patients with severe impairment of renal function at doses exceeding several times the usual recommended dose and in whom other drugs known to be ototoxic were often given. If the physician elects to use high dose parenteral therapy in patients with severely impaired renal function, controlled intravenous infusion is advisable (for adults, it has been reported that an infusion rate not exceeding 4 mg Lasix [furosemide] per minute has been used).

Increases in blood glucose, and alterations in glucose tolerance tests with abnormalities of the fasting and two-hour postprandial sugar have been observed, and rare cases of precipitation of diabetes mellitus have been reported.

Lasix (furosemide) may lower serum calcium levels, and rare cases of tetany have been reported.

Patients receiving high doses of salicylates, in conjunction with Lasix (furosemide) may experience salicylate toxicity at lower doses because of competitive renal excretory sites.

Diuretics such as furosemide may enhance the nephrotoxicity of cephaloridine. Therefore, Lasix (furosemide) and cephaloridine should not be administered simultaneously.

Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effect of tubocurarine. Great caution should be exercised in administering curare or its derivatives to patients undergoing therapy with Lasix (furosemide), and
advisable to discontinue Lasix (furosemide) for one week prior to
elective surgery.

Adverse Reactions—Various forms of dermatitis, including urtic
and rare forms of exfoliative dermatitis, erythema multiforme, pruri
paresthesia, blurring of vision, postural hypotension, nausea, vomiting
diarrhea.

Anemia, leukopenia, aplastic anemia, and thrombocytopenia (
purpura). Rare cases of agranulocytosis which responded to treatment.

In addition, the following rare adverse reactions have been repor
however, relationship to the drug has not been established with certai
sweet taste, oral and gastric burning, paradoxical swelling, headac
jaundice, thrombophlebitis and emboli and acute pancreatitis.

Lasix (furosemide)-induced diuresis may be accompanied by we
ness, fatigue, lightheadedness or dizziness, muscle cramps, thirst,
creased perspiration, urinary bladder spasm, and symptoms of urir
frequency.

Dosage and Administration

ADULTS

The usual adult dose of Lasix (furosemide) is 20 to 80 mg given a
single dose.

If the diuretic response with a single dose of 20 to 80 mg is not sa
factory, the following schedule should be used: Increase this dose by
crements of 20 or 40 mg not sooner than 6 to 8 hours after the previ
dose until the desired diuretic effect has been obtained. This individu
determined single dose should then be given once or twice daily. The d
of Lasix (furosemide) may be carefully titrated up to 600 mg per day
those patients with severe clinical edematous states.

With doses exceeding 80 mg/day and given for prolonged peric
careful clinical and laboratory observations are particularly advisable.

Hypertension—The usual dose of Lasix (furosemide) is 40 mg tw
daily both for initiation of therapy and for maintenance. Careful obse
tions for changes in blood pressure must be made when this compoun
used with other antihypertensive drugs, especially during initial thera
The dosage of other agents must be reduced by at least 50 percent
soon as Lasix (furosemide) is added to the regimen to prevent excess
drop in blood pressure. As the blood pressure falls under the potential
effect of Lasix (furosemide), a further reduction in dosage, or even disc
tinuation, of other antihypertensive drugs may be necessary. It is furt
recommended, if 40 mg twice daily does not lead to a clinically satis
tory response, to add other hypotensive agents, e.g., reserpine, rather t
to increase the dose of Lasix (furosemide).

INFANTS AND CHILDREN

Pediatric Administration: The usual initial dose of oral Lasix in infa
and children is 2 mg/kg body weight, given as a single dose. If the diur
response is not satisfactory after the initial dose, dosage may be increa
by 1 or 2 mg/kg not sooner than 6 to 8 hours after the previous do
Doses greater than 6 mg/kg body weight are not recommended.

For maintenance therapy in infants and children, the dose should
adjusted to the minimum effective level.

How Supplied—Lasix Tablets 40 mg (furosemide) supplied as wh
round, monogrammed, scored tablets.

Lasix Tablets 20 mg (furosemide) supplied as white, oval, mo
grammed tablets.

Note: Dispense in dark containers. Exposure to light may cause sli
discoloration which, however, does not alter potency.

Additional Information

Toxicology

The acute toxicity of Lasix (furosemide) has been determined in m
rats, and dogs. In all three animal species, the oral LD_{50} of Lasix (fu
semide) exceeded 1000 mg/kg of body weight, while the intravenous L
ranged from 300 to 680 mg/kg. Intragastric injection of the drug in n
born rats resulted in an LD_{50} of 380 mg/kg.

The acute toxicity of high doses of Lasix (furosemide) was charac
ized by convulsions, paralysis, and collapse. Surviving animals often
came dehydrated and depleted of electrolytes due to the diuresis indu
by Lasix (furosemide). In the newborn rats, intragastric injection of
drug caused hyperactivity and anorexia.

Chronic toxicity studies with Lasix (furosemide) were done in
and dogs. In a one-year study in rats, renal tubular degeneration occurr
with all doses higher than 50 mg/kg (4 times the maximal recommen
human dose of 600 mg per day). A six-month study in dogs revealed
cification and scarring of the renal parenchyma at all doses above
mg/kg (83 percent of the maximal recommended human dose of 600
per day).

Reproductive Studies

The effects of Lasix (furosemide) on embryonic and fetal deve
ment and on pregnant dams were studied in mice, rats, and rabbits.

Lasix (furosemide) caused unexplained maternal deaths and a
tions in the rabbit when 50 mg/kg (4 times the maximal recommen
human dose of 600 mg per day) was administered between days 12 to
of gestation. In a previous study the lowest dose of only 25 mg/kg (2 tir
the maximal recommended human dose of 600 mg per day) caused
ternal deaths and abortions. In a third study, none of the pregnant rab
survived a dose of 100 mg/kg. Data from the above studies indicate f
lethality which can precede maternal deaths.

The results of the mouse study and one of the three rabbit stu
also showed an increased incidence of hydronephrosis (distention of
renal pelvis and, in some cases, of the ureters) in fetuses derived fr
treated dams as compared to the incidence in fetuses from the con
group.

HOECHST-ROUSSEL
PHARMACEUTICALS INCORPORATED
SOMERVILLE, NEW JERSEY 08876

EDITION

in Brief

A summary of AMA, medical & health news

merican Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 527-1500 /TWX 910-221-0300

AN ADMINISTRATIVE law judge has certified
the full Federal Trade Commission the AMA's
iotion for FTC reconsideration of its restraint of
ade complaint. In addition, the FTC administra-
ve law judge has changed the trial date from
ine 7 to September 7. The FTC complaint, re-
arding advertising by physicians and medical eth-
s, was issued against the AMA, the Connecticut
tate Medical Society and the New Haven Medical
ssociation in December, 1975.

COMMENTING ON a report by Ralph Nader's
lealth Research Group proposing a national Medi-
are fee schedule for physicians, AMA Board of
rustees Chairman Raymond T. Holden, M.D.,
iid: "The truth is that Medicare and Medicaid
ave not paid a fair reimbursement since 1971.
Vhile physicians must pay their office staffs at
977 wage levels and heat their offices at 1977 fuel
rices and buy professional liability insurance at
977 premium rates, the government reimburses
hem at 1975 fee levels." He said the report's pro-
osal to give HEW authority to withdraw hospital
rivileges of physicians who do not accept Medi-
are and Medicaid patients "constitutes a repug-
ant exercise in coercion, a clear abuse of federal
ower."

PUBLIC RESPONSE to the AMA campaign
gainst TV violence has been rapid and favorable.
etters and telephone calls to the Headquarters
)ffice in support of the AMA's position have been
eceived from concerned individuals and organiza-
ons; civic, educational and religious groups; law
nforcement organizations; government agencies;
ongressional offices; medical societies; and the
iedia.

A SECOND health care forum, sponsored by the
MA, is scheduled for April 20 in Washington,
). C. The first such meeting was held last Novem-
er. HEW Secretary Joseph Califano is expected
attend. Participating in the forum will be repre-
entatives from health organizations, the insurance
idustry and the business community. The forum
vill explore principles shared in common among
he participants in approaching the topic of health
isurance, especially national health insurance.

A STUDY prepared for HEW by David S. Salkever of Johns Hopkins University and Thomas W. Bice of Washington University shows that certificate of need controls don't work as they are supposed to. The study, titled "Impact of State Certificate of Need Laws on Health Care Costs and Utilization," points to "the (perhaps) surprising conclusion that certificate of need controls have contributed to cost inflation. . . ." The authors said, "our findings signal the need for a much more thorough and detailed study of the effectiveness of certificate of need regulation as a cost-control device."

A MOVE to permit public disclosure of the names of physicians who are accused by a carrier of providing excess Medicare services "does not meet minimal standards of due process nor is it statutorily founded," the AMA said in commenting on proposed regulations by the Social Security Administration. The AMA also objected to a provision that would permit disclosure of the name of a physician who has received "a written notice of a determination of exclusion or termination" from the Medicare program, pointing out that such a determination could be made without a prior hearing.

FOUR MEDICAL schools have stated publicly they will refuse federal capitation assistance rather than be forced to accept U. S. citizens from foreign medical schools. The four schools planning to oppose the forced-transfer provision of the new health manpower bill are Indiana University, Yale University, Stanford University and Wright State University in Dayton, Ohio.

AVAILABLE FROM AMA: *Foodborne Illness: The Consumer's Role in Its Prevention*, OP 48, covers the three most common foodborne illnesses reported in the U. S. Cost is 25¢ ea. for 1-99 copies; 11¢ ea. for 100-499 copies; 10¢ ea. for 500-999 copies; and 9¢ for 1,000 or more. . . . *The Asthmatic Athlete*, OP 14, reports on the myths and fears surrounding the asthmatic child and his or her exclusion from physical activity. Cost is 60¢ ea. for 1-99 copies; 42¢ ea. for 100-499 copies; 41¢ ea. for 500-999 copies; and 40¢ ea. for 1,000 or more. Write Order Department, AMA Headquarters.

medical melange

Notes of interest from Here . . . . and There

Dr. Blaine Z. Hibbard of Kansas City received a Special Recognition Award from the American Society of Internal Medicine (ASIM) during its annual meeting in San Francisco on March 24-27. The award was in recognition of his many years of service to the Society on both the national and state levels. Dr. Hibbard is clinical professor at the University of Missouri-Kansas City School of Medicine. A former member of the ASIM Board of Trustees, he served as secretary-treasurer from 1970-1973. He is a trustee of ASIM's Socio-Economic Research and Education Foundation and a past-president of the Missouri Society of Internal Medicine. Dr. Hibbard is past-Chairman of the MSMA Utilization Committee and Past-Secretary-Treasurer of the Jackson County Medical Society for which he is now a Councilor.

Dr. Thomas F. Frawley, professor of medicine at Saint Louis Universit School of Medicine, has been appointed to the Board of Joint Commission o Accreditation of Hospitals (JCAH). His appointment, which will continu through December, 1977, fills a mid-term vacancy in one of three positions o the JCAH Board held by appointees of the American College of Physicians Member organizations of the Board are the American College of Physicians, th American College of Surgeons, the American Hospital Association and th American Medical Association.

Dr. W. Jack Stelmach, Kansas City, is now serving a four-year term on HEW's Graduate Medical Education National Advisory Committee (GMENAC). He was named to the post recently by former HEW Secretary David Mathews. He also was appointed as chairman of GMENAC through Nov. 30, 1977. Dr. Stelmach is chairman of the Board of Directors of the American Academy of Family Physicians and also served as chairman of the AAFP Education Commission. He was president of the Kansas City Academy of Family Physicians in 1965-1966 and of the Missouri Academy of Family Physicians in 1973-1974.

Dr. Thomas B. Ferguson, St. Louis, has been elected vice-president of th Council of Medical Specialty Societies which is composed of 20 scientific societies representing approximately 200,000 medical specialists. In October, h will be installed as chairman of the American Board of Thoracic Surgery. Dr Ferguson recently returned from San Francisco where he completed his ter as president of the Society of Thoracic Surgeons.

The *Festus News-Democrat* reports that **Dr. Harry Yoskit** has donated approximately 1,500 books of many types to the Festus Public Library. Included are works of Darwin, an 1884 American Dictionary of the English Language, the complete works of Edgar Allan Poe and William Shakespeare, biographies and books on travel and animals. Dr. Yoskit has practiced medicine in Festus since 1924.

Physician Help Requested

If your medical practice includes patients with enereal diseases, the Missouri Division of Health equests your cooperation in dealing with some erious health problems related to these diseases.

“Without physician help, there appears to be no lternative to the continued increases we are exeriencing with the incidence of both gonorrhea nd non-gonococcal infections,” says Dr. H. Denny onnell, Jr., state epidemiologist. “It is clearly imossible to eradicate these diseases with funds and taff currently available.”

In addition, Dr. Donnell asks physicians to be lert to the potential introduction into Missouri of penicillinase producing strain of gonorrhea. While nly two cases of this strain have been diagnosed n our state, more than 100 cases have been diagosed in the United States over a 16-state area, inluding five cases in Kansas City, Kan.

“If penicillinase producing gonorrhea is allowed o spread in the state,” Dr. Donnell warns, “it will eriously complicate and impede the already comlicated and difficult problems we face of accuratey diagnosing gonorrhea or nonspecific urethritis nd bringing these infections to proper treatment.”

Specifically, the Missouri Division of Health asks hysicians to cooperate in the following ways:

1. Do a gram stain on all male patients with gonorrhea-like symptoms before any therapy is initiated. (A gram stain is the fastest, most efficient method of determining if an infection in males is gonococcal or not.)

2. Do a culture on all female patients suspected of having gonorrhea or who are sexual contacts of known cases.

3. If the gram stain for a male or the culture for a female patient demonstrates Neisseria gonorrhea, the patient should be treated with aqueous procaine penicillin G, 4.8 million units given intramuscularly at two injection sites with 1 gm of probenecid. This is the treatment of choice for gonorrhea and also provides adequate therapy for incubating syphilis.

All patients with gonorrhea should have a serologic test for syphilis at the time of diagnosis. Seronegative patients without clinical signs of syphilis who are receiving the recommended parenteral penicillin schedule need not have follow-up serologic tests for syphilis. Patients treated with ampicillin, spectinomycin or tetracycline should have a follow-up serologic test after three months to detect inadequately treated syphilis.

4. All male patients treated for gonorrhea should be asked to return within three to seven days after treatment for a second gram stain and a culture. Female patients treated should be asked to return for a second culture within three to seven days. Patients who remain positive should be suspected of having a penicillinase producing strain of gonorrhea and a culture specimen should be sent to the Missouri Division of Health Laboratory with a notation that penicillinase strain is suspected. At the same time this culture is taken, the patient should be treated with 2 gms of spectinomycin and asked to return in three to five days for a test-of-cure culture.

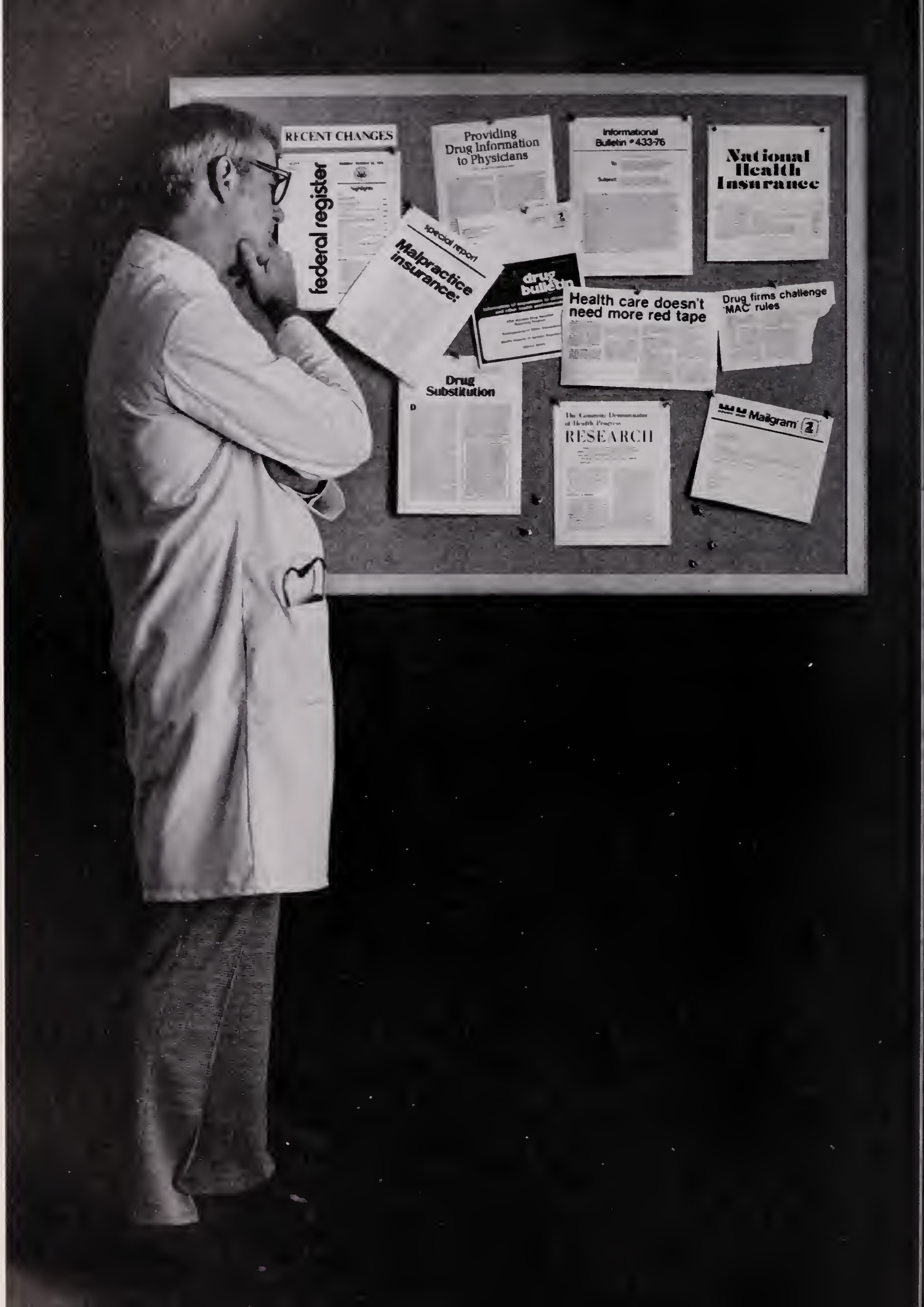
5. Penicillin remains the treatment of choice for gonorrhea until a penicillinase producing strain is demonstrated or unless nonspecific urethritis (NSU) is diagnosed. (Tetracycline is recommended as an alternate to aqueous procaine penicillin G for patients diagnosed as having uncomplicated gonorrhea. The treatment schedule recommended is 1.5 gm initially by mouth followed by 0.5 gm by mouth four times per day for four days (total dosage 9.5 gm.).

6. If Neisseria gonorrhea cannot be demonstrated through gram stains in males or cultures in females, nonspecific urethritis should be suspected and the patient treated with tetracycline: 1.5 gm initially, with 500 mg every six hours for seven days. Failure to respond to this regimen suggests the likelihood of another agent such as trichomonas or candida.

7. If a penicillinase producing strain of gonorrhea is identified, it is extremely important that venereal disease field representatives be given an opportunity to follow up the case in an effort to discover the source and possible spread candidates who should be treated. Such epidemiology is essential to prevent the spread of the strain. This follow up will be conducted in a tactful, confidential and discreet manner.

In summary, it should be remembered that aqueous procaine penicillin G in the amounts described above remains the treatment of choice for the normal strain of gonorrhea found in Missouri. In addition, this amount of penicillin will effectively treat coincident incubating syphilis. The treatment of

(Continued on page 178)


RECENT CHANGES
federal register
Providing Drug Information to Physicians
Informational Bulletin #433-76
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
The Common Denominator of Health Progress
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all inds of scrutiny. Your control over patient therapy is eing monitored, judged and occasionally abrogated, metimes by unknown third parties.

The worry is that in the wake of this focus, the rela-onship between you and your patient will be weakened, ithout offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, gulations or professional custom stipulate that your n-generic prescriptions be filled with the precise prod-ts you prescribe. But in the last five years, a dozen or ore State laws have been changed, permitting the phar-acist in most cases to select a product of the same neric drug to fill any prescription.

Ironically, this dilution of physician control has ken place against a background of growing evidence at purportedly equivalent drug products may be in-uivalent, since neither present drug standards nor their forcement are optimal. In fact, the FDA itself says it s not enforced the same standards for hundreds of ollow-on" products that it had applied to the original DA approvals. Thus physician control over patient erapy is being eroded with a risk that patients may be posed to drugs of uncertain quality.

The major advertised claim for substitution is reduced escription prices for consumers. Yet no documentation any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is ederal regulation designed to cut the Government's ug bill by setting price ceilings for drugs dispensed to edicare and Medicaid patients. Unless the prescriber rtifies on the prescription that a particular product is edically necessary, the Government intends to pay only the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

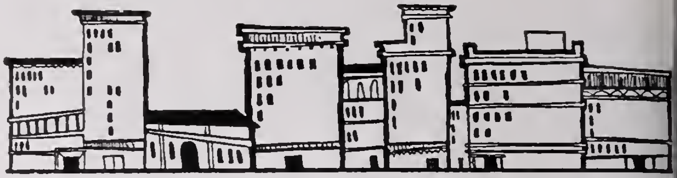
If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

From the Medical Schools



UNIVERSITY OF MISSOURI-KANSAS CITY

Three distinguished medical educators have contributed to the educational program at the School of Medicine as the School's Visiting Docent program continues.

Dr. Dwight Harken, clinical professor of surgery, Emeritus, at Harvard Medical School, joined teaching rounds with the Department of Surgery and the docent team. A pioneer in cardiac surgery, Dr. Harken presented two lectures—"A Cardiac Surgeon Looks at Coronary Artery Diseases" and "Heart Surgery—Past, Present and Future." He also participated in a Thoracic Surgery Conference during his February 10-12 visit.

Dr. David H. Cohen discussed "Organization of Sensory and Motor Systems and Autonomic Control" in a four-day sequence which began on March 1. Dr. Cohen is professor of physiology at the University of Virginia School of Medicine and Chairman of Neurosciences.

On March 3-4, Dr. Joseph Katz participated in docent-team rounds and presented two topics of interest to both students and faculty. They are "Learning at the University Level: Cognitive and Emotional Factors in Professor-Student Interactions" and "Current Study of the Third Decade of Life—Ages 22-32." Dr. Katz is Director of Research for Human Development and Educational Policy at the State University of New York at Stony Brook.

Dean Richardson Noback has announced the appointment of two new faculty members.

Dr. Sheldon I. Freedman has been named the head of the Section of Clinical Pathology with the rank of professor. He has served as clinical associate professor of pathology at the University of Hawaii School of Medicine and is an inspector for the College of American Pathologists.

Dr. Robert Murphy has joined the faculty as an associate professor and full-time member of the Section on Orthopedic Surgery. Dr. Murphy is a graduate of the University of Kansas and has served on the clinical faculty at the University of California, Los Angeles.

Representatives from the Karolinska Institutet in Stockholm visited the School of Medicine on March 23-25. Dr. Dick Martinson and a group of associates are interested in new methods in educatio and student selection, and are visiting America medical schools.

SAINT LOUIS UNIVERSITY

The National Association of Medical Examiner is now headquartered at the St. Louis Universit School of Medicine. The Association is a professional organization whose membership is open t all medical examiners, pathologists and othe licensed physicians who serve in the official investigation of sudden, suspicious, violent or medically unattended deaths. It formerly was located in Sa Diego, Calif.

George E. Gantner, M.D., professor of patholog and director of the Section of Forensic and Environmental Pathology, serves as secretary-treasure to the 500-member association.

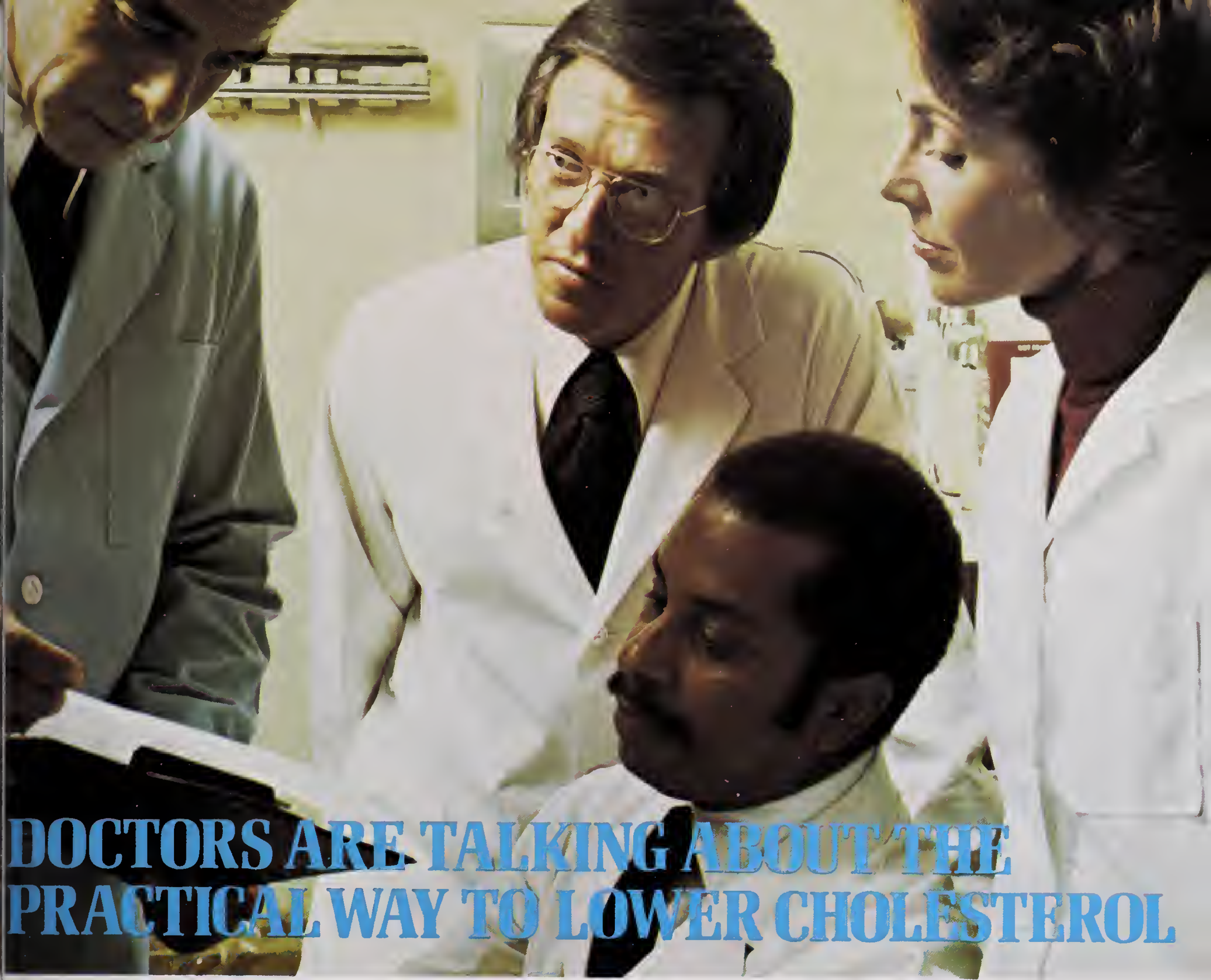
New clinical and laboratory data to assist in th evaluation and management of common pediatri infections was introduced at a conference held o March 10 at the University Medical Center. Th conference, "Pediatric Infectious Diseases: New Approaches," was supported by a grant from Roch Laboratories. Conference director was *Lisa M Dunkle*, M.D., assistant professor of pediatrics.

Unique mini-courses, offered only in a smal number of schools in the United States, are bein sponsored by the School of Medicine's Departmen of Community Medicine for 1976-1977 medical students.

Topics included in the courses are Child Abuse Issues in Human Sexuality, Death and Dying Medical Malpractice and Preventive Law, Medica Ethics and the Philosophy of Medicine, Clinica Toxicology and Emergency Medical Services: Cardio-Pulmonary Resuscitation.

The mini-courses are part of the required Huma Biology and Ecology electives program in the Department of Community Medicine and have bee developed at the suggestion of students.

Jerome D. Cohen, M.D., associate professor o internal medicine, presented a paper entitled "Comparisons of Smoking Histories with Carboxyhemoglobin and Thiocyanate Levels" at the annual meet


DOCTORS ARE TALKING ABOUT THE
PRACTICAL WAY TO LOWER CHOLESTEROL

Choloxin®
(Sodium Dextrothyroxine)

And for good reasons. Diet alone doesn't always work. CHOLOXIN® (sodium dextrothyroxine) has proved itself to be an effective cholesterol lowering adjunct to diet in euthyroid, non-cardiac patients. It has undergone ten years of clinical trials and eight years of practice. The clinical trials consisted of 337 clinical studies involving over 3,000 hypercholesterolemic non-cardiac patients. It is among the most thoroughly evaluated drugs ever presented to physicians.

Practical, too, is the one-tablet-a-day dosage regimen. It encourages patient cooperation, and it's economical for long-term therapy.

CHOLOXIN (sodium dextrothyroxine) lowers cholesterol 15% to 35%, and keeps it down with most patients. *(Data on file, Flint Laboratories).*

Interested in receiving more information about lipid lowering? Write us or contact your Flint representative. We'll be glad to supply you with a complete product portfolio and samples for your evaluation.

NOTE: See following page for full prescribing information.

AN IMPORTANT NOTE:
It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

Choloxin® (Sodium Dextrothyroxine)

Effectively Lowers Elevated Cholesterol With Convenient Once-A-Day Dosage

Four strengths 1, 2, 4 and 6 mg are available making the scored tablet regimen a flexible dosage system. And, for most patients, CHOLOXIN tablets offer once-a-day dosage.

CHOLOXIN® (sodium dextrothyroxine) Single-Tablet-A-Day Dosage Schedules

See prescribing information in package insert reproduced below.

	Starting Dosage	Increased Monthly by	Usual Maintenance	Maximal Recommended
Adult Hypercholesterolemic	1.0-2.0 mg.	1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
Pediatric Hypercholesterolemic	0.05 mg./kg. body weight	0.05 mg./kg.	0.1 mg./kg. body weight	4.0 mg.
Hypothyroid Cardiac	1.0 mg.	1.0 mg.	4.0 mg.	4.0 mg.

Choloxin®
(Sodium Dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN (sodium dextrothyroxine) stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN (sodium dextrothyroxine) is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively, in patients with significant myocardial impairment. CHOLOXIN (sodium dextrothyroxine) dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN (sodium dextrothyroxine) is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN (sodium dextrothyroxine) is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN (sodium dextrothyroxine). As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN (sodium dextrothyroxine) than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN (sodium dextrothyroxine) in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may not be advisable or possible to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN (sodium dextrothyroxine) therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN (sodium dextrothyroxine) therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia. ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN (sodium dextrothyroxine); a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN (sodium dextrothyroxine) potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is approximately 0.1 mg (100 mcg) per kilogram. The initial daily dosage should be approximately 0.05 mg (50 mcg) per kilogram to be increased in up to 0.05 mg (50 mcg) per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

ng of the American Heart Association Epidemiology Council held in San Diego on March 7.

An investigation into the nutritional status of tudents at Holy Trinity Elementary School was conducted by four freshmen medical students of he School of Medicine on March 3.

Larry Boggeln, Al Emilian, Tom Brummett and *Bruce Mixter* directed the project and were assisted by dietetic interns in the study of fifth- and sixth-grade students and their dietary habits. Compari- on studies were made with national statistics as o age, height and weight.

At the completion of the investigation, results will be analyzed to determine if nutritional status an be improved by education of the students or whether a feasibility study into the possibility of breakfast program should be conducted.

UNIVERSITY OF MISSOURI-COLUMBIA

Dr. William Corwin Allen, professor and chief of rthopaedic surgery, has assumed his new responsibilities at the School of Medicine and Medical Center.

For the past ten years, Dr. Allen had been on the faculty at the University of Florida School of Medicine in Gainesville. A nationally recognized hysician in sports medicine, he held a joint appointment in orthopaedics and mechanical engineering there.

Dr. Thomas Culley, medical director at the Harry S Truman VA Hospital, who served as interim chief of orthopaedic surgery, will work with Dr. Allen to continue the development of the Center's orthopaedic clinical service and training program.

Dr. James M. Baker, who received his B.S. degree in medicine from UMC in 1932, has been chosen by the UMC Alumni Association to receive the 1977 Citation of Merit for outstanding achievement and meritorious service in medicine.

The award will be presented to him at the luncheon during the annual meeting of the Alumni Association which is held in conjunction with the MSMA Annual Session in St. Louis on April 14-17. *Dr. Max Heeb* of Sikeston will preside. *Dr. Harold H. Lurie* of Springfield will be installed as the next president of the organization.

Dr. Baker was graduated from Washington University School of Medicine in 1934 and established a private practice in Columbia after internship and residency in training in surgery and gynecology. World War II interrupted his career, but he returned to his Columbia practice in 1945. He lettered in football with the Mizzou Tigers in 1928-1930 and has served as team physician since 1938.

For Your Convenience

Use this coupon for your TAX-DEDUCTIBLE CONTRIBUTION to the Missouri State Medical Foundation.

TO: MISSOURI STATE MEDICAL FOUNDATION
Box 1028, Jefferson City, Mo. 65101

I enclose my donation of $........ for the MSMF STUDENT LOAN FUND.

NAME ....

ADDRESS ....

....

....

Make Checks Payable to Missouri State Medical Foundation.

The Missouri State Medical Foundation is classified by the Internal Revenue Service under Section 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education

Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132

June 1	Pulmonary Disease (Third Annual Seminar)
Aug. 3	Critical Care
Oct. 5	Medical and Surgical Coronary Artery Disease—Third Annual Seminar
Dec. 7	Infectious Diseases

University of Kansas Medical Center

Div. of Continuing Education
College of Health Sciences
Kansas City, Kan. 66103
(913) 831-7130

Apr. 20-21	Family Practice
Apr. 22	Infectious Diseases
Apr. 25-27	Anesthesiology (Alameda Plaza Hotel, Kansas City, Mo.)
May 9-10	Cardiovascular Diseases
May 16-18	Surgery (Hilton Plaza Inn, Kansas City, Mo.)

The Edward Mallinckrodt Institute of Radiology

510 S. Kingshighway, St. Louis 63110
(314) 454-2291
Contact: Ronald G. Evens, M.D.

May 9	Newer Trends in Mammography—Medical and Physical

University of Missouri-Columbia

M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

Apr. 30	Day of Clinical Radiology
Nov. 4-5	19th Annual M.D. Day

University of Missouri-Kansas City School of Medicine—Kansas City Southwest Clinical Society

Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

May 12-13	Management of Problems in Gastrointestinal Surgery
June 2-3	Symposium on Physical Fitness

St. John's Mercy Medical Center

615 S. New Ballas Rd.
St. Louis 63141
(314) 569-6000
Contact: James G. Blythe, M.D., Chairman, Dept. of Obstetrics and Gynecology

Apr. 21-22	Ninth Annual Matt Weis Symposium—*Medical Complications in Obstetrics an Gynecology*

Washington University School of Medicine

Continuing Medical Education
Box 8063
660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
Contact: Loretta Giacoletto

Apr. 22	An Approach to the Patient With Diarrhea
May 11-13	Washington U. Medical Center Alumn Reunion
May 18	Surgical Problems in Children
May 20-21	Neuromuscular Diseases
May 26-27	Current Topics in Hypertension an Its Management
June 9	Perinatal Medicine

Mercy-Baptist Eye Seminars

St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

Apr. 17	A Potpourri of Oculoplastic Surgery

Baptist Memorial Hospital
6601 Rockhill Rd., Kansas City
(816) 361-3500, Ext. 7230
Contact: Margery B. Hartsock, Dir. of Public Relations

May 10 15th Annual Pediatric Seminar—Advances in Pediatric Hematology and Oncology

Greene County Medical Society
223 Professional Bldg., Springfield 65806
(417) 869-2531
Contact: James E. Thompson, Jr., Executive Director

May 14 Professional Education Symposium on Hypertension
(Co-sponsored by GCMS and National Kidney Foundation.)

Oct. 21 Paul Carrick Arthritic Symposium

aint Louis University School of Medicine
David P. Wohl Memorial Mental Health Institute
1221 S. Grand Blvd., St. Louis 63104
(314) 771-7600, Sta. 3940
Contact: Kenneth D. Michael M.D., Director, CME

April 19 Diagnosis, Differential Diagnosis and Issues to be Considered in Managing Latency Children's Symptoms of Emotional Distress
(Third in a series of five lectures.)

April 26 Problems in Treating Latency Age Children
(Fourth in a series of five lectures.)

May 3 Summation and Discussion of Overall Course
(Last in a series of five lectures.)

Give now . . .

to the Missouri State
Medical Foundation
student loan fund.
Your gift is
100 %
tax-deductible!

Send Your Contribution To:

MSMF
113
Madison
Jefferson City,
Missouri 65101

• Sponsored By Missouri State Medical Assn. •

The Missouri State Medical Foundation is classified by the Internal Revenue Service under 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE
Continuing Medical Education

SYMPOSIUM ON PHYSICAL FITNESS

June 2-3, 1977 **Crown Center Hotel, Kansas City, Missouri**

Topics Include:

STRESS TESTING: Current and Future Use, Significance When Compared to Coronary Angiography, Use of Results in Patient Management, Evaluation of Vein Graft Surgery, Evaluation of Exercise Prescription.

TOTAL FITNESS: What Is It?, Effects of Low Fat Diet and Long Endurance Exercise, Metabolic Effects of Total Fasting, Metabolic Effects of Alcohol, Cardiovascular Conditioning, Orthopedic Problems in Conditioning Exercises, Getting in Shape in Later Life.

DEMONSTRATION OF TREADMILL STRESS TESTING: Indications, Methodology, Criteria for Interpretation.

Guest Faculty:

Robert E. Bolinger, M.D., University of Kansas Medical Center, Kansas City, Kansas
William K. Dyer, Prairie Village, Kansas
Donald W. Goodwin, M.D., University of Kansas Medical Center, Kansas City, Kansas
Paul A. Lennon, M.D., Memorial Hospital Medical Center, Long Beach, California
Benjamin L. Rosin, M.D., Torrance Memorial Hospital, Torrance, California

University of Missouri-Kansas City Faculty:

Federico Adler, M.D.
Hubert H. Bell, M.D.
Donald R. Germann, M.D.
Ralph R. Hall, M.D.
David R. McConahay, M.D.

Accreditation:

American Medical Association: 14 credit hours in Category I.
American Academy of Family Physicians: 13½ prescribed hours.

For program and information: Continuing Medical Education, University of Missouri-Kansas City School of Medicine, 2220 Holmes, Kansas City, Missouri 64108; 816/276-1339.

contains no aspirin

tablets
Darvocet-N® 100

100 mg. Darvon-N® (propoxyphene napsylate)
650 mg. acetaminophen

Lilly

700184

Additional information available to the profession on request from Eli Lilly and Company Indianapolis, Indiana 46206

Eli Lilly and Company, Inc.
Carolina, Puerto Rico 00630

Volume 74, Number 4—April, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

JAMES A. ROLLER, M.D. *and*
PHILIP C. ANDERSON, M.D., *Columbia*

Chloroquine in the Treatment of Porphyria Cutanea Tarda

Case Report

THE MOST COMMON TYPE of porphyria in Missouri s porphyria cutanea tarda (PCT). Patients with PCT feel ill and look sunbeaten, pigmented and prematurely aged. In summer, the sun elicits cutaneous blisters and erosions, especially on the dorsa of the hands, and these heal poorly. The physician can recognize the disease in his office and can conirm the diagnosis precisely by laboratory tests. Recent improvements in therapy and in our understanding of the biochemistry of the porphyrias make precise classification necessary.

Until the late 19th century, dermatologists conidered most chronic blistering diseases to be forms of pemphigus, from the Greek "pemphix" or bubble." In 1827, Martius enumerated 97 varieties of pemphigus which, undoubtedly, included the porphyrias. For example, Sehultz in 1874 described a patient with "pemphigus leprosus" who had skin ensitivity, red urine and splenomegaly; this probably was erythropoietic porphyria. In 1871, Hoppe-Seyler first used the word "porphyria" to describe ron-free hematin, porphyria being derived from the Greek "porphyros" meaning "reddish-purple." Gunher classified the diseases of porphyria metabolism n 1911. In 1937, Waldenstrom restudied some of Gunther's early cases of hematoporphyria with light ensitivity and renamed them PCT. Contemporary eviews of the subject have extended these concepts.[1]

PCT is readily differentiated from the other porphyrias. The only porphyria which has no cutaneous signs is acute intermittent porphyria (AIP). Neurologic and visceral symptoms are prominent in AIP, and porphobilinogen is increased in the urine. Medical historians have termed AIP as "a royal malady," believing that the Houses of Stuart and Hanover were affected.[2] More recently, however, they suggest that their Highnesses may have had porphyria variegata.[3] Porphyria variegata couples the systemic symptoms of AIP with the cutaneous signs of PCT and has the biochemical defects of both. It is seen almost exclusively in white South Africans of Dutch descent and is unusual in the United States. Erythropoietic porphyria and erythropoietic protoporphyria are disorders of bone marrow heme synthesis in which signs of photosensitivity begin in infancy or early childhood. These rarer porphyrias do not present the signs or symptoms that PCT does.

The initial findings in PCT, which is also known as acquired porphyria and symptomatic porphyria, are increased skin fragility, blisters and erosions on sun-exposed skin, hyperpigmentation and hypertrichosis of the face, milia, scarring and dark urine. PCT may be confused with SLE or scleroderma. Occasionally, patients are thought to have photoallergy, insect bites, fungus infection, poison ivy or merely very fragile skin. Women with PCT may be considered erroneously to have a virilizing tumor

The most common porphyria in Missouri is porphyria cutanea tarda. Diagnosis can be made in the office and confirmed by laboratory tests. The authors discuss low-dose chloroquine therapy which is being investigated at the University of Missouri Medical Center.

Dr. Roller and Dr. Anderson are from the Division of Dermatology, Department of Medicine at the Medical Center.

when hypertrichosis is severe.

Most patients with PCT evolve the same distinctive set of symptoms, often in association with alcohol abuse. The disorder usually manifests itself after age 40, but it may occur earlier. PCT is thought to be acquired, and it can be induced by drugs which cause liver dysfunction. Usually, they are alcohol or estrogens. There may be predisposing factors, such as a possible inherited diathesis, which leads to PCT when combined with one of the inducing agents.[4, 5] Other disorders which have been associated with PCT include diabetes mellitus, systemic lupus erythematosus and hepatoma.

The diagnosis of PCT depends upon demonstrating a sustained increase in uroporphyrin in the urine with no increase in porphobilinogen. Coproporphyrin also may be increased in the urine. As a consequence, the urine is likely to be dark red or brown in ordinary light, and it fluoresces pink-red when exposed to a diagnostic Wood's light.

When PCT is suspected, a 24-hour collection of urine should be obtained for quantitative determination of total uroporphyrin and coproporphyrin as well as qualitative demonstration that porphobilinogen is absent. The severity of the clinical manifestations is not directly correlated with the serum uroporphyrin level. Patients with extremely high levels of uroporphyrin may have only mild skin involvement, while patients with severe skin lesions may have only slightly elevated uroporphyrins.

In the rare cases when uroporphyrin levels are normal in the presence of skin lesions suggestive of PCT, we perform a provocative test using chloroquine in a single low dose. Because PCT is often disfiguring, disabling and frightening to those afflicted, the provocative test is necessary in order to end the diagnostic search and begin definitive treatment.

Most patients with PCT have liver damage, as shown by mildly abnormal SGOT (serum glutamic-oxaloacetic transaminase), SGPT (serum glutamic-pyruvic transaminase) and BSP (Bromsulphalein®) tests. Serum iron and total iron binding capacity are elevated in many patients, and glucose tolerance tests are frequently abnormal. Biopsy of the skin, although not useful for diagnosis, does show a characteristic subepidermal bulla with dermal papillae rising irregularly from the floor of the bulla and projecting into the bulla cavity. Biopsy of the liver may show siderosis and fibrosis.[6]

The most common, effective therapy now used for PCT is phlebotomy as developed from the work of Ippen in 1961.[7-9] However, we find this treatment tedious and inconvenient for the patient. Repeated venesection in patients with anemia or congestive heart failure may be undesirable. Avoidance of all hepatotoxins and drugs metabolized by the liver is beneficial. By itself however, it often is not effective or reliable in producing a longlasting, stable remission. Avoidance of all sun exposure by wearing heavy clothing or by limiting oneself to evening outdoor activity is impractical and does not improve the distinctive fragility of the skin. If topical sunscreens are used, absorption must be at the 400 nm level, a feature which few commercially available products offer. None of these methods alone is suitable in our experience.

Chloroquine phosphate was used to treat PCT as early as 1957[10] and has been found effective by many authors since then.[11, 12] In the 1950s, chloroquine was prescribed regularly for lupus erythematosus and, occasionally, for unexplained photosensitivity. Patients with PCT underwent severe but transient illnesses when mistakenly given full doses of chloroquine. The observation that some of these persons enjoyed an unexpected remission afterwards led to reevaluation of the action of chloroquine in PCT. The remissions may be achieved by the selective destruction of abnormal hepatic mitochondria, and the increased uroporphyrin excretion is mediated by a water soluble chloroquine complex that is readily excreted in the urine.[13] Chloroquine is not hepatotoxic, and the therapeutic problem is to select the correct dose and the proper patient. Undesirable results may follow when inappropriately large doses are used, when patients with severe chronic liver disease are not managed with caution or when the therapy is too hurried. If the abnormal mitochondria are destroyed very slowly, however, side effects will be few and the therapy will be well tolerated and effective in most cases.

After achieving longstanding remissions, some physicians still recommend not using chloroquine due to their concern for the temporary side effects of nausea, vomiting and fever associated with elevated serum transaminase levels and increased uroporphyrin excretion.[14] These side effects last only one to three days and are encountered mostly with the larger doses of chloroquine in the range of 0.5 gm to 1.0 gm daily. Long remissions without alarming side effects are achieved using much lower doses.[15-17] Usually in the hospital, we presently use 50 mg of chloroquine phosphate taken orally daily for three days and then 250 mg daily for three to five days. During this observation, uroporphyrins are measured and proper precautions are assured. The patient then takes 500 mg orally weekly as an outpatient. We see the patient in the clinic four weeks later, when 24-hour urine collections for uroporphyrin are evaluated. A few patients still may be excreting excessive uroporphyrins. In that case, we give 500 mg oral doses twice weekly for four weeks. This program is continued until the patient's urine uroporphyrin levels are normal. An illustrative case will clarify the details of management.

Case Report

Two years prior to admission, a 69-year-old bookkeeper noted gradually worsening malaise and fatigue with a deepening tan over her face, neck and hands which persisted even during the winter. Sun exposure caused an exaggerated skin discoloration accompanied by a burning sensation. She also noted small blisters over the backs of her hands and stated that she could easily peel small patches of skin from her forearms. For one year prior to admission, she was aware of many new dark hairs over her forearms, and she intermittently passed tea-colored urine. She drank a glass of wine each evening. Medications included 1 grain of thyroid daily. She had received intermittent estrogen therapy for menopausal symptoms ten years prior to admission. By our examination, she was a darkly-tanned, obese, white woman with vesicles, bullae, erosions, scarring and milia on the dorsal surfaces of both hands and wrists. Ophthalmologic examination was normal except for a mild refractive error. The liver edge was palpated at the right costal margin and the liver measured 10 cm by percussion at the right mid-clavicular line. Laboratory findings included hemoglobin, 14.3 gm/100 ml; SGPT, 57 (normal 1.5-28); SGOT, 105 (normal 3-48); BSP retention, 11.1%; and serum iron, 175 mcg/dl (normal 50-130).

The urine uroporphyrin level was 4470 mcg/24 hr volume (normal 14-57), and urine coproporphyrin level was 969 mcg/24 hr volume (normal 34-234). Urine porphobilinogen was less than 2 mg/24 hr volume and the Watson-Schwartz test was not reactive. By liver biopsy, we found only a mild periportal fibrosis with a moderate increase in iron pigment in hepatocytes and Kupffer cells. A sample of the patient's urine fluoresced pink-orange under Wood's light.

The patient received chloroquine phosphate as outlined above and experienced some nausea only after the 250 mg doses. Liver function tests were followed carefully and were not affected by treatment. As expected, when she returned to the clinic four weeks after discharge, her skin appeared unchanged. Urine uroporphyrin and coproporphyrin levels were slightly higher than her pre-treatment levels, but her liver function tests were unchanged. However, two months later, the patient had only one 2 mm vesicle on her left hand and her liver function tests were within normal limits. Chloroquine was continued for four more weeks at 500 mg per week. Six months later, the patient had a marked increase in strength and well-being and her deep pigmentation had resolved. She felt and appeared much healthier. Liver function tests remained normal. Urine uroporphyrin had dropped to 270 mcg/24 hr volume, and urine coproporphyrin was 107 mcg/24 hr volume.

All patients the authors have managed or observed have responded well to chloroquine without complications. Kowertz, formerly of the staff, has reported the same results with a large series showing excellent clinical remissions persisting at least five years.[16, 18] A principal advantage of chloroquine therapy is the long-sustained remission without further therapy. Our efforts to determine the lowest effective dose of chloroquine are directed at minimizing the adverse effects of rapid mobilization of porphyrins from the liver. At the same time, our aim is to achieve a prompt arrest of the disease so as to prevent further scarring.

References

1. Harber, L. and Bickers, D.: The Porphyrias: Basic Science Aspects, Clinical Diagnosis and Management. The Yearbook of Dermatology. Yearbook Medical Publishers, Inc., 1974, p. 9-47.
2. Macalpine, I. and Hunter, R.: The "Insanity" of King George III: A Classic Case of Porpbyria. Brit. Med. J. 1:65, 1966.
3. Macalpine, I. and Hunter, R.: Porphyria in the Royal Houses of Stuart, Hanover, and Prussia. Brit. Med. J. 1:7, 1968.
4. Prato, V. and Battistini, V.: L'ereditarieta della porfiria cuatanea tarda sintomatica. Minerva Medica 65:3599, 1974.
5. Dehlin, O., Enerback, L. and Lundvall, O.: Porphyria Cutanea Tarda—A Genetic Disease? Acta Medica Scandinavica 194:265, 1973.
6. Timme, A., Dowdle, E. and Eales, L.: Symptomatic Porpbyria: Part 1. The Patbology of the Liver in Human Symptomatic Porpbyria. S. Afr. Med. J. 48:1803, 1974.
7. Ippen, H.: Allgemeinsymptome der spaten Hautporphyrie als Hinweise fur deren Behandlung. Deutsch Medizinische Wocbenschrift 86:127, 1961.
8. Epstein, J. and Redeker, A.: Porphyria Cutanea Tarda, A Study of the Effect of Pblebotomy. N. Eng. J. Med. 279:1301, 1968.
9. Ramsay, C., Magnus, I., Turnbull, A. and Baker, H.: The Treatment of Porphyria Cutanea Tarda by Venesection. Quart. J. Med. 43:1, 1961.
10. London, I.: Porphyria Cutanea Tarda. Arcb. Dermat. 75:801, 1957.
11. Felsher, B. and Redeker, A.: Effect of Chloroquine on Hepatic Uroporphyrin Metabolism in Patients With Porphyria Cutanea Tarda. Med. 45:575, 1966.
12. Vogler, W., Galambos, J. and Olansky, S.: Biochemical Effects of Chloroquine Therapy in Porphyria Cutanea Tarda. Am. J. Med. 49:316, 1970.
13. Scholnick, P. and Marve, H.: The Molecular Basis of Chloroquine Responsiveness in Porphyria Cutanea Tarda. Clin. Res. 16:258, 1968.
14. Sweeney, G., Saunders, S., Dowdle, E. and Eales, L.: Effects of Chloroquine on Patients With Cutaneous Porphyria of the "Symptomatic" Type. Brit. Med. J. 1:1281, 1965.
15. Kordac, V. and Semradova, M.: Treatment of Porphyria Cutanea Tarda With Cbloroquine. Brit. J. Dermat. 90:95, 1974.
16. Kowertz, M.: The Therapeutic Effect of Chloroquine. JAMA 223:515, 1973.
17. Taljaard, J., Sbanley, B., Stewart-Wynne, E., Deppe, W. and Joubert, S.: Studies on Low Dose Chloroquine Therapy and tbe Action of Chloroquine in Symptomatic Porphyria. Brit. J. Dermat. 87:261, 1972.
18. Kowertz, M.: Hepatocutaneous Recovery in Porphyria Cutanea Tarda. Address to First International Porphyrin Meeting, Porphyrins in Human Diseases, Frieburg-im-Briesgau, May, 1975.

ZUHDI LABABIDI, M.D., NASROLLAH HAKAMI, M.D.
and **CARL ALMOND, M.D.,** ***Columbia***

Chronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade

Case Reports

Clinical and hemodynamic observations are reported in two children who are three and five years old, with chronic granulomatous disease. They presented with similar clinical pictures of abdominal pain, congestive heart failure, enlarged heart shadow and friction rub. The value of simultaneous pericardial and right heart catheterization prior to pericardiocentesis to determine the presence of cardiac tamponade and total drainage of pericardial fluid is stressed. No causative organism could be isolated and both patients had a satisfactory recovery following pericardiocentesis and open pericardiotomy.

Pericardial effusion producing a clinical picture similar to that of heart failure is well recognized as a sign of cardiac tamponade.[1] Case reports of two children with chronic granulomatous disease who developed pericarditis with cardiac tamponade are presented.

Case Reports

Case # 1 An infant boy born on May 29, 1972 was admitted on April 2, 1975 because of abdominal pain three days prior to admission followed by dyspnea and orthopnea. His liver was 4 cm below the costal margin and he had a friction rub and a temperature of 101 F. His chest x-ray showed an enlarged cardiac silhouette with a cardiothoracic ratio of 65%. The electrocardiogram showed ST changes compatible with acute pericarditis.

The authors believe that this is the first report of two cases of pericarditis associated with chronic granulomatous disease. The value of simultaneous pericardial and right heart catheterization prior to pericardiocentesis is stressed. Both patients recovered satisfactorily after pericardiocentesis and open pericardiotomy.

Dr. Lababidi is Director of Pediatric Cardiology, Department of Child Health; Dr. Hakami is Director of Pediatric Hematology/Oncology, Department of Child Health; and Dr. Almond is Chief of Thoracic and Cardiovascular Surgery, Department of Surgery, University of Missouri School of Medicine.

On April 3, 1975, pericardiocentesis with an 18 gauge needle was performed simultaneously with right heart catheterization. The mean right atrial pressure was 10 mm Hg and was equal to the intrapericardial pressure. Only 7 cc of straw-colered fluid was removed before the pericardial needle was obstructed by fibrinous material. Because we thought the fluid was loculated, open pericardiotomy was performed and 250 cc of straw-colored fluid was removed. At operation, the pericardium was thickened (6 mm) and the visceral layer was covered with a very thin layer of fibrinous material. The pericardial fluid had 6,700 white blood cells/cc. The protein content was 4.8 gm/100 ml; Gram stain and Giesma stain were negative. Aerobic and anaerobic cultures were negative. Fungal and viral cultures also were negative. Pericardial biopsy showed acute inflammatory reaction with a few polymorphonuclear cells and fibrinous material.

The hemeprofile revealed 15,900 white cells with 69% polymorphonuclear cells, 28% lympocytes, 3% monocytes and 2% eosinophiles. The platelets were 518,000/mm^3, the Hgb was 8.6 gm% and Hct was 28%. Monospot test was negative.

Past Medical History: The child had repeated pulmonary and skin infections. The only organisms isolated were Serratia from a skin lesion of the left arm on March 24, 1975. NBT reduction after exposure to endotoxin was 9% (normal 80-100%). IgM was 192 mg%; IgG, 1200 mg%; IgA, 290 mg%; and IgD, less than 2.4 mg%. C-3 complement 250 mg% and C-4 complement 58 mg%.

The child was discharged two weeks after the pericardiotomy and a subsequent chest x-ray showed a return to normal cardiothoracic ratio.

Case # 2 A young boy, whose date of birth was Oct. 7, 1970, was admitted on Jan. 28, 1976 because of chest pain of two days' duration associated with dyspnea and orthopnea. His liver was 3 cm below the costal margin and he had a friction rub and temperature of 100.5 F. His chest x-ray showed an enlarged cardiac silhouette with cardiothoracic ratio of 70%. The electrocardiogram showed ST changes of acute pericarditis. On Jan. 29, 1976, percutaneous right heart catheterization was performed from the groin. While the catheter was in the right atrium, catheterization of the pericardium was performed using modified Seldinger technique. A # 7F catheter was introduced at the left nipple line of the fifth intercostal space. The intrapericardial mean pressure was 13 mm Hg while the simultaneous right atrial mean pressure was 12 mm Hg. The right atrial pressure dropped to 4 mm Hg after total evacuation (323 cc) of pericardial fluid. Right atrial cineangiography was performed before and after pericardiocentesis to make sure that all the intrapericardial fluid was removed.

Past Medical History: This child had repeat infections with successful culturing of Staphylococcus aureus from skin lesions on Aug. 11, 1972, from a chalazion on April 17, 1974, from feces on Sept. 6, 1975 and from a hepatic abcess which was drained on Sept. 11, 1975. NBT test on Aug. 15, 1972 was 35% (normal less than 10%). Isoagglutinin titer vs B cells was 1:64. IgM on Aug. 13, 1972 was 100 mg% (normal 51-109%). On Aug. 18, 1972, it was 83 mg% (normal 167-409%) and on Aug. 18, 1972 it was 700 mg% (normal 900-1500 mg%).

The child did extremely well after the pericardiocentesis, and subsequent chest x-rays showed gradual return to normal cardiothoracic ratio.

Discussion

Cardiac tamponade consists of tense effusion into the free pericardial space causing compression of the heart, and decreasing its filling, thus elevating the right atrial pressure.[1] In two children three and five years of age simultaneous percutaneous right heart and pericardial catheterizations were performed. The simultaneous right atrial and pericardial pressures were measured in the cardiac catheterization laboratory using standard strain gauge electromanometric techniques and phasic photographic recording. Because the 18 gauge needle was easily obstructed by the floating fibrinous material in the first child, a modified Seldinger percutaneous technique was used in the second child to enter the pericardium. The advantage of using the catheter instead of a needle is that it can be manipulated under flouroscopy to reach the right atrial area when it enters at the apical area. By having the catheter taped to the chest, the patient can sit up, lean forward or turn on his side till all the pericardial fluid is drained by gravity without the danger of the catheter coming out of the pericardium. Cineangiography performed at the end of fluid drainage differentiates the effusive pericarditis from the constrictive type,[2-4] the latter requiring surgical evacuation of the fibrous material in the pericardium.[5] The presence of tamponade was proven by demonstrating the very high pericardial pressure which dropped to normal levels after total relief of pressure in the second case.

The electrocardiogram showed the ST segment changes of acute pericarditis.[6] A normal chest x-ray two to three weeks before the pericarditis occurred indicates that this is an acute process. No digitalization, diuretics, anti-inflammatory or antibiotic drugs were used.

Total drainage of pericardial fluid resulted in satisfactory recovery in both patients. Thickened pericardium was shown in both patients—cineangiographically in one and surgically in the other. Fibrotic thickening with acute inflammatory changes were shown in the pericardial specimens. Despite the fact that these two children have chronic granulomatous disease and are susceptible to infections, no bacteria, fungi, protozoa or viruses were demonstrated by smears or cultures. The PPD (purified protein derivative) skin tests and acid fast stains of the pericardial fluid were negative.

We believe that this is the first report of two cases of pericarditis associated with chronic granulomatous disease. The development of carbon dioxide injection,[7] radiopaque contrast angiocardiography,[8] radioactive isotope scanning[9] and ultrasound echocardiography[10] for the detection of pericardial effusion has greatly facilitated the evaluation of patients with pericarditis. Pericardiocentesis, not long ago discouraged for use except in emergencies, is now being used often and effectively.[11, 12]

The advantages of performing pericardiocentesis in the cardiovascular laboratory are the availability of strain gauge pressure recordings, monitoring equipment, catheters, cardiac medications and personnel qualified in handling cardiovascular emergencies.

References

1. Keith, J. D., Rowe, R. D. and Vlad, P.: Heart Disease in Infancy and Childhood, 2nd ed. New York, Macmillan, p. 978.

2. Moscovitz, H. L.: Pericardial Constriction Versus Cardiac Tamponade. Am. J. Cardiol. 26:546, 1970.

3. Figley, M. N. and Bagshaw, M. A.: Angiographic Aspects of Constrictive Pericarditis. Radiol. 69:46-53, 1957.

4. Preget, L., Dayem, M. K. A., Goodwin, J. F. *et al:* Angiographic Studies of Pericardial Disease. Lancet 2:701-706, 1965.

5. Hancock, E. W.: Subacute Effusive Constrictive Pericarditis. Circulation 43:183-192, 1971.

6. Surawicz, B. and Lasseter, K.: Electrocardiogram in Pericarditis. Am. J. Cardiol. 26:471-474, 1970.

7. Durant, T. M.: Negative (Gas) Contrast Angiography. Am. Heart J. 61:1, 1961.

8. Steinberg, I.: Roentgenography of Pericardial Disease. Am. J. Cardiol. 7:33, 1961.

9. Rejali, A. M., MacIntyre, W. J. and Friedell, H. L.: A Radioisotope Method of Visualization of Blood Pools. Am. J. Roent. 79:129, 1958.

10. Feigenbaum, H.: Echocardiographic Diagnosis of Pericardial Effusion. Am. J. Cardiol. 26:475, 1970.

11. Bishop, L. H., Estes, E. H. and McIntosh, H. D.: The Electrocardiogram as a Safeguard in Pericardiocentesis. JAMA 162:264, 1956.

12. Gersomy, W. M. and McCracken, G. H., Jr.: Purulent Pericarditis in Infancy. Pediat. 40:224-232, 1967.

ALAN E. OESTREICH, M.D., ***Columbia***

Pleural Thorn Sign of Pleural Effusion

Case Reports

THE RADIOGRAPHIC SIGNS of pleural effusion are generally well known. On occasion, the most obvious or even the sole sign of such fluid is a thorn-shaped protrusion of soft tissue density into the lateral end of the horizontal fissure on the frontal chest film (Figs. 1, 2, 3 & 4). Several brief case histories are presented to emphasize the diagnostic potential of the "pleural thorn sign."

CASE REPORTS

Case # 1 A 16-year-old girl with symptoms of arthralgias, Raynaud phenomenon and increasing fatigability also developed pleuritic chest pain. A chest film revealed an enlarged central silhouette. There was a pleural thorn sign, which disappeared on a subsequent film. There also was a small effusion evident at the right costophrenic sulcus which was not initially recognized. The patient is considered to have a mixed connective tissue disease with elements of lupus erythematosis and scleroderma (there was decreased esophageal peristalsis). The recognition of radiographic pleural effusion helped to support the clinical impression of pericardial effusion as the cause of the enlarged cardiac silhouette, especially since the chest became normal with prednisone therapy.

Case # 2 A 26-year-old woman experienced a week of respiratory distress and mild fever. A chest x-ray showed an undulant confluent infiltrate in the lower right lung and a pleural thorn sign (Fig. 2). Clinically, her picture was more consistent with mycoplasma than with bacterial pneumonia. A slow response to erythromycin was observed. Pleural effusion may well be associated with mycoplasma pneumonia.

Case # 3 A 16-year-old girl with known sickle cell anemia and a long history of thrombotic crises was seen three days after falling in a bathtub. On the chest x-ray, a pleural thorn was present, but no rib fracture (Fig. 3). Subsequently, the thorn disappeared, but a large left pleural effusion was noted. Presumably, the thorn reflected a right pleural or lung sickling infarction episode.

Recognition of the pleural thorn sign may be clinically helpful in cases of pleural effusion in which other radiographic findings are absent or subtle. The author reviews recent clinical cases to emphasize the diagnostic potential of this sign.

Dr. Oestreich is Associate Professor of Radiology and Child Health, University of Missouri School of Medicine.

Case # 4 A 12-year-old girl was known by cardiac angiography to have an Ebstein malformation of the heart with abnormally thickened tricuspid tissue, which possibly was an atrial myxoma. Because of dyspnea and cyanosis on exertion, she was scheduled for operative repair of the malformation. The preoperative chest film showed the large cardiac silhouette and clear lung fields. The only evidence of pleural effusion was a pleural thorn sign, which was not previously present.

At surgery, a gelatinous, friable, atrial myxoma was found in the right atrium. Acute pulmonary embolization of this difficult-to-handle material contributed to the inability to wean the patient from cardiac pump support after completion of the surgery, and she died in failure of the right heart.

At autopsy, organizing myxoma embolization in pulmonary artery branches and a peripheral lung infarct also were found. Therefore, the pleural thorn, in retrospect, may have been a diagnostic clue to the preoperative lung and pulmonary artery involvement.

Case # 5 A 63-year-old woman has had a complicated recent course centering around a Wegener granulomatosis diagnosis of an enlarging lesion of the left upper lobe, which was resected. In the course of many serial radiographs, a right pleural thorn appeared without obvious costrophrenic sulcus deformation (Fig. 4). Thus, it was the evidence of right pleural effusion.

Case # 6 A 35-year-old man with a history of heart disease has shown a pleural thorn on all chest films for the past few years, but had not done so previously. When he shows clinical heart failure, the pleural thorn moves medially when right lateral pleural effusion is seen on the frontal chest radiograph. The thorn returns to the lateral thoracic margin as failure clears.

DISCUSSION

The lumen of the horizontal fissure is in continuity with the lumen of the right lateral pleural space. Excessive right pleural fluid often is recognized to result in a prominent fissure. On occasion, pleural effusions are more difficult to recognize. For example, subpulmonic effusions may mimic the hemidiaphragm contour on upright films; dependent fluid may be hard to recognize on supine films.

The thorn sign is a soft tissue density with its base laterally located at the lateral margin of the

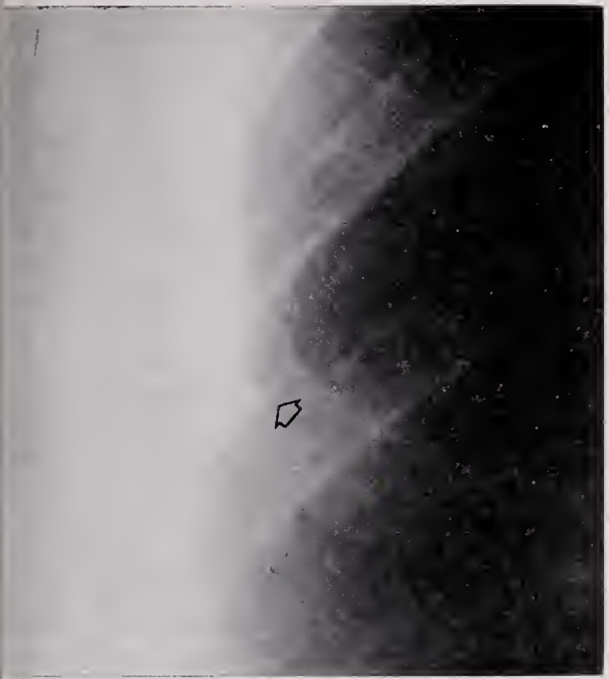


Fig. 1 The pleural thorn sign. A close-up of the lateral horizontal fissure of Fig. 4.

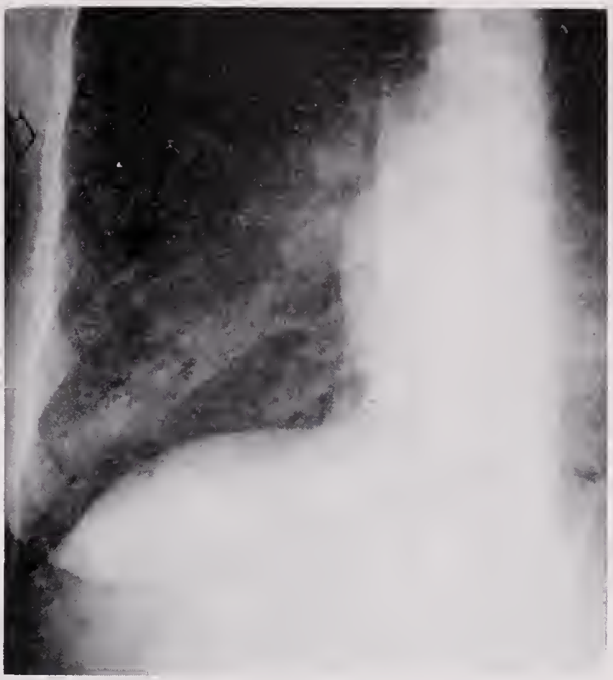


Fig. 2 Case # 2.

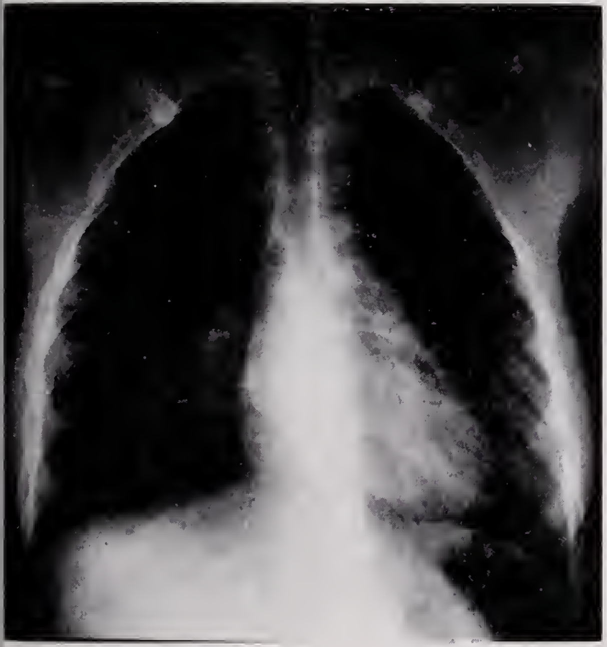


Fig. 3 Case # 3.

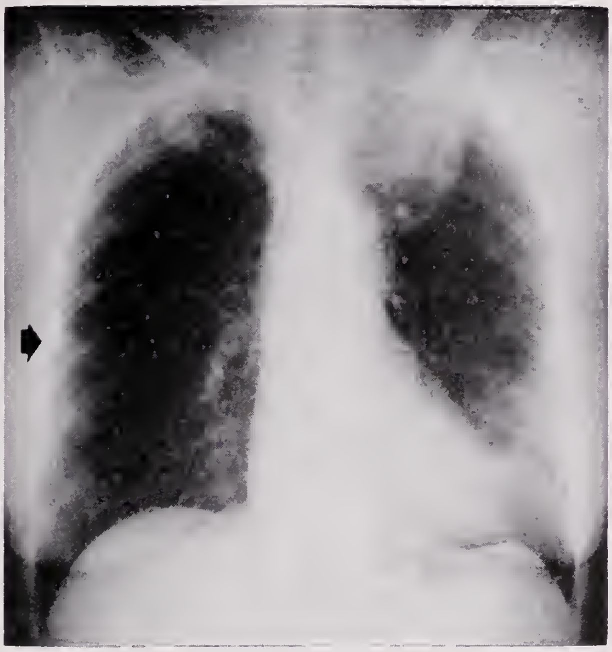


Fig. 4 Case # 4.

horizontal fissure of the right lung. A possible mechanism relates to capillary-like action of relatively small amounts of fluid in the pleural space at this junction of lobes. The thorn may represent acute pleural fluid (Cases # 1-# 5) or be an example of chronic pleural thickening (Case # 6). We have found that in both adults and children, it can be the first or only recognized manifestation of pleural effusion on the right side.

The "middle lobe step" is another sign of right pleural effusion which presents at the horizontal fissure. A rather narrow lateral effusion along the right upper lobe becomes suddenly wider at and

(Continued on page 176)

J. NED SMITH, M.D., ***Columbia***

Alcoholic Hepatitis

ALCOHOLIC HEPATITIS is a chronic disease of the liver which may last months or years.[1] It is an inflammatory response to parenchymal necrosis. After episodes of unusually heavy drinking, an acute condition may exist. It is characterized by abdominal pain, vomiting and leukocytosis.

The concept that it is a necessary stage in the formation of alcoholic cirrhosis is a recent one. Alcoholic hepatitis has a significant death rate of its own; this is extremely variable depending on the severity of the pathology. Conn estimates that 25% to 40% of patients with alcoholic hepatitis die.[2] Galambos's observations suggest that cirrhosis develops in about a third of the patients who have alcoholic hepatitis and that about a third of excessive drinkers have alcoholic hepatitis or about 20 million people in the U. S.[1]

In the older literature, the process was called florid cirrhosis.[3] Beckett *et al* were one of the first groups using the term alcoholic hepatitis in 1961.[4] Green *et al* reviewed 50 cases of alcoholic hepatitis in 1963.[5] Widespread recognition resulted from the discussion of alcoholic hepatitis by Wesser and Avioli which was published in the *JAMA* in 1968.[6] Most of the literature and increased understanding of this hepatitis has occurred since 1968. In the University Hospital-Veteran's Hospital complex in Columbia, Mo., we see at least 50 cases a year.

HISTOPATHOLOGY

Although the diagnosis of alcoholic hepatitis can be strongly suspected by its setting and clinical syndrome, proof is established only by histological examination. Harinasuta and Zimmerman, who actually prefer the term alcoholic steatonecrosis, define the histological features to include varying degrees of fatty metamorphosis, necrosis, infiltration of the loblules and portal tracts with neutrophils and with or without "Mallory bodies."[7] Sclerosing hyaline necrosis is the term defining the onset of fibrosis in the central lobule. Fibrosis or cirrhosis occurs in varying percentages of the patients depending on patient selection. Conn states that it occurs in from 20% to virtually all of the patients.[2]

This report on alcoholic hepatitis stresses the current concept that it is a necessary stage in the formation of alcoholic cirrhosis. Its importance is of relatively recent recognition. The author discusses the histological criterion for diagnosis, the Mallory body, clinical presentation of alcoholic hepatitis, differential diagnosis and therapy.

Dr. Smith is Associate Professor, Division of Gastroenterology, Department of Internal Medicine, University of Missouri School of Medicine.

THE MALLORY BODY

Mallory, a pathology professor at Harvard, wrote his original paper in 1911.[8] He thought impurities in alcohol rather than alcohol itself caused alcoholic cirrhosis. In 1932, he described the formation of the "Mallory body."[9] "The cytoplasm of the liver cells very slowly undergoes a degenerative change in consequence of which minute hyaline droplets appear in it and gradually fuse to form an irregular, fine-to-coarse, hyaline meshwork which tends to surround the nuclei. This meshwork of reticulum, except when very old, stains intensely with eosin in the eosin methylene blue method after fixation in Zenker's fluid. The degenerative change may attack single cells or small or large groups of them. It may affect cells throughout the lobule but, if slight in amount, is confined chiefly to the center of it in the early stages of the process."[9] The Mallory body also stains purple-red with hematoxylin and eosin. Under the electron microscope, alcoholic hyaline appears as an irregular meshwork of fine fibrils whose origin is obscure. Histochemistry shows an insoluble protein complex or a denatured protein within otherwise viable cells.

I stress the Mallory body because, found in the center of the lobule, it is nearly pathognomonic of alcoholic hepatitis. Some feel that it is essential for the diagnosis. Brischback *et al* show that this is not true.[7, 10] Many authors believe the presence of alcoholic hyalin connotes a poor prognosis. Galambos denies this.[1]

The Mallory body also is seen in Wilson's disease, cryptogenic cirrhosis, primary biliary cirrhosis and in Indian childhood cirrhosis.[11] Recently, it also is described in the livers of patients who have had ileojejunal bypasses for obesity.[12]

ETIOLOGY

Alcoholic hepatitis is the result of excess ethanol. The controversy between alcohol vs malnutrition is settled by the studies showing that baboons develop fatty livers, alcoholic hepatitis and cirrhosis from excess alcohol while consuming an adequate diet.[13]

How much alcohol is excessive? From the liver viewpoint, hazardous drinking or increased risk of developing alcoholic liver disease is a daily intake of 100 ml (80 gms) of ethyl alcohol. The risk is much greater at 200 ml per day. One hundred milliliters of alcohol is contained in 9 ounces of spirits, 21 ounces of wine (15% alcohol by volume) or 72 ounces of beer.[14] A fifth of 100-proof bourbon contains 295 gm of alcohol. Although there are exceptions with unbelievably heavy drinking, ordinarily ten to 15 years of drinking is required to produce alcoholic hepatitis or cirrhosis or both. The spree drinker is less likely to suffer liver damage. Women suffer damage with less alcohol than men. Not all individuals drinking daily to excess develop alcoholic liver disease. Liver function tests indicate a quarter show severe changes, less pronounced changes occur in another quarter and no significant damage occurs in one half the patients.[11]

CLINICAL EXPRESSION

The clinical spectrum of alcoholic hepatitis varies from a patient who appears well to the deeply jaundiced individual who is nearly terminal.

The most common symptoms are anorexia, nausea, vomiting, diarrhea, abdominal pain and weight loss. Increased drinking before admission is common in the history. The important physical findings are an enlarged, smooth liver, liver tenderness, unexplained fever, ascites and an enlarged spleen.

Leukocytosis is common in the more severe cases. Leukopenia and anemia may be the result of hypersplenism or depression of the marrow by alcohol. The platelet count is occasionally low.

The SGOT (serum glutamic-oxaloacetic transaminase) is elevated in the majority of cases, but usually is under 300 units and rarely is above 500 units. The alkaline phosphatase is elevated in the majority of cases but usually remains in a range below three times the normal value. The bilirubin is normal in mild cases but usually is in a range of 2-5 mg/100 ml. When over 5 mg/100 ml, it indicates a poor prognosis. Low albumin also is associated with the sicker patients. A prothrombin time prolonged and unresponsive to vitamin K is a very poor prognostic sign. The gamma globulin tends to be elevated as in cirrhosis, and immunoglobulin A is characteristically elevated.

The ratio of SGOT/SGPT (serum glutamic-pyruvic transaminase) is important. In the 100 patients reviewed by Harinasuta and Zimmerman, 90% had a SGOT/SGPT ratio above 1.5 while only 2% showed a ratio below 1.0 in association with an elevated SGOT.[7]

Again, a definite diagnosis can be made only by liver biopsy or autopsy.

DIFFERENTIAL DIAGNOSIS

1. *Enlarged liver secondary to increased fat such as obesity or diabetes.* Both conditions will have a positive BSP (Bromsulphalein®) test. A moderate elevation in SGOT plus an elevated bilirubin suggest mild alcoholic hepatitis to be confirmed by liver biopsy.
2. *Infectious and serum hepatitis.* The Australian antigen is positive only in serum hepatitis. An SGOT over 500 units is strongly in favor of infectious or serum hepatitis. Leukocytosis favors alcoholic hepatitis.
3. *Alcoholic gastritis.* Both conditions may cause abdominal pain, nausea and vomiting. Spree drinking and hematemesis favor alcoholic gastritis. Stigmata of alcoholic liver diseases, such as spider angiomata and palmar erythma, plus a history of long-sustained drinking favor alcoholic hepatitis. The SGOT/SGPT ratio may help. Endoscopy and liver biopsy may be required.
4. *Alcoholic pancreatitis.* This patient likely has a history of previous pancreatitis. The serum and urinary amylase probably are elevated.
5. *Biliary colic or acute cholecystasis or both.* An occasional patient with alcoholic hepatitis has marked cholestasis and may present with right upper quadrant pain, leukocytosis, a markedly elevated alkaline phosphatase and an elevated bilirubin. The differential diagnosis is difficult. Clues to alcoholic hepatitis are a history of recent very heavy drinking and clinical stigmata of alcoholic liver disease. A markedly enlarged liver helps. Liver biopsy is often required. An operation is avoided in alcoholic hepatitis because the prognosis becomes much worse with an operation.
6. *Cirhosis*—Alcoholic hepatitis currently is considered to be a stage of liver disease necessary before the development of cirrhosis, but the patient may have both conditions at the time of presentation. However, the patient with alcoholic hepatitis who has not developed cirrhosis and who abstains may recover and not develop cirrhosis. Abdominal pain, fever and leukocytosis favor alcoholic

hepatitis. Liver biopsy would show fibrosis and nodular regeneration if cirrhosis has developed.

Therapy

The principles of treatment are similar to those for cirrhosis and include bedrest, complete abstinence from alcohol, multiple vitamins (including vitamin B complex and folic acid) and a diet of food that the patient will eat. Sodium is restricted if ascites is present and folate and potassium levels are checked. Relief of pain may be indicated. Infection and delirium tremens are treated promptly if these complications appear.

There has been a consensus of opinion in France, Britain and the United States that a short course of corticosteroid therapy can improve the appetite in patients with alcoholic hepatitis.[1] Steroid therapy otherwise is controversial and most authorities discourage it. The report of Helman *et al* is the one well conceived study that favors this therapy.[15] Of 15 patients with alcoholic hepatitis and hepatic encephalopathy, six who were given a placebo died whereas only one of nine died after receiving 40 mg of prednisolone daily for one month. The prednisolone did not protect the patients, most of whom were women, from developing cirrhosis. Other similar controlled series using steroid therapy have been unsuccessful. However, none of the other trials dealt with the precise group of patients and with the exact therapy that Helman *et al* used. It is a consideration in a deteriorating patient, but the present opinion is that steroid therapy has little place in the treatment. It usually is preferable to review the patient and therapeutic program for other possibilities, such as an overlooked infection.

References

1. Galambos, J. T.: The Course of Alcoholic Hepatitis, in Alcoholic Liver Pathology, edited by Khanna, J. M., Israel, V. and Kalant, H. Alcoholism and Drug Addiction Research Foundation of Ontario, Toronto, Canada 97, 1975.
2. Conn, H. O.: Cirrhosis, in Diseases of the Liver, edited by Schiff, Leon. Philadelphia-Toronto, J. B. Lippincott Company, 1975, p. 915-917.
3. Popper, H. *et al:* Florid Cirrhosis. A Review of 35 Cases. Am. J. Clin. Pathol. 25:889, 1955.
4. Beckett, A. G., Livingstone, A. V. and Hill, K. R.: Acute Alcoholic Hepatitis. Brit. Med. J. 2:1113, 1961.
5. Green, J., Mistilis, S. and Schiff, L.: Acute Alcoholic Hepatitis. A Clinical Study of 50 Cases. Arch. Intern. Med. 112:67, 1963.
6. Wessler, S. and Avioli, L. V.: Alcoholic Hepatitis. JAMA 203:865, 1968.
7. Harinasuta, V. and Zimmerman, H. J.: Alcoholic Steatonecrosis. Relationship Between Severity of Hepatic Disease and Presence of Mallory Bodies in the Liver. Gastroenterol. 60:1036, 1971.
8. Mallory, F. B.: Cirrhosis of the Liver: Five Different Types of Lesions From Which It May Arise. Johns Hopkins Med. J. 22:68, 1911.
9. Mallory, F. B.: Cirrhosis of the Liver. New Eng. J. Med. 206:1231, 1932.
10. Birschback, R., Harinasuta, V. and Zimmerman, H. J.: Alcoholic Steatonecrosis. Gastroenterol. 66:1195, 1974.
11. Sherlock, S.: Diseases of the Liver and Biliary System, Fifth Edition. Oxford, London 445, Blackwell Scientific Publications, 1975.
12. Peters, R. L., Gay, T. and Reynolds, T. B.: Post-Jejuno-Ileal Bypass Hepatic Disease: Its Similarity to Alcoholic Hepatic Disease. Am. J. Clin. Pathol. 63:318, 1975.
13. Rubin, E. and Lieber, C. S.: Fatty Liver, Alcoholic Hepatitis and Cirrhosis Produced by Alcohol in Primates. New Eng. J. Med. 290:128, 1974.
14. Rankin, J. G., Schmidt, W., Popham, R. E. and Jan de Lint: Epidemiology of Alcoholic Liver Disease—Insights and Problems, in Alcoholic Liver Pathology, edited by Khanna, J. M., Israel, V. and Kalant, H. Addiction Research Foundation of Ontario, Toronto, Canada 31, 1975.
15. Helman, R. A., Temko, M. H., Nye, S. W. and Fallon, H. J.: Alcoholic Hepatitis. Natural History and Evaluation of Prednisolone Therapy. Ann. Int. Med. 74:311, 1971.

Pleural Effusion

(Continued from page 173)

below the minor fissure on a frontal film. The resulting step-off is believed to be associated with decreased elasticity of the middle lobe.[1] The resulting sharp angle at the fissure is an angle considerably less acute than the thorn.

In the typical adult, the minimal detectable pleural effusion by the well-known signs related to diaphragm and costophrenic sulcus has been shown by Collins to be about 25 cc.[2] What quantity is necessary for the thorn sign is not known.

The recognition of subtle pleural effusion on the chest x-ray can be of major diagnostic importance. It may point to a collagen disease in a young adult (Case # 1); indicate involvement of more than one serosal space in a patient with pericarditis (Case # 1); or be associated with infectious disease, including mycoplasma (Case # 2), staphylococcal pneumonia or tuberculosis. Pleural effusion can be a manifestation of heart disease (Case # 6), an abdominal disease or a sickle cell crisis of lung or pleura (Case # 3). It may be a sign of pulmonary infarction and, therefore, might be a sign of tumor emboli to the pulmonary vascularity (Case # 4). Also, it can be a sign of vasculitis (Case # 5). The purpose of this article is not to list all causes of pleural effusion. Rather, it is to emphasize that the recognition of pleural fluid radiographically may be assisted by recognition of a pleural thorn.

Conclusion

The pleural thorn sign is one of many manifestations of pleural effusion which may be seen on a frontal chest x-ray. Its recognition may be clinically helpful in those cases in which other radiographic findings are absent or subtle. Some illustrative recent clinical cases from our Medical Center are reviewed to highlight the role of this sign.

References

1. Fleischner, F. G.: Atypical Arrangement of Free Pleural Effusion. Radiol. Clin. N. Am. 1:347-362, 1963.
2. Collins, J. D. *et al:* Minimal Detectable Pleural Effusions. Radiol. 105:51-53, 1972.

DEBORAH FRITTS, M.A., ***Columbia***

Hearing Evaluations for the Young Child

With the help of sound field testing, middle-ear acoustic measurements and an efficient audiologist, the hearing evaluation of a young child can be successful. Hopefully, the physicians' support in identifying children with hearing impairments will help to discard the myth concerning the inability to test young children. The author is from the Department of Audiology, University of Missouri.

THE PREVALENT ASSUMPTION that the young child cannot be given a hearing evaluation should be discarded as a myth. This assumption has been based on the difficulty of a conventional hearing test which involves sending an auditory signal through earphones and having the patient make an appropriate response. Most assuredly, this sort of testing is too demanding for the busy 3-year-old child and impossible for the unsophisticated, 5-month-old baby. Fortunately, there are alternative tests that can become both interesting to the child and informative to the physician.

One effective test for the young child is the sound field test. The apparatus involves a two-room testing suite with two speakers in one room and an audiologist and calibrated audiometer in the adjacent room. The child is placed an equal distance between the two speakers. The auditory signal (pure tone, noise and voice) is channeled through one of the speakers and the child's task is to look at the appropriate speaker when the sound is heard. The child is immediately reinforced with an animated toy that is on top of the speaker. As may be apparent, the child is responding to hearing the sound as well as to the anticipation of the toy following the sound.

Sound field testing essentially demands that the child be able to localize a sound source. A 6-month-old baby should be able to turn his eyes toward the sound source and a 9-month-old baby should turn his head. Typically, the amount of information gained will vary with the age of the child. A very young baby will tend to respond only to very loud sounds whereas a 1½-year-old to 2-year-old child's response will be much closer to actual hearing threshold.

Sound field-test results can be used to eliminate the possibility of a hearing loss or to suspect high-risk children of a hearing impairment. Considering case history and parent reports, a young child not responding to a loud stimulus after repeated sound field tests should be highly considered as having a hearing impairment and in need of a habilitation program. However, a child who shows appropriate localizations and responses within normal limits should be considered to have normal hearing.

Whereas sound field testing can be both informative and an initiative to the physician for an effective habilitative program, the audiological diagnosis is not complete until the hearing loss is documented in the conventional manner. This is especially necessary for the child with a unilateral loss or the sloping hearing loss in which he hears normally in the low frequencies but shows a hearing loss in the higher frequencies. The 2½-year-old child should be mature enough to wear earphones and respond to the pure tone stimulus. The audiologist's responsibility is to be thorough but paced so as not to wear out the child and to make the task interesting.

This is easily accomplished by having the child drop a block into a bucket whenever he hears the "whistle." Most children find this "whistle game" enjoyable although, due to limited attention spans, the child may need to be seen several times before a complete audiogram is obtained.

Included in the battery of tests for the young child are middle-ear acoustic measurements. The acoustic bridge is concerned with what happens to the sound when it hits the tympanic membrane. As a sound is presented to the ear, part of the sound will be transmitted through the tympanic membrane to the ossicular chain, part will be reflected back from the tympanic membrane and the rest will be absorbed by the surrounding tissue. By measuring the various components of the acoustic system, information concerning conductive pathologies, sensorineural site of lesions and certain facial nerve lesions can be obtained. The acoustic bridge measures impedance, tympanometry and the stapedial reflex.

The acoustic bridge consists of a probe tip which is sealed into the external auditory canal by a rubber tip. The probe tip has three openings that connect to the acoustic bridge and its recordings. One opening leads to an air pressure device which al-

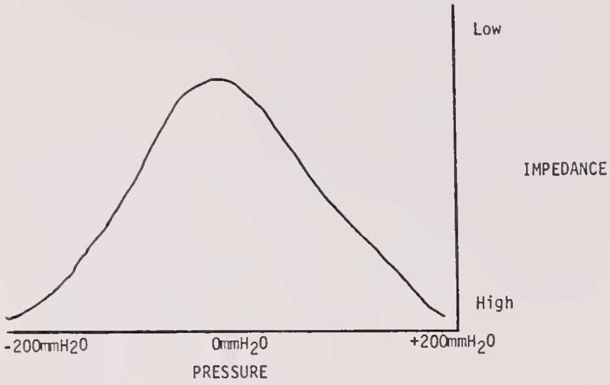


Fig. 1 Type A tympanogram indicative of normal middle ear.

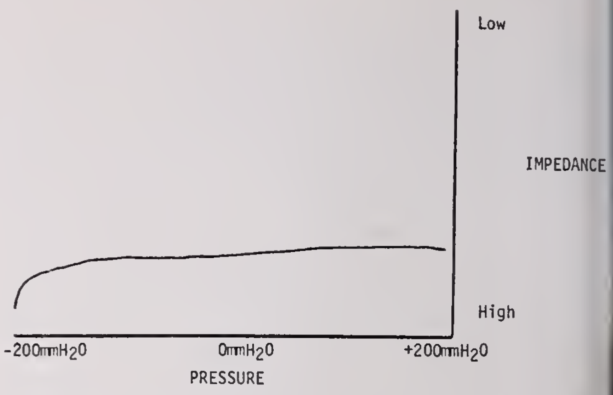


Fig. 2 Type B tympanogram indicative of serous otitis media.

lows manual manipulation of the air pressure in the external canal. Typically, this varies from +200mm H_2O, which pushes the tympanic membrane into the middle ear cavity, to −400mm H_2O, which pulls the tympanic membrane out. A second opening transmits a pure tone at a constant sound-pressure level. The microphone in the third opening picks up the sound reflected at the tympanic membrane and compares it with the original sound pressure. Measurements of the reflected sound are obtained at several pressure points and recorded on a graph called a tympanogram. Fig. 1 illustrates a typical tympanogram of a normal middle ear and is clinically referred to as a Type A tympanogram. The greatest amount of reflected sound or impedance occurred at the extreme pressure points. Least impedance was encountered at 0mm H_2O when the eardrum was at rest or, rather, when the pressure of the middle ear cavity equaled the pressure of the external ear cavity.

Fig. 2 is a Type B tympanogram and is consistent with serous otitis media. Impedance is consistently high and essentially independent of the varying air pressure. The tympanic membrane and ossicular chain have very little movement, if any, due to the amount of fluid filling the middle-ear cavity. Additional patterns also are obtained for other middle ear pathologies including inadequate eustachian tube function, ossicular discontinuity and stapes fixation.

Stapedius reflex testing also can be measured by the acoustic bridge. The stapedius muscle attaches to the stapes on the middle ear and acts as a protector to the inner ear from loud sounds. Contraction of the stapedius muscle causes the ossicular chain and tympanic membrane to jerk, which is recorded on the acoustic bridge. This reflex usually is absent in conductive losses and significant sensorineural losses. A normal or Type A tympanogram with absent stapedial reflexes could be indicative of a severe sensorineural impairment.

With the help of sound field testing, middle ear acoustic measurements and an efficient audiologist, the hearing evaluation of a young child can be successful. Testing for young children can be carried out in several settings. Typically, the acoustic bridge is part of an audiologist's standard equipment and can be found in otolaryngology offices, private clinics and hospitals. Sound field testing can usually be found in clinics and hospitals.

Hopefully, the myth concerning the inability to test young children will soon be discarded. With the physicians' support and general public awareness, young, hearing-impaired children can be identified. Early identification is essential for each child's emotional well being and for an optimistic prognosis for effective communication and education.

Physician Help Requested

(Continued from page 159)

choice for the penicillinase producing strain of gonorrhea is spectinomycin.

The treatment of choice for NSU is tetracycline, utilizing the schedule described above. This is particularly important because nonspecific urethritis does not respond to penicillin therapy. To assure adequate diagnosis and proper treatment, it is important that laboratory tests be done on all patients with gonorrhea-like symptoms and patients suspected of having gonorrhea for other reasons.

Big Balanced Rock, Chiricahua Mountains, Arizona (approx 1,000 tons)

ost Widely Prescribed—Antivert is the most widely pre-ed agent for the management of vertigo* associated with ases affecting the vestibular system such as Menière's disease, rinthitis, and vestibular neuronitis.

elief of Nausea and Vomiting—Antivert/25 can relieve the sea and vomiting often associated with vertigo*

osage for Vertigo*—The usual adult dosage for Antivert/25 e tablet t.i.d.

F SUMMARY OF PRESCRIBING INFORMATION

DICATIONS. Based on a review of this drug by the National Academy of ences—National Research Council and/or other information, FDA has classified indications as follows:

ffective: Management of nausea and vomiting and dizziness associated with tion sickness.

ossibly Effective: Management of vertigo associated with diseases affecting the tibular system.

inal classification of the less than effective indications requires further estigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* WARNING
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Preexisting elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.** If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K^+ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy.** Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium® (triamterene, SK&F Co.), and
leukopenia, thrombocytopenia, agranulocyt
and aplastic anemia have been reported
thiazides. Do periodic blood studies in cirrh
to check for nondrug-related variations in bl
pictures, and in patients with folic acid deplet
since 'Dyrenium' may contribute to appear
of megaloblastosis. Antihypertensive effect
be enhanced in post-sympathectomy patie
Use cautiously in surgical patients. The follov
may occur: transient elevated BUN or creat
or both, hyperglycemia and glycosuria (diat
insulin requirements may be altered), hype
cemia and gout, digitalis intoxication (in h
kalemia), decreasing alkali reserve with poss
metabolic acidosis. 'Dyazide' interferes
fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakn
dizziness, headache, dry mouth; anaphyl
rash, urticaria, photosensitivity, purpura, o
dermatological conditions; nausea and vomit
diarrhea, constipation, other gastrointestinal
turbances. Necrotizing vasculitis, paresthe
icterus, pancreatitis, xanthopsia and, ra
allergic pneumonitis have occurred with
zides alone.

Supplied: Bottles of 100 and 1000 caps
Single Unit Packages of 100 (intended fo
stitutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSUR

20/150 H

20/100 EAR

20/70 ING IS

0/50 AS PRECIOUS

0/40 AS SIGHT HAV

0/30 YOU HAD YOUR HEA

0/20 TESTED LATELY A SIM

0/15 COMFORTABLE HEARING T

0/0 INVESTMENT OF A FEW MIN

Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING AID WILL HELP

250
210
190
170
150
90
Lidov

When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate essential hypertension should offer (1) long-term effectiveness, (2) patient comfort and compliance.

Zaroxolyn offers both.

In one long-term study[1] Zaroxolyn brought moderately elevated (average 161/109 mm Hg) blood pressure down to the range of normotension—and held it there for a year or more.

The investigator noted, "Patient cooperation was surprisingly good for a study of such duration [2½ years]. The once-daily dosage schedule with metolazone [Zaroxolyn] no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate.[2]

Zaroxolyn. For long-term control and comfortable compliance in mild to moderate hypertension.

Recommended initial dosage in mild to moderate essential hypertension–2½ to 5 mg once daily

Zaroxolyn®

(metolazone, Pennwalt)

2½-mg, 5-mg and 10-mg tablets

once-daily antihypertensive diuretic

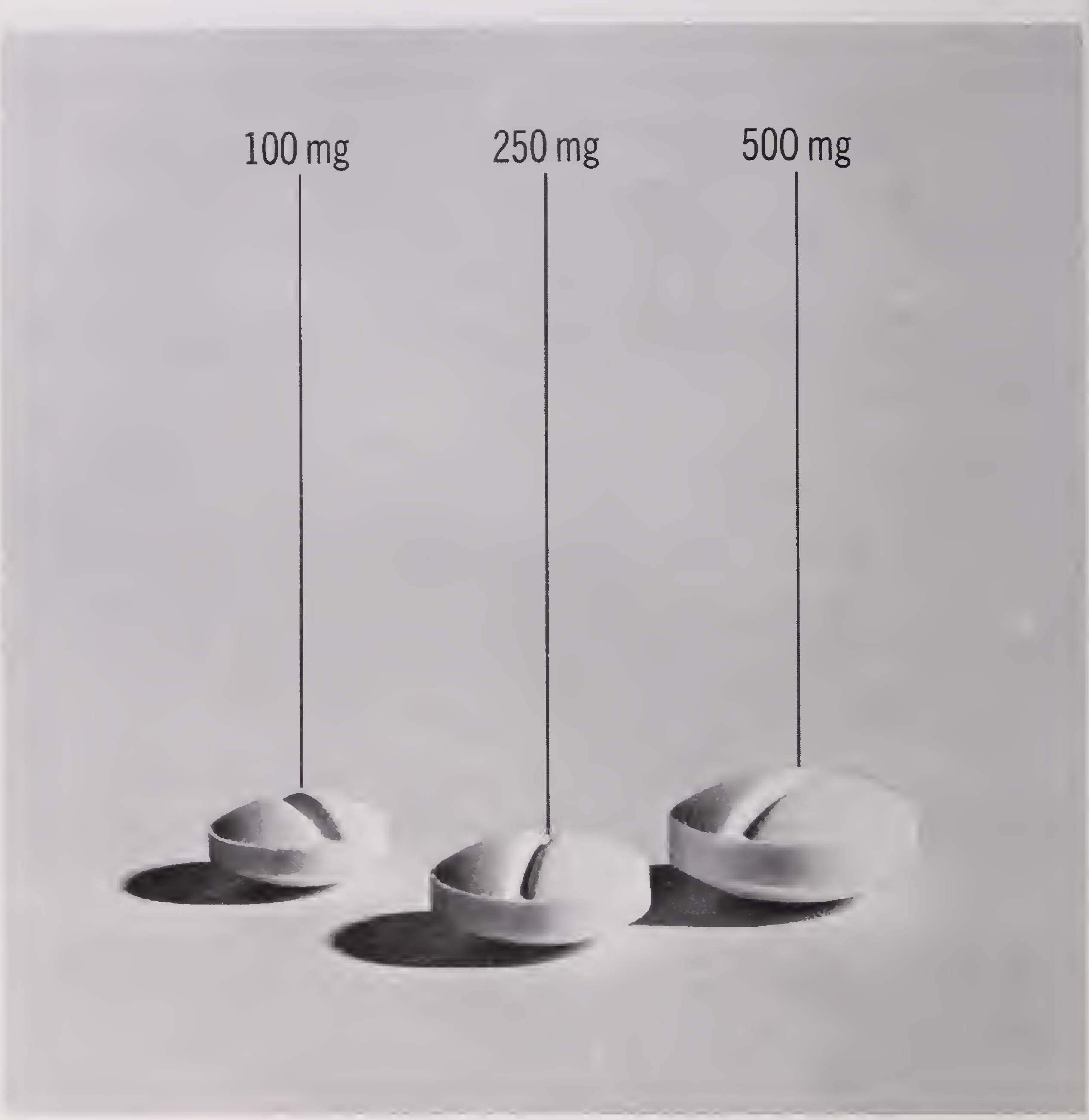
Before prescribing, see complete prescribing information in the package insert, or in PDR, or available from your Pennwalt representative. The following is a brief summary. **Indications:** Zaroxolyn (metolazone) is an antihypertensive diuretic indicated for the management of mild to moderate essential hypertension as sole therapeutic agent and in the more severe forms of hypertension in conjunction with other antihypertensive agents. Also, edema associated with heart failure and renal disease. **Contraindications:** Anuria, hepatic coma or precoma; allergy or sensitivity to Zaroxolyn Or, as a routine in otherwise healthy pregnant women. **Warnings:** In theory cross-allergy may occur in patients allergic to sulfonamide-derived drugs, thiazides or quinethazone. Hypokalemia may occur, and is a particular hazard in digitalized patients; dangerous or fatal arrhythmias may occur. Azotemia and hyperuricemia may be noted or precipitated. Considerable potentiation may occur when given concurrently with furosemide. When used concurrently with other antihypertensives, the dosage of the other agents should be reduced Use with potassium-sparing diuretics may cause potassium retention and hyperkalemia Administration to women of childbearing age requires that potential benefits be weighed against possible hazards to the fetus Zaroxolyn appears in the breast milk. Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN, uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance. These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered. Patients treated with diuretics or corticosteroids are susceptible to potassium depletion Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function. Hyperglycemia and glycosuria may occur in latent diabetes. Chloride deficit and hypochloremic alkalosis may occur Orthostatic hypotension may occur. Dilutional hyponatremia may occur in edematous patients in hot weather. **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks. **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg; edema of cardiac failure—5 to 10 mg; edema of renal disease—5 to 20 mg. Dosage adjustment may be necessary during the course of therapy. **How Supplied:** Tablets, 2½, 5 and 10 mg.

References:

1. Dornfeld L, Kane R: Metolazone in essential hypertension. The long-term clinical efficacy of a new diuretic *Curr Ther Res* **18:** 527-533. 1975
2. Data on file, Medical Department, Pennwalt Prescription Products

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester New York 14603



Tolinase®
tolazamide, Upjohn

Please contact your Upjohn representative for additional product information.

Upjohn

J-5695-6
©1977 THE UPJOHN COMPANY

President's Message

When you near the end of a term in office, you can always think back and say, "I wanted to do so much more, but where did the time go?"

I did want to do more . . . just as surely as my many predecessors wanted to do more. But time, that ever fleeting element, is the final decision-maker.

In what seems like a short, short year, I have at least had the privilege of meeting many of my colleagues across the state and the opportunity to attempt to let them know that their State Association IS interested in them and IS working for them.

No, your Missouri State Medical Association is not perfect. It is beset with the problems that any democratically run organization faces. Sometimes, we act too slowly. And, sometimes we probably act too quickly. But, we do progress! That is good . . . good for our patients and good for our profession.

One of the best opportunities for you to see what your Association is doing is to attend the MSMA Annual Session on April 14-17 at Stouffer's Riverfront Towers in St. Louis.

Max S. Franklin, M.D.

The Annual Session offers each MSMA member the chance to make his feelings known on the issues we physicians are facing. The Reference Committee, which hear testimony on the reports and resolutions before the House of Delegates, are open forums and any MSMA member can express his opinions. These hearings are a crucial portion of the decision-making process of the MSMA.

In addition, MSMA members are cordially invited to attend all of the sessions of the House of Delegates. This is the body that establishes the policies of your Association.

The 1977 Annual Session promises to be one of the best in years. There are too many events scheduled to list them here individually, but I would like to point out these highlights:

- Ray McIntyre, recently retired MSMA Executive Secretary who had been a vital part of the MSMA for 32 years, will be honored during the Opening Session of the House of Delegates at 1:30 PM on Thursday, April 14.
- Dr. John H. Budd, President-Elect of the AMA, and Dr. Theodore Cooper, former Assistant Secretary of HEW-Health, will speak on "Current Issues Confronting the Physician" at the General Session at 9 AM on Friday, April 15.
- Mr. Roy Pfautch, Elections Research Analyst, will address the MSMA Woman's Auxiliary at 7:30 AM on Saturday, April 16.

Of course, I want to personally invite you to attend the Annual Past Presidents' Banquet at 6:30 PM on Saturday, when the "Singing Doctors" from Greene County will offer an evening of entertainment.

The MSMA is your Association . . . join us in St. Louis!

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

Woman's Auxiliary

"Can two walk together, except they be agreed?"
—Holy Bible, *Book of Amos*

In a final moment of reflection, we ask ourselves what we have done for medicine during this year in office. The answers are many; the promises, even more.

As we have worked ever more closely with the medical association within our state and communities, a new potential is being recognized. The eloquence of member education is being translated into a refreshing manifestation of action. Our responsibility to our members remains to keep them informed and motivated to perform. We offer a guarantee to every member with the promise that as her commitment grows, her knowledge, inspiration and identity as an ally of medicine are enhanced.

Mrs. George P. Wilson
President

Our dedication to you gives greater meaning to our enterprise. Our fundamental goal, quite simply, has been to promote a positive image of medicine through programs which are specifically attributed to this organization, the *Woman's Auxiliary to the Missouri State Medical Association.* When we identify ourselves thus, our hundreds of volunteer hours are translated into a salient extension of medical concern.

The Convention this month heralds a time of celebration for deeds accomplished. In the process of appraisal, we redefine our goals and examine our future. Our perspective is augmented by the influence of our national guest. Mrs. Chester L. Young, AMA Auxiliary President-Elect from our sister-state of Kansas, brings us a wealth of knowledge combined with clear understanding of issues. Her priorities will help us formulate new directions. A time of reflection is an opportune time for learning, and the exchange of information serves to inform new and prospective members. We invite attendance of interested persons at our business sessions on Friday and Saturday mornings.

And so, we have come full circle once again. That place which seems like the end is, truly, only the beginning. The change in leadership of the Auxiliary will transpire without interruption, but with bright promise and expectation. The thousands of women who give to this association will continue to do so because of their belief in you. And, the message reflected in our organizations will be conveyed through our endeavors together.

EDITORIAL

GLAUCOMA AND THE FAMILY PHYSICIAN

Glaucoma has been called the "Sneak Thief" of sight because its victim may be totally unaware of any problem until loss of peripheral vision has become severe. The disease has a number of complex features and various forms which require the knowledge and skills of the specialist for definitive diagnosis; but, one important finding which is almost invariably present during the course of the disease is an elevated intraocular pressure. If this abnormal pressure is allowed to persist, loss of vision with ultimate blindness is the inexorable result. On the other hand, if the pressure is controlled by medical or surgical means now at our disposal, most blindness can be prevented. The message, therefore, is clear. If blindness due to glaucoma is to be prevented, someone needs to be measuring eye pressures!

It is estimated that eight million Americans suffer from glaucoma. Two to three million of these do not know they have the disease. The anticipated result of neglect to screen for glaucoma is rendered doubly tragic by the knowledge that early detection and treatment would have prevented blindness.

The problem of blindness deserves special attention in our own state. Missouri is among 13 states in the southeastern region of the United States with the highest incidence of blindness, and it is sixth in the nation in terms of new cases each year. Surely, every physician must be sensitive to the fact that his patients value thei vision over any other organ function in the body an they fear blindness the most among all possible disabilities. Therefore, a simple check of eye pressure canno and must not be omitted from all routine physical examinations.

Any successful program of prevention of disease requires an informed patient working in concert with vigilant and responsive physician. The general publi has been made aware of glaucoma through years of intensive educational campaigns. Indeed, glaucoma ha been emphasized to the point that the average layma thinks that there is only one important eye disease an knows that it can be detected by "that test." In spit of this awareness, however, and in spite of the layman' willingness to be a subject for screening, glaucoma remains the second cause of blindness in the Unite States.

We appeal to every family physician in the state t apply the simple tonometer test on every patient withi his purview. For those who are not familiar with th simple technique which requires only seconds to administer, any ophthalmologist in your community will b pleased to provide instruction and demonstration. You patients are waiting and expecting, doctor.

WILLIAM M. HART, Ph.D., M.D
Columbia

In Memoriam

Ralph L. Ferguson, M.D., P.O. Box B, Joplin 64801, a graduate of the University of Arkansas, 1935; member Jasper County Medical Society; age 76; died Jan. 19, 1977.

John A. DeMotte, M.D., 315 Nichols Rd., Kansas City 64112, a graduate of Washington University, 1930; member Jackson County Medical Society; age 73; died Feb. 1, 1977.

Alexander Lichtor, M.D., 601 E. 63rd, Kansas City 64110, a graduate of the University of Chicago in 1942; member Jackson County Medical Society; age 58; died Feb. 23, 1977.

Goronwy O. Broun, M.D., 1325 S. Grand, St. Louis 63104, a graduate of St. Louis University, 1918; member St. Louis Medical Society; age 81; died March 12, 1977.

Harold L. Meyers, M.D., 601 E. 63rd, Kansa City 64110, a graduate of the University of Pittsburgh, 1938; member Jackson County Medical Society; age 64; died March 13, 1977.

Peter F. DeMaria, M.D., 8125 E. Gregory Blvd. Kansas City 64133, a graduate of St. Louis University, 1930; member Jackson County Medical Society; age 70; died March 14, 1977.

Albert P. Kovac, M.D., 8338 N. Overland Dr. Kansas City 64151, a graduate of the Universit of Kansas, 1954; member Jackson County Medica Society; age 51; died March 19, 1977.

William Ford, M.D., 34 Tanglewood Ct., Farmington 63640, a graduate of the University of Pennsylvania, 1925; member Mineral Area Medical Society; age 79.

County Society News

IRST DISTRICT

COUNCILOR
JOHN N. MARTIN, M.D., ST. JOSEPH

uchanan County Medical Society

The Buchanan County Medical Society held an l-business meeting at the Peking Rendezvous in . Joseph on March 2. A dinner preceded the eeting.

Dr. Richard O. Craig, President, presided at the ssion. Topics considered and acted upon included pproval of co-sponsorship of a program on "Shock" ith the cardio-pulmonary departments of two cal hospitals; state legislative proposals affecting edical practice and health care; a cardio-pulmo- ry training program being undertaken by the uchanan County Auxiliary; the Society's hospitali- tion and medical care contract; and a proposed hysician-operated claims review system.

Thirty-five members attended the meeting.

Charles N. Mullican, M.D., *Secretary*

RAND RIVER MEDICAL SOCIETY

The Grand River Medical Society held its Feb- ary 10 meeting at the Chillicothe Country Club. hirteen Society members and 13 Auxiliary mem- rs attended the meeting.

Dr. George O. Miles of Kansas City, guest speak- , discussed "Some Unusual Surgical Problems."

At the business meeting which followed, the So- ety unanimously adopted a Constitution and By- ws.

The March meeting of Grand River Medical So- ety was held on March 10 with Dr. Burnell Land- s of Kansas City as guest speaker. His topic was olonoscopy Update 1977."

Twelve Society members and 12 Auxiliary mem- rs attended the meeting.

At a brief business meeting, the members voted dispense with the April meeting since it would nflict with the MSMA Annual Session in St. uis.

William L. Fair, M.D., *Secretary*

SECOND DISTRICT

COUNCILOR
J. RUSSELL COMER, M.D., NEW LONDON

Chariton-Macon-Monroe-Randolph County Medical Society

The Chariton-Macon-Monroe-Randolph County Medical Society held its regular meeting on March 10 in the Library Conference Room at Woodland Hospital in Moberly.

Members in attendance were Drs. Antonio Aguilera, Jose Hori, G. R. Hudson, R. L. Bautista, L. E. Huber, C. H. Lin, H. T. Lin, R. V. Tompson, W. D. Chute, C. C. Cohrs, J. Will Fleming, Jr., D. C. Yang and Ruel Miciano of Moberly; F. A. Barnett, Paris; P. V. Dreyer, Huntsville; and J. E. Campbell, D. E. Eggleston and Gretchen Collins, Macon. Guests were Dr. S. J. Lee, Dr. D. S. Shin, Karen Ferguson, preceptee, and Dr. Gerald Cupp, an associate of Dr. Lenard Politte of Columbia.

During a brief business meeting, Dr. Tompson was elected to serve another term on the Blue Shield voting board.

The program was presented by Dr. Lenard Politte who spoke on "Newer Aspects of Coronary Heart Disease." He pointed out that there have been many changes in the concept of diagnosis and management of coronary heart disease in past years as a result of new drugs and surgical techniques. He said that the diagnosis and extent of involvement is more accurate since the advent of cardiac catheterization and coronary arteriography. He discussed some of the diagnostic and treatment techniques in detail.

Dr. Gerald Cupp, an associate, showed films of coronary artery arteriography and cardiac catheterization in both the normal heart and in various pathological conditions.

A question-and-answer period followed the presentation.

G. R. Hudson, M.D., *Secretary*

New Members

Habibollah Amanat, M.D., 1515 Lafayette, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Amanat is a native of Iran. He received his M.D. degree at Tehran Medical School in 1967. He specializes in emergency medicine.

John Bonacorsi, M.D., 1325 S. Grand, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Bonacorsi is a native of Missouri, received his preliminary education at the College of the Holy Cross and his M.D. degree at St. Louis University in 1973. He specializes in otolaryngology.

Jack M. Catlett, M.D., 4400 Broadway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Catlett is a native of Columbus, Kan., received his preliminary education at Baker University and his M.D. degree at the University of Kansas in 1954. He specializes in internal medicine.

Boonmee Enkvetchakul, M.D., 440 S. Market, Springfield 65806, has become a member of Greene County Medical Society. Dr. Enkvetchakul is a native of Thailand, received his preliminary education at Chuladongkorn University and his M.D. degree at Tokyo Medical and Dental University in 1961. He is in general practice and specializes in anesthesia.

Hamner Hannah III, M.D., 4949 Rockhill Rd., Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Hannah is a native of Rocky Mount, N. C., received his preliminary education at the University of Virginia and his M.D. degree at the University of Virginia in 1964. He specializes in thoracic and cardiovascular surgery.

Calvin D. Hawkins, Jr., M.D., 4932 S. Palmer, Springfield 65807, has become a member of Greene County Medical Society. Dr. Hawkins is a native of Oklahoma City, Okla., received his preliminary education at Westminster College and his M.D. degree at Washington University in 1972. He specializes in radiology.

Duane C. Hellam, M.D., 1010 East Elm, Springfield 65806, has become a member of Greene County Medical Society. Dr. Hellam is a native of Kittanning, Pa., received his preliminary education at Arizona State University and his M.D. degree at Washington University in 1959. He specializes in internal medicine and cardiology.

Soung Oh Kwoun, M.D., Henrickson Clinic, 217 Oak, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Kwoun is a native of Korea, received his preliminary education at Chonnam University and his M.D. degree at Chonnam National University in 1962. He specializes in surgery and is in genera practice.

Harold C. Lentz, Jr., M.D., 1515 W. Truman Rd., Independence 64050, has become a member of Jackson County Medical Society. Dr. Lentz is a native of Paris, Tex., received his preliminary education at the University of Missouri and his M.D. degree at the University of Missouri in 1971. He specializes in urology.

John C. Listerman, M.D., Taylor Health Center Southwest Missouri State University, Springfield 65802, has become a member of Greene County Medical Society. Dr. Listerman is a native of Pueblo, Colo., received his preliminary education at the University of Missouri and his M.D. degree at the University of Missouri in 1974. He is in family practice.

Thomas C. MacCaughelty, M.D., 1040 N. Mason Rd., St. Louis 63141, has become a member of St Louis County Medical Society. Dr. MacCaughelty is a native of Glen Ridge, N. J., received his preliminary education at Duke University and his M.D degree at the University of North Carolina in 1969 He specializes in anesthesiology.

Frank E. McKee, Jr., M.D., 2928 Main, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. McKee is a native of Kansas City, received his preliminary education a Stanford University and his M.D. degree at Kansa University in 1970. He specializes in ophthalmology.

John A. Mihalevich, Jr., M.D., 309 Professiona Bldg., Springfield 65806, has become a member o Greene County Medical Society. Dr. Mihalevich i a native of Iberia, Mo., received his preliminar education at the University of Missouri and hi M.D. degree at the University of Missouri in 1970 He specializes in internal medicine and gastroenterology.

Wayne B. Miles, M.D., 2850 West Clay, S Charles 63017, has become a member of St. Charles Lincoln County Medical Society. Dr. Miles is a na

ve of Great Bend, Kan., received his preliminary
lucation at Kansas University and his M.D. degree
: Kansas University in 1969. He specializes in al-
rgy.

B. K. Patel, M.D., 1711 Predergast La., St. Louis
3138, has become a member of St. Louis Medical
ociety. Dr. Patel is a native of India, received her
eliminary education at MG Science Institute and
er M.D. degree at N.H.L. Medical College in 1971.
ne specializes in obstetrics and gynecology.

James M. Pinckley, M.D., 1211 S. Glenstone,
oringfield 65804, has become a member of Greene
ounty Medical Society. Dr. Pinckley is a native
Hazard, Ky., received his preliminary education
Memphis State University and his M.D. degree
the University of Tennessee in 1964. He spe-
alizes in thoracic surgery.

Donald E. Riesenberg, M.D., 1900 S. National,
oringfield 65804, has become a member of Greene
ounty Medical Society. Dr. Riesenberg is a na-
ve of Houston, Tex., received his preliminary edu-
tion at Drury College and his M.D. degree at the
niversity of Missouri in 1968. He is in the private
actice of medicine.

Ramulu Samudrala, M.D., 1024 Graham Ave.,
. Louis 63139, has become a member of St. Louis
edical Society. Dr. Samudrala is a native of India.
e received his M.D. degree at Osmania Univer-
y in 1969. He specializes in ophthalmology.

Michael B. Sheehan, M.D., Children's Mercy
ospital, 28th and Gillham, Kansas City 64108, has
come a member of Jackson County Medical Soci-
. Dr. Sheehan is a native of Kansas City, re-
ived his preliminary education at Rockhurst Col-
ge and his M.D. degree at Washington University
1972. He specializes in pediatrics.

Alex G. Smith, M.D., 2900 S. Fremont Ave.,
ringfield 65804, has become a member of Greene
unty Medical Society. Dr. Smith is a native of
ntington, W. Va., received his preliminary educa-
n at the University of Florida and his M.D. de-
e at the University of Miami in 1970. He spe-
lizes in ophthalmology.

James H. Spraul, M.D., 800 N. Lindbergh, St.
uis 63166, has become a member of St. Louis
unty Medical Society. Dr. Spraul is a native of
ncinnati, Ohio, received his preliminary educa-
n at Xavier University and his M.D. degree at the
iversity of Cincinnati in 1957. He specializes in
cupational medicine.

(Continued on page 187)

Do you have patients with Paget's Disease of Bone?

You can get updated information on the disease and on effective treatment for its symptoms of bone pain, skeletal deformities, and neurologic deficits.

Just send the coupon below.

Armour Pharmaceutical
Company
Greyhound Tower
111 West Clarendon Avenue
Phoenix, Arizona 85077

☐ Send latest information on Paget's Disease of Bone.
☐ Have your representative call on me.

Dr. ______________________

Address ______________________

City ____________ State ____________ Zip ____________

Think you know all abou asthma?

Then you should know all about TEDRAL.
It provides—

- ☐ rapid symptomatic relief, as well as prophylaxis
- ☐ β-ADRENERGIC ACTION THAT RELAXES BRONCHIA SMOOTH MUSCLE
- ☐ α-ADRENERGIC ACTION THAT REDUCES BRONCHIA EDEMA AND SECRETIONS
- ☐ synergistic action of ephedrine and theophylline for effecti and prolonged bronchodilation
- ☐ dosage forms to meet individual patient needs

For asthma management...

Tedral® / Tedral® SA / Tedral® Elixi

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer), 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); and 25 mg phenobarbital in the immediate release layer

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital, the alcohol content is 15%.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-7

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

New Members

(Continued from page 185)

Carl N. Stout, Jr., M.D., 4240 Blue Ridge Blvd., Kansas City 64133, has become a member of Jackson County Medical Society. Dr. Stout is a native of Oklahoma City, Okla., received his preliminary education at Baker University and his M.D. degree at the University of Missouri in 1970. He specializes in ophthalmology.

Kenneth M. VanderVelde, Jr., M.D., 1211 S. Glenstone, Springfield 65804, has become a member of Greene County Medical Society. Dr. VanderVelde is a native of Detroit, Mich., received his preliminary education at the University of Michigan and his M.D. degree at the University of Michigan in 1969. He specializes in general surgery.

Edward Vernier, M.D., 615 S. New Ballas Rd., St. Louis 63141, has become a member of St. Louis Medical Society. Dr. Vernier is a native of New York, received his preliminary education at Boston College and his M.D. degree at St. Louis University in 1970. He specializes in obstetrics and gynecology.

Nicholas W. Verola, M.D., 1325 S. Grand, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Verola is a native of California, received his preliminary education at Fordham University and his M.D. degree at Creighton University in 1969. He specializes in ophthalmology.

Ronald M. Wachter, M.D., Cox Medical Center, 1423 N. Jefferson, Springfield 65802, has become a member of Greene County Medical Society. Dr. Wachter is a native of Fremont, Neb., received his preliminary education at Hastings College and his M.D. degree at the University of Nebraska in 1969. He specializes in pathology.

Joseph F. Waeckerle, M.D., Truman Medical Center, 2301 Holmes, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Waeckerle is a native of Kansas City, received his preliminary education at Kansas University and his M.D. degree at the University of Missouri in 1972. He specializes in emergency medicine.

HANLEY 14 x 17 Vertical X-Ray and Medical Record Cabinets are used in most hospitals in America.

Special new ultrasonic, $399. Physio Therapy—Complete Examining and Reception Room Furniture—Traction Equipment—Hospital Beds—Wheelchairs—Jacuzzi Whirlpools—Oxygen. SOLD & RENTED.

HANLEY MEDICAL EQUIPMENT

5614 S. Grand St. Louis, Mo. 63111 314-351-3359

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Armour Pharmaceutical Company 185
Beltone Electronics Corp. Insert (178-179)
Bio-Science Laboratories 151
Burroughs Wellcome Company Insert (154-155)
Classified Ads 189
Flint Laboratories Insert (162-163)
Hanley Medical Equipment Co. 187
Hoechst-Roussel 155 & 156
Fred S. James & Co. of Missouri, Inc. 180
Eli Lilly & Company 166
Medical Protective Company 18
Munns Medical Supply 15
Pennwalt Corporation Insert (178-179)
Pharmaceutical Manufacturers Association 160 & 16
Roche Laboratories 150, 191, 19
Roerig & Co. Insert (178-179
Smith Kline & French Insert (178-179
University of Missouri-Kansas City Symposium 16
The Upjohn Company Insert (178-179
Warner-Chilcott Laboratories Insert (154-155), 186 & 18

MISSOURI STATE MEDICAL FOUNDATION

Give now to your student loan fund!

Send A Generous Contribution To

MISSOURI STATE MEDICAL FOUNDATION

113 Madison, Jefferson City, Missouri 65101

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Bargmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
Suite 202-B, 6600 West 95th Street, Overland Park, Kansas 66212
Telephone: (Area Code 913) 381-4222

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

HYSICIANS NEEDED—M.D., D.O., Specialists. Ozark esort area, trout fishing, lakes, mild climate, low taxes, pace available immediately adjacent to 90-bed hospital. ontact Carl M. Regier, M.D. or L. A. Reuter, Adminis- rator, Skaggs Community Hospital, Branson, Mo. 65616.

OR SALE—General practice. Well-equipped office. West entral St. Louis near three hospitals. Purchase price and et can be possible during first 12 months. Write to Box 23, Missouri State Medical Association, 113 Madison, efferson City, Mo. 65101.

TAFF PSYCHIATRIST—Staff psychiatrist needed for hos- ital-affiliated CMHC with 21-bed inpatient unit; staff of 8; serves 3-county area in Missouri Bootheel; minimum re- uirement; Board eligible candidate. Write to Box 424, issouri State Medical Association, 113 Madison, Jefferson ity, Mo. 65101.

NIVERSITY AFFILIATED HOSPITAL—In St. Louis ounty. In need of full-time physicians for emergency care enter. Forty-hour week with guaranteed minimum salary. eply to Box 425, Missouri State Medical Association, 113 adison, Jefferson City, Mo. 65101.

FFICE SPACE AVAILABLE—In St. Peters Professional arke. Excellent opportunities in Missouri's fastest growing ommunity, located in St. Charles County. For information, all 314/278-4700 (day) or 314/278-4086 (evening).

NTERNIST & FAMILY PRACTITIONER—To join 11- ian multi-specialty group; city of 20,000 with a population raw of 60,000. Incorporated, offering excellent salary, fringe enefits and retirement plan. Liberal vacation and study olicy. Opportunity to pursue special interest in this prac- ce setting. Clinic presently expanding facilities and is in roximity of Hannibal's two accredited hospitals. Mark wain's home town is an ideal place to raise a family. Call write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or ale J. Anderson, Administrator, at (314) 221-5250, The annibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 3401.

RIMARY CARE PHYSICIANS—Who are seeking new oup practice opportunities in urban or non-metropolitan eas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

PEDIATRICIAN—Solo pediatrician seeks partner; prefers someone interested in neonatology. Growing college town on the edge of the Ozarks, half way between St. Louis and Memphis, Tenn. James A. Dinkins, M.D., FAAP, 23 Doctors Park, Cape Girardeau, Mo. 63701.

ICU/CCU PHYSICIAN—Full time beginning July 1, 1977. Minimum of three years' postgraduate training in Internal Medicine; Missouri license required. Competitive salary and benefits, paid professional liability insurance. Contact Frank J. Cantanzaro, M.D., Medical Director, Missouri Baptist Hospital, 3015 North Ballas Road, St. Louis, MO 63131. (314) 432-1212.

MEDICAL HISTORIAN—Experienced Washington University-St. Luke's Hospital certified Medical Historian seeking part-time position in St. Louis city/county individual or group practice. Function: to relieve physician by taking patient's complete medical history, including CC, PI, ROS, social and family (excluding PW). Doctors, if you are interested in saving valuable time and still obtaining an accurate and thorough history, write to Box 426, Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101 for further information.

FAMILY PHYSICIAN—To join another family physician. Practice incorporated. Town of 5,000, close to Kansas City, Mo. Compensation commensurate with experience. Adequate time off for recreation and postgraduate training. Minimal night and week-end calls. Contact Charles T. Riley, M.D., Box 68, Richmond, Mo. 64085. Telephone 816-776-6945 or 816-776-5546.

DEACONESS HOSPITAL—St. Louis, Missouri. Full-time Emergency Department physician. Rotating schedule. Three other physicians in group. Excellent compensation and fringe benefits. Contact Emergency Department, Director Stephen Spurgeon, M.D. (314) 727-1213.

CONFERENCES FOR MEDICAL PROFESSIONALS—A calendar listing of over 500 national/international meetings, conferences and seminars in the medical sciences for 1977. All medical specialties included. Send a $10.00 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D. C. 20016.

PHYSICIANS NEEDED—M.D.'s or D.O.'s-G.P.'s or Specialists. New five-man clinic or solo practice. Modern hospital. Rural community. Crime rate nonexistent. No drug problems. Reasonable malpractice. Plenty hunting and fishing. Northwest Missouri. Call collect—(816) 726-5221 or (816) 726-5228.

EMERGENCY MEDICINE: Career opportunities available in Emergency Department medicine in Missouri. Also short-term and locum tenens. Flexible work schedules, competitive remuneration, professional liability insurance provided, vacation, educational leave, interview expenses. Contact T. P. Cooper, M.D., 7701 Forsythe Boulevard, #490, St. Louis, Missouri 63105 or call collect 314-727-1213. Out-of-state call toll free—1-800-325-3982.

LEO H. POLLOCK, M.D.

Missouri Medicine in Review

FORTY YEARS AGO

A countrywide drive to forestall a threatened smallpox epidemic in St. Louis County was started on February 23. Wholesale vaccination was recommended by Dr. Theodore R. Meyer, St. Louis County Health Commissioner.

The annual dinner meeting and election of officers of Boone County Medical Society was held at the Harris Cafe in Columbia on Dec. 1, 1936. After an excellent dinner meeting and discussion of routine business, the following officers were elected: President, Dr. R. S. Battersby; Vice-President, Dr. W. O. Fischer; and Secretary-Treasurer, Dr. Maurice E. Cooper.

The Buchanan County Medical Society met on December 2 at the Missouri Methodist Hospital with President J. M. Allaman presiding. Fifty members were present. The following officers were elected: President, Dr. Charles Greenberg; Vice-President, Dr. C. S. Branson; Secretary, Dr. O. Earl Whitsell; and Treasurer, Dr. J. M. Bell.

The Cape Girardeau County Medical Society met at Simpson's Colonial Tavern on January 11. The following members were present: Drs. B. W. Hays and Rusby Seabaugh, Jackson; C. A. W. Zimmerman, J. H. Cochran, P. B. Nussbaum and M. H. Shelby, Cape Girardeau.

TWENTY-FIVE YEARS AGO

The Missouri State Medical Association, which was founded in 1850, held its 94th Annual Session at Hotel Jefferson in St. Louis on March 20-April 2, 1952 with 1,552 persons registering for the meeting. More than 500 persons attended the annual Banquet in Honor of Past-Presidents on April 1.

Louis H. Bauer, M.D., President-Elect of the AMA, pleased the audience with his address on "The Status of Medical Education and the Supply of Physicians in America."

J. W. Thompson, M.D., St. Louis, was installed as President. Officers elected were Drs. E. Claude Bohrer of West Plains, President-Elect; Clinton W. Lane of St. Louis, P. T. Bohan of Kansas City and J. Will Fleming of Moberly, Vice-Presidents; H. E. Peterson, St. Joseph, Secretary; C. E. Hyndman, St. Louis, Treasurer; and Victor B. Buhler, Kansas City, Chairman of the Council.

Stanley M. Peterson, M.D., Springfield, was awarded the Missouri State Chamber of Commerce Distinguished Service Award at a meeting in Kansas City on February 2.

Peter G. Danis, M.D., St. Louis, presided as chairman of the Committee on Hospital and Dispensaries of the American Academy of Pediatrics at a two-day meeting in St. Louis on March 7-8.

TEN YEARS AGO

Dr. William B. Spalding, Plattsburg, is the first person to receive a Community Service Award from the Plattsburg Rotary Club. The plaque was presented to him recently at a dinner meeting which was attended by his former classmate and his wife Dr. and Mrs. Carl Ferris of Kansas City, and Dr John Forgrave of St. Joseph. Dr. Spalding has practiced medicine in Plattsburg since 1928.

Dr. Gene B. Starkloff and his daughter, Kathleen were the subjects of a feature story entitled, "Like Father, Like Daughter in Surgery," which appeared in the *St. Louis Globe-Democrat* recently. Dr Starkloff and his daughter are often a team of surgeon and surgical technician in the operating room at Firmin Desloge Hospital. He is a professor o clinical surgery at St. Louis University and a former president of the University Hospital. Father and daughter also share a love of training Labrado retrievers.

Dr. John F. Dee has been appointed director o the VA Hospital in Jefferson Barracks, St. Louis.

Dr. John E. Wilson is the new chief of staff a West Plains Memorial Hospital.

THE
ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® ⓒIV
chlordiazepoxide HCl/Roche
5mg, 10mg, 25mg capsules

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.

ɔre prescribing, please consult com- product information, a summary of ɔh follows:

cations: Relief of anxiety and tension ırring alone or accompanying various ase states.

traindications: Patients with known ɪrsensitivity to the drug.

nings: Caution patients about pos- combined effects with alcohol and r CNS depressants. As with all CNS- ıg drugs, caution patients against rdous occupations requiring com- mental alertness (*e.g.*, operating ıinery, driving). Though physical and hological dependence have rarely ı reported on recommended doses, caution in administering to addiction- e individuals or those who might in- se dosage; withdrawal symptoms uding convulsions), following discon- tion of the drug and similar to those with barbiturates, have been reported.

***sage in Pregnancy:* Use of minor ɪnquilizers during first trimester ɔould almost always be avoided ɛcause of increased risk of con- ɪnital malformations as suggested several studies. Consider possi- ɪity of pregnancy when instituting erapy; advise patients to discuss erapy if they intend to or do ɛcome pregnant.**

autions: In the elderly and debilitated, n children over six, limit to smallest tive dosage (initially 10 mg or less per to preclude ataxia or oversedation, asing gradually as needed and toler- Not recommended in children under ɪhough generally not recommended, if ɔination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley New Jersey 07110

Please see following page.

19 South 22nd Street
Philadelphia 3, Pa. 19103

THE ANXIETY-SPECIFI

Since its discovery in the research laboratories at Roche, Libr has been the object of ongoing pharmacologic and clinical investigatic

The published record on Librium is enormous. So large, in fact put it into a computer literature retrieval system to make it more access in answering your inquiries.*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® Ⓒⅳ
chlordiazepoxide HCl/Roche

ROCHE

*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page for a summary of product information.

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

JUN 6 - 1977

MAY, 1977

VOLUME 74, NUMBER 5

Scientific Articles

MICROINVASIVE CARCINOMA OF THE CERVIX, Rick E. Kiser, M.D. and Robert L. Newman, M.D. 207

MANAGEMENT OF EPISTAXIS, Jerry W. Templer, M.D., William E. Davis, M.D. and Donald J. Joseph, M.D. 210

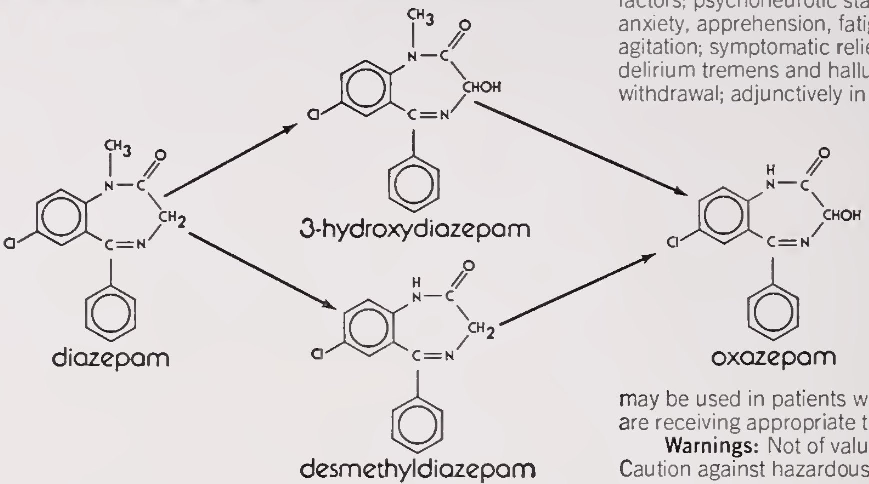
CYBERNETICS OF CANCER CONTROL BY PREVENTION, John S. Spratt, Jr., M.D., M.S.P.H. 213

EPIDEMIC OF 'SWIMMER'S ITCH' TRACED TO CERCARIAL TREMATODES, A. O. Oyoo, M.D., M.S.P.H., Denny Donnell, M.D., M.P.H. and T. J. Prendergast, Jr., M.D., M.P.H. 218

Contents on Page 197

120th MSMA Annual Session
April 13-16, 1978, Kansas City

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (IV)
(diazepam)
2-mg, 5-mg, 10-mg scored tablets
a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

> ***Usage in Pregnancy:*** **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Compliments

of

MUNNS MEDICAL SUPPLY

MUNNS
MEDICAL
SUPPLY

OVER 30 YEARS SERVICE

TOPEKA • K.C. • WICHITA

ST. LOUIS • TULSA

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missour State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Published monthly, excep semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Press Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in Missouri Medicine is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

NEWS ROUND - UP

May, 1977

MSMA Delegates adopt policies

Two Constitutional amendments were adopted and nother proposed in actions by the Missouri State Medial Association's House of Delegates at the 1977 Anual Session, April 14-17, in St. Louis.

The amendments adopted overwhelmingly by Deleates provide that the Association will conduct an Inrim Session each Fall and will elect Vice Councilors serve in the place of an absent Councilor. Following e adoption of the amendments, it was voted that the 977 Interim Session be held in Springfield. Also, Vice ouncilors were elected from each District.

The proposed amendment, approved by the House on 98-82 vote, would make membership in the American edical Association mandatory for MSMA members. he proposal will lie on the table for a year and be voted pon finally at the Opening Session of the House at the 978 Annual Session.

In all, the House adopted 18 Resolutions during the our-day Annual Session and referred two others to the SMA Council for further study. Subjects of the esolutions range from federal governmental interven on in medicine to internal affairs of the MSMA. ollowing is a brief outline of the Resolutions adopted referred. Complete minutes of the Annual Session ill be published in the July issue of MISSOURI MEDICINE and additional information on individual issues is available by contacting MSMA Headquarters.

Outgoing MSMA President, Dr. Max S. Franklin, (left) turns the gavel over to 1977-78 President, Dr. Howard J. McAlhany.

Dr. McAlhany (seated) and Dr. John N. Martin, MSMA President-Elect, confer during the Annual Session.

FEDERAL LAWS, REGULATIONS

Saccharin Ban — Urges FDA to (1) re-evaluate its recent action on the use of saccharin in the human diet and (2) initiate appropriate changes in laws to permit the use of saccharin, provided all containers in which saccharin is found must bear a label indicating the amount of saccharin and identifying it as an ingredient of unproven safety.

Health Professions Educational Assistance Act — Declares PL 94-484 intrudes on academic freedom and discriminates against students in U.S. two-year medical schools in favor of foreign graduates. Urges AMA to seek amendment to delete requirement that medical schools must accept U.S. students from foreign medical schools.

Involvement in HSA's — Reminds physicians of the threat of Health System Agencies and urges physicians to provide leadership by active involvement in their own HSA.

Sever Relations with PSRO — Referred back to MSMA Council a Resolution to sever all relations with PSRO.

Delaney Amendment — Referred to Council for study a Resolution urging Congress to repeal the

Continued on Next Page

Annual Session

Continued

Delaney Amendment and replace it with a law more realistic in its intent to protect the public from chemicals and food additives which may be deleterious to humans.

AMA RELATIONS

Direct Dues Billing by AMA — Opposed direct billing by AMA for AMA dues and instructed MSMA Delegates to AMA to oppose such proposals.

AMA Department of Negotiations — Resolved that in order to enhance the overall effectiveness of the AMA Department of Negotiations, a physician or physicians be added as participating members.

STATE LEGISLATION

Optometric Legislation — Calls on members of the MSMA to actively oppose expansion of the Missouri Optometric Act by the use of drugs by optometrists.

Medicaid Reimbursement — Seeks funding of the Missouri Medicaid Program to be increased to $32 million as recommended by the Medical Advisory Committee to Medicaid and, if the program collapses because of underfunding, calls on Missouri physicians to develop plans to care for the state's poor.

Generic Formulary — Places the MSMA on record as opposed to the Missouri Division on Family Services' plan to place Medicaid on a generic formulary since it is not in the best interest of good patient care.

Physician's Assistants — Reiterates MSMA stand against licensing of physician's assistants, pending further study by the Council.

Mental Health Commission — Resolves that the Association urge the Governor and Legislature to reconstitute the Missouri Mental Health Commission so that at least four of the seven members are M.D.'s and at least two of the M.D.'s are psychiatrists.

Chemotherapeutic Costs — Directs MSMA to seek appropriate legislation that would make mandatory the offering of insurance coverage for reimbursement of chemotherapeutic agents, particularly on an outpatient basis.

MSMA — INTERNAL AFFAIRS

Impaired Physicians — Charges the MSMA to establish an Ad Hoc Committee on the Impaired Physician to study the incidence of the problem in the state and to develop remedial programs to handle the situation.

Resident's Section — Instructs the MSMA Council to prepare a Bylaws change for formation of a Resident Physician Section with appropriate representation in the AMA Resident Physician Section.

Malpractice — Directs the MSMA to expend funds to obtain suitable legal counsel to perform the basic research necessary for the successful pursuit of counterclaims in medical liability cases.

Primary Care Physician — Defines primary medical care as "only that care given by a licensed graduate of a medical or osteopathic school."

National Health Insurance — Resolves that the MSMA plan the strongest possible position to negotiate terms and policies to insure the continued delivery of quality medical care in the event that a national health insurance law is adopted.

Data Collection — Calls on the Missouri Health Data Corporation to provide the MSMA with access to the data collected by the organization in order that physicians, not just third parties, can evaluate the information.

Two new representatives were elected to the MSMA Council. They are Dr. Richard C. Hedges, Excelsior Springs, First District, (left) and Dr. John H. Walterscheid, Hannibal, Second District.

Dr. Cross is re-elected as Foundation President

Dr. Albert D. Cross, of Trenton, was re-elected President of the Missouri State Medical Foundation during the organization's meeting, April 15, in St. Louis.

Dr. Miles C. Whitener, St. Louis County, was elected Vice President of the Foundation and Dr. Robert H. Tanner, Jefferson City, was elected Secretary-Treasurer. Re-elected to the Board of Trustees were Drs. Kenneth C. Hollweg, Kansas City, and Max S. Franklin, St. Louis. A new Trustee, Dr. Mary E. S. Case, of St. Louis, was elected and Dr. Howard J. McAlhany, President of the MSMA, was named as Ex-Officio Trustee.

Sponsored by the MSMA, the Foundation provides low-interest loans of up to $1,500 a year to Missourians in medical schools. It is supported by a $10 annual assessment on each MSMA member plus Auxiliary and individual contributions and estate bequests. The MSMA House of Delegates voted in April to extend the assessment for the Foundation through 1980.

Since its inception in 1960, the Foundation has provided 1,441 loans to 550 different medical students to the tune of about $750,000. The growth of the Foundation's activities can be seen in comparing the number of loans and the amount loaned during the past eight years.

In 1968, a total of $37,750 was loaned to 52 medical students. By 1976, these figures had increased to $111,350 loaned to 153 medical students.

Physicians win prizes

Six physicians received an extra bonus while attending the recent MSMA Annual Session when they walked away with attendance prizes. The physicians won the drawings made from those names submitted to the Technical Exhibitors booths.

Winning digital clock-radios were Drs. John P. Sargent, Sikeston, and Charles A. Nester, St. Louis. Those taking home 7-band radios were Drs. Royal Garner, Jefferson City, and David E. Brown, Dayton, Ohio. The two attache cases were won by Drs. A. J. Campbell, Sedalia, and Richard Quick, St. Louis.

Dr. McAlhany installed as MSMA President

Dr. Howard J. McAlhany, of Springfield, was intalled as President of the Missouri State Medical Assoiation during ceremonies at the 119th Annual Session, pril 16, in St. Louis.

Dr. McAlhany, who was selected President-Elect last ear, succeeds Dr. Max S. Franklin, of St. Louis.

In the election held at the recent Annual Session, Dr. John N. Martin, of St. Joseph, was unanimously selected President-Elect of the MSMA and will assume the Presidency at the 1978 Annual Session.

Dr. Martin is Immediate Past Chairman of the ISMA Council and has served terms as Councilor from he First District. He is a Past Chairman of the Iissouri Medical Political Action Committee and is a nember of the Missouri Board of Registration for the Iealing Arts.

In other elections, Delegates to the House selected hree Vice Presidents, a Speaker and Vice Speaker, two MA Delegates and two AMA Alternate Delegates.

Vice Presidents for the coming year are Drs. Stanley . Peterson, Springfield; Irving H. Clark, Kansas City; nd Ernest Wadlow, St. Joseph. The new Speaker of the Iouse is Dr. Edwin K. Burford, Cape Girardeau, who noved up from Vice Speaker. Succeeding Dr. Burford s Vice Speaker is Dr. Lily Ann Hanes, St. Louis.

Dr. Robert A. Slickman, Kansas City, was re-elected as an AMA Delegate and Dr. Melvin C. Kasten, Cape Girardeau, was elected an AMA Delegate to begin serving January 1, 1978. Dr. Donald Judd, St. Louis, was re-elected Alternate Delegate and Dr. Francis X. Lieb, St. Louis, will be the newest Alternate.

The new representatives to the MSMA Council took fice following District elections. Dr. Richard C. edges, Excelsior Springs, succeeds Dr. Martin in the irst District, and Dr. John H. Waltersheid, Hannibal, icceeds Dr. Russell Comer, Hannibal, who chose not to in.

New MSMA Council Vice Chairman, Dr. Richard V. Bradley, St. Louis, (left) discusses the agenda with Dr. Andrew McCanse, Kansas City, Council Chairman.

Councilors re-elected to another two-year term were rs. Louis P. Hetlage, Troy, Fourth District; John orontow, Nevada, Sixth District; Walter A. German, pringfield, Eighth District; and Eugene T. Hansbrough, Poplar Bluff, Tenth District.

For the first time, Districts also elected Vice Councilors. They are Drs. Gary Dyer, St. Joseph, First; Patricio Avila, Hannibal, Second; Richard Fallon, St. Louis, Third; Frederick D. Peterson, St. Louis County, Fourth; Mary J. McCaffree, Jefferson City, Fifth; Roy W. Pearse Jr., Nevada, Sixth; Irving H. Clark, Kansas City, Seventh; Marvin Singleton, Joplin, Eighth; Jack Wiles, West Plains, Ninth; and George H. Ladyman, Poplar Bluff, Tenth. Vice Councilors will serve in the absence of Councilors.

In its organizational meeting following the Annual Session, the Council elected Dr. Andrew McCanse, Kansas City, as Chairman, and Dr. Richard V. Bradley, St. Louis, as Vice Chairman.

The Council also re-elected Dr. John I. Matthews, Jefferson City, as Secretary, and Dr. James M. Stokes, St. Louis, as Treasurer.

MSMA Councilors re-elected for two-year terms are (left to right) Drs. Eugene T. Hansbrough, Poplar Bluff, Tenth District; Walter A. German, Jr., Springfield, Eighth District; Louis P. Hetlage, Troy, Fourth District; and John Torontow, Nevada, Sixth District.

Missouri physicians want Medicaid changes

Remember that questionnaire that was mailed to all MSMA members last July seeking your opinions of the Missouri Medicaid Program? Well, the results were finally reported by the U.S. General Accounting Office.

Only 747 physicians, 15% of MSMA members, returned the questionnaire. In the following results, the total responses may not add up to 100% since some physicians did not answer some of the questions.

1. **What extent do you participate in Medicaid?**
   20.1 — Very large or substantial
   23.6 — Moderate
   55.1 — Some or not at all
2. **(A) Are federal laws a problem?**
   31.2 — No or minor
   15.3 — Moderate
   21.1 — Substantial or great
   (B) Are state laws a problem?
   27.1 — No or minor
   16.9 — Moderate
   25.5 — Substantial or great
   (C) Is time lag of payments a problem?
   11.1 — No or minor
   15.1 — Moderate
   51.2 — Substantial or great
   (D) Is paperwork a problem?
   19.9 — No or minor
   16.6 — Moderate
   40.5 — Substantial or great
3. **How does amount paid by Medicaid compare to other insurance companies?**
   .4 — Better
   5.4 — Equivalent
   73.4 — Worse or much worse
4. **How consistant are payments for same service?**
   31.6 — Always or usually same
   45.5 — Usually or always different
5. **What percent of Medicaid claims are returned for corrections?**
   Mean average was 9.6%.
6. **What percent of Medicaid claims are denied?**
   Mean average was 12.4%.
7. **How do you rate "Typical" explanation of reason why claims are returned or denied?**
   28.3 — Adequate
   41.3 — Inadequate or no explanation
8. Twenty-three percent felt the providers' orientation into the Medicaid program was adequate while 41% felt it was not.
9. Forty-six percent felt information on subsequent Medicaid changes has been adequate while 31 percent disagreed.
10. **Do different billing systems burden your staff?**
    9.1 — Little or no
    35.1 — Some or moderate
    33.6 — Substantial or great
11. **Would it be beneficial if all insurance and government programs used the same forms, codes, etc.?**
    2.8 — Little or no
    9.3 — Some or moderate
    61.5 — Substantial or great
12. **Do you plan to continue to provide services to Medicaid recipients? (top six responses)**
    21.2 — Yes, program as is
    19.8 — Only if changes made
    19.5 — If paperwork reduced, pay increased
    14.1 — Don't know
    12.2 — If pay increased
    4.1 — No

Activity is picking up in state's new HSA's

Nearly all of the HSA's in Missouri have announced plans to involve local citizens in the health planning decisions to be made in formulating Health Systems Plans for their areas. Area II has formed its subarea Councils and is now requesting participation in "Committee Forums" on the local level. Area III will be organizing "Local Impact Committees" in May. Area IV has announced plans to organize "Task Forces" to assist in Plan development.

HSA II has recently completed a series of Public Meetings in which opinions were solicited on the topics of ambulatory care, illness prevention, and health promotion.

HSA I (MAHSA) in April adopted a policy statement on CAT scanners for discussion. The discussion paper is available from Don Flora, Executive Director, 20 West 9th Street, Suite 715, Kansas City, MO 64105. The policy announced in the draft report is:

The Kansas City Metropolitan area presently has adequate capacity for the provision of computed tomography services. The present capacity and access to that capacity is projected to be acceptable until at least 1978. All scanning system installations not already endorsed by the health planning process will be viewed as unnecessarily duplicating existing resources. All institutions planning individual computed tomography systems are encouraged to delay or abandon implementation plans until mid 1978.

Medical school enrollment growing dispite claims

It is often reported in the press that organized medicine trys to limit the number of medical school graduates in order to prevent competition. Government, through its willingness or unwillingness to fund medical schools, actually determines the number of medical students, but this fact is often overlooked.

Regardless, the enrollment in medical schools IS growing. Total enrollment in the 114 U.S. medical schools in 1975-1976 was 56,244, an increase of 2,170 over the previous year. AMA statistics also show the number of medical school graduates increased from 12,714 in 1974-75 to 13,561 last year. The AMA estimates that by 1980, some 15,500 students will graduate each year.

Strong immunization push

Physicians may expect a greater than normal demand for immunizations for their young patients in the coming months due to a directive issued by the Missouri Division of Health.

Although state law has called for immunization of school children against polio, diptheria, measles and rubella for several years, enforcement of the requirements has not been too strict.

The Division, along with the Missouri Department of Education, recently issued a directive that beginning in the Fall, 1977, school term, those children who have not complied with the law 100% will be removed from class following one month of noncompliance.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

resident, Howard J. McAlhany, M.D., Springfield
resident-Elect, John N. Martin, M.D., St. Joseph
ice-President, Stanley S. Peterson, M.D., Springfield
ice-President, Irving H. Clark, M.D., Kansas City
ice-President, Ernest Wadlow, M.D., St. Joseph
ecretary, John I. Matthews, M.D., Jefferson City
reasurer, James M. Stokes, M.D., St. Louis
peaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
ice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

st District, Richard C. Hedges, M.D., Excelsior Springs
Vice-Councilor, Gary Dyer, M.D., St. Joseph
nd District, John H. Walterscheid, M.D., Hannibal
Vice-Councilor, Patricio Avila, M.D., Hannibal
rd District, Richard V. Bradley, M.D., St. Louis
Vice-Councilor, Richard Fallon, M.D., St. Louis
th District, Louis P. Hetlage, M.D., Troy
Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
th District, H. Peter Ekern, M.D., Mexico
Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Water A. German, Jr., M.D., Springfield
Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*

Executive Secretary, Royal O. Cooper

ssistant Executive Secretary, C. C. Swarens
overnmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

---

ontents for May, 1977

cientific Articles:

licroinvasive Carcinoma of the Cervix, *Case Report;* Rick E. Kiser, M.D. and Robert L. Newman, M.D. 207

lanagement of Epistaxis; Jerry W. Templer, M.D., William E. Davis, M.D. and Donald J. Joseph, M.D. 210

ybernetics of Cancer Control by Prevention; John S. Spratt, Jr., M.D., M.S.P.H. . . . 213

pidemic of 'Swimmer's Itch' Traced to Cercarial Trematodes; A. O. Oyoo, M.D., M.S.P.H., Denny Donnell, M.D., M.P.H. and T. J. Prendergast, Jr., M.D., M.P.H. . 218

pecial Article:

he State of the Nation's Health—No. 1, Richard E. Palmer, M.D. 205

News and Features

MSMA News Round-up . . . Insert (196-197)

Dr. John N. Martin Named MSMA President-Elect 198

In Brief 199

Mrs. W. Jack Stelmach Elected President of Woman's Auxiliary 201

From the Medical Schools 202

Continuing Education Coming Events . . 204

In Memoriam 219

President's Message 221

Woman's Auxiliary 223

County Society News 224

New Members 225

Index to Advertisers 226

Letters to the Editor 228

Missouri Medicine in Review 230

Dr. John N. Martin Named MSMA President-Elect

John N. Martin, M.D.

John N. Martin, M.D., St. Joseph, was elected President-Elect of the Missouri State Medical Association at the final meeting of the House of Delegates during the 119th Annual Session in St. Louis on April 14-17.

Dr. Howard J. McAlhany, Springfield, was installed as President of the Association at the session.

A member of Buchanan County Medical Society, Dr. Martin has been Councilor for the MSMA First District for eight years. He is the Immediate Past-Chairman of the Council. He has served as chairman and assistant treasurer of MMPAC.

Dr. Martin is a member of the State Board o Registration for the Healing Arts and has served a chairman. He is on the governing board of the Missouri Methodist Hospital and Medical Center in St Joseph and is a member of the Southern Centra Section of the American Urological Association the Trauma Committee of the American College o Surgeons and the American Medical Association

He is now chairman of the Family Guidanc Board in St. Joseph; chairman of Comprehensiv Health Planning, MO-KAN area; and on the Committee on Health Services of the United Fund o St. Joseph.

Active in community affairs, Dr. Martin ha served as president of the St. Joseph Rotary Club is governor-elect of Rotary District #602 and is member of the St. Joseph Area Chamber of Commerce.

A graduate of Northwest Missouri State College he attended Creighton University where he receive his M.D. degree in 1943. He served his internshi and then completed his residency in general surger at St. Margaret's Hospital in Kansas City, Kan. i 1945. After two years as Captain in the U. S. Army he served his residency in urology at Methodis Hospital in Indianapolis, Ind.

Dr. Martin has been in the private practice o urology in St. Joseph since 1956. He and Mrs Martin are the parents of a son, Mike.

126th AMA Convention to Be Held in San Francisco

The 126th annual convention of the American Medical Association will be held in San Francisco on June 18-23.

The complete program for the convention is published in the April 18 issue of the *Journal of the American Medical Association.*

The 54th annual convention of the AMA Auxiliary will be held simultaneously with the general convention. The program will be a combination of business sessions, educational programs and social events for physicians' spouses.

The AMA convention will include special lectures, postgraduate courses, scientific exhibits, medical motion pictures and other activities to further the continuing education of physicians.

In addition to the scientific programs at the San Francisco Civic Center and the San Francisco Hilton, the AMA House of Delegates will convene i the Fairmont Hotel for its semi-annual session.

The House includes 250 delegates, representin each of the state medical societies and the scientifi specialities, the military services and the federa government. Interns, residents and medical student now have official representation in the policy body

Seventy postgraduate courses covering the complete range of medical practices will be offered a the AMA meeting. Special lecture sessions will includes topics such as diuretics, the Swine Flu program, impact of malpractice suits on medical practice, the federal thrust, and treatment of the adolescent.

Some 200 scientific exhibits will be offered. The cover all aspects of medical research and medica practice.

in Brief

A summary of AMA, medical & health news

American Medical Association/535 North Dearborn Street/Chicago, Illinois 60610/Phone (312) 527-1500/TWX 910-221-0300

THE AMA told a joint hearing of the House Commerce and Ways and Means Subcommittees on Health that legislation aimed at "Medicaid Mills" would overshoot the mark and stigmatize practically all group practices. Edgar T. Beddingield Jr., M.D., chairman of the AMA Council on Legislation said the Medicare-Medicaid AntiFraud and Abuse Amendments (HR 3) proposal is "not simply an attempt to control 'Medicaid Mills' but rather authorization to investigate the actions of almost every practicing physician in the country." Under the bill, all practicing physicians who render Medicare and Medicaid services would be subject to PSRO review of outpatient services. Dr. Beddingfield said, "We urge legislative action, on both the state and federal levels, to develop proper mechanisms to deal with fraud."

IN RESPONSE to a U. S. District Court ruling recently that dismissed the AMA's lawsuit challenging HEW's Maximum Allowable Cost drug program, AMA Board of Trustees Chairman Raymont T. Holden, M.D., said "this can only have an adverse effect on patient care. We cannot say what courses of action we may pursue in the future until we have had an opportunity to study the decision in depth." Other plaintiffs in the suit filed in 1975, were the Pharmaceutical Manufacturers Association and five physicians.

A QUESTIONNAIRE was mailed to all AMA members in an effort to assess the most critical issues facing the medical profession. The results will be published in the book *Opinions of AMA Members.*

TWO MODEL bills, one on acupuncture and one on clinical laboratory billing information, were approved by the Board of Trustees for distribution to state medical societies for possible consideration by state legislatures.

THE DATE and location have been changed for the Health Care Forum to be sponsored by the AMA in Washington, D. C. The forum will be on May 5 at the L'Enfant Hotel.

AMA EVP James H. Sammons, M.D., in a letter to HEW Secretary Joseph Califano, outlined the difference between "fraud" and "abuse" in federal health care programs. Califano had asked for a distinction between the two terms. Dr. Sammons said, in part, that "fraud" is a "well-defined legal concept—misrepresentation with the intent to obtain money or other goods to which one is not entitled—and has always been clearly subject to legal penalties." The word "abuse" is ambiguous, he said, but "should apply to that grey area where *appropriateness* of the services provided comes into question. It deals with questions of professional judgments as to the type and amount of service provided, not with services not provided or not covered."

THE $10,000 Dr. Rodman E. Sheen and Thomas G. Sheen award for scientific accomplishment will be presented to Robert M. Zollinger, M.D., Columbus, Ohio, at the AMA Annual Convention on June 19 in San Francisco. Dr. Zollinger was cited for his research in gastrointestinal physiology, pancreatic pathology and endocrinology, and for his leadership in graduate surgical education at Ohio State University College of Medicine.

THE SPEAKER of the AMA House of Delegates, Tom E. Nesbitt, M.D., has been named to a new Graduate Medical Education National Advisory Committee. The 21-member committee will analyze the distribution among specialties of physicians and medical students and will advise the secretary of HEW on the present and future supply and requirements of physicians by specialty and geographic location.

AVAILABLE FROM AMA: *Physicians' Guide to Negotiations: An Introduction*, OP 111, offers insights for the individual physician and the medical society into the skills of bargaining. Cost is $5 each for 1-10 copies; $4.50 each for 11-49 copies; and $4 each for 50 or more. Write Order Department, AMA Headquarters.

All oral bronchodilators are pretty much the same. Right? Wrong!

The difference is in their action—both before and after symptoms begin. That's the reason for TEDRAL®.

- ☐ effective and prolonged bronchodilation from the synergistic effect of ephedrine and theophylline
- ☐ β-ADRENERGIC ACTION RELAXES BRONCHIAL SMOOTH MUSCLE
- ☐ α-ADRENERGIC ACTION REDUCES BRONCHIAL EDEMA AND SECRETIONS
- ☐ dosage forms to meet individual patient needs

For proven performance…

Tedral® / Tedral® SA / Tedral® Elixi

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); and 25 mg phenobarbital in the immediate release layer

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

See next page for brief summary.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-72-

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

Mrs. W. Jack Stelmach Elected President of Woman's Auxiliary

Mrs. W. Jack Stelmach, Kansas City, was elected President of the Woman's Auxiliary to the Missouri State Medical Association at its annual convention at Stouffer's Riverfront Towers in St. Louis on April 14-16.

Other Woman's Auxiliary officers for 1977-1978 are Mrs. A. J. Campbell, Sedalia, President-Elect; Mrs. Rudy Ruhling, Webster Groves, First Vice-President; Mrs. Thomas N. Cofer, Chillicothe, Second Vice-President; Mrs. Larry Ozenberger, Plattsburg, Third Vice-President; Mrs. Sam Gaston, Joplin, Fourth Vice-President; Mrs. Harold Kanagawa, Jefferson City, Recording Secretary; Mrs. F. T. H'Doubler, Springfield, Treasurer; Mrs. James Haddock, Webster Groves, Auditor; Mrs. Calvin E. Engelmann, Shawnee Mission, Kan., Corresponding Secretary; and Mrs. William R. McPhee, Kansas City, Parliamentarian.

As President of the Auxiliary, Mrs. Stelmach's monthly message to members of the MSMA will appear regularly in MISSOURI MEDICINE.

Mrs. Stelmach was graduated from Kansas University with a B.A. degree in bacteriology. She is a registered medical technologist.

The new Auxiliary president's participation in community affairs is extensive. She is on the following boards: Kansas City Chapter, American Heart Association, for which she is chairman-elect; Women's Council, University of Missouri-Kansas City; and the Children's Cardiac Center Auxiliary.

She is past-president of Jackson County Medical Auxiliary, Kansas City Panhellenic Association, Border Star P.T.A., Delta Tau Delta Mother's Club and the Xi Corporation and Kansas City Alumnae of Sigma Kappa.

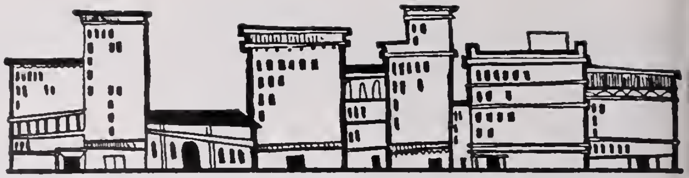
Mrs. Stelmach's other affiliations in Kansas City include membership in the Lyric Women's Committee, Philharmonic Women's Committee, Friends of Art, Baptist Hospital Auxiliary, Bonsai Society and Kansas City Needlepoint Guild.

She and Dr. Stelmach have three children. They are Jeff, who is employed in New York City; Cheri, who will graduate from the Kansas University School of Architecture this month; and Chris, also a graduate of Kansas University.

Dr. Stelmach is in family practice in Kansas City.

A complete list of Auxiliary District Directors, Committee Chairmen and County Auxiliary presidents will appear in the August 15 roster issue of MISSOURI MEDICINE.

From the Medical Schools



SAINT LOUIS UNIVERSITY

Phi Delta Epsilon fraternity of the School of Medicine conducted the eighth annual children's clinic at St. Louis Veterans Administration Hospital (John Cochran) on March 19. The project was co-sponsored by Morro House, a student organization of Saint Louis University.

Approximately 120 children from the St. Louis area were given medical examinations in the clinic program. The medical screening included a complete medical history, urinalysis, blood pressure, eye and hearing tests. Referrals for follow-up work were made to Cardinal Glennon Memorial Hospital for Children.

Medical students of the fraternity conducted the examinations in the outpatient clinic of VA Hospital under the supervision of *Raymond G. Slavin*, M.D., professor of internal medicine and director of the Section of Allergy and Immunology.

Anthony Martonosi, M.D., professor of biochemistry, delivered a lecture at the Edmund de Rothschild School on "Structural and Functional Aspects of Membrane Cytoskeleton Interactions" sponsored by the Weizmann Institute of Science, Rehovot, Israel. He also was a member of the invited faculty of the FEBS Advanced Course 45 on Membrane Biochemistry held at the Eidgenossische Technische Hochschule, Zurich, Switzerland on February 27-March 11.

Clifford J. Bellone, Ph.D., assistant professor of microbiology, is the recipient of a two-year birth defects grant from the March of Dimes for the study of the body's immune system and how certain cells recognize invading germs or transplanted tissue. One of Dr. Bellone's goals is to learn how to block the immune cells' ability to recognize specific foreign or native substances as an approach to controlling immune reactions to treat autoimmune diseases and transplant rejection.

Rene Wegria, M.D., professor and chairman, Department of Pharmacology, recently delivered a lecture on the physiology and the pathophysiology of the coronary circulation at the University of Nebraska School of Medicine in Omaha.

Robert E. Ryan, Sr., M.D., clinical professor of otolaryngology, presented a course on headache at a conference on Continuing Education in Pathogenesis and Treatment of Headache in Adults and Children in San Diego.

Henry E. Oppenheimer, M.D., associate clinical professor of internal medicine, recently attended the Post-graduate Course of the American Diabetes Association held in Los Angeles. He also participated in meetings of the Editorial Board of FORECAST and Public Education Committees.

UNIVERSITY OF MISSOURI-COLUMBIA

Members of the largest graduating class in the history of the School of Medicine will receive their M.D. degrees on May 14. Eighteen women and 98 men will hear Dean Charles C. Lobeck deliver the pre-commencement address for the graduating class in Jesse Auditorium. Senior honors and awards are also to be announced at that time.

New members of Alpha Omega Alpha were announced at the Spring Honors Convocation held in conjunction with the annual M.D. Overholser Lecture. Third-year students selected are *James E. Branahl*, Ferguson; *Lawrence Kriegshauser*, Richmond Heights; *Stephen Scherer*, Sikeston; and *James Whitfield*, Chesterfield.

AOA members in the senior class include *John G. Bradley, Don Bukstein, Lauren E. Clark, Richard Gengelbach, Mary A. Govier, Herman Greenwald, Steve Griffith, Robert G. Hart, Joseph A. Kahn, Carol Blair Loeppky, John B. Marshall, Norman W. Morrow, Thomas J. Peters, James J. Sowash, Matthew N. Stein, Harold W. Stites, William H. Toedebusch, Douglas L. Wood* and *Edward L. Woods.*

Dr. John L. Winnacker, chief of general internal medicine, was chosen as a faculty member of AOA. *Dr. Fred Lucas*, who leaves in June for a new position at Vanderbilt University, was the AOA banquet speaker.

Golden Apple awards for excellence in teaching were given this year to *Dr. Donald Silver*, chairman of the Department of Surgery; *Dr. C. Roland Leeson*, chairman of anatomy; *Dr. Wallace Rogers*, associate professor of pathology; and *Dr. Martin Alpert*, postdoctoral fellow in cardiology. A 1973 graduate of Ohio State, Dr. Alpert completed residency training here in internal medicine.

On June 20 at 0001 the Medical Center will convert to metric usage. New celsius thermometers are to be distributed, patients' weight and height will be recorded in kilograms and centimeters and clocks will be converted to 24 hours. Training sessions for all staff are to be held in late May. *Brad Licklider,* R.N., is the metric conversion project director.

Dr. James L. Gaylor will assume the chairmanship of the Department of Biochemistry in late summer. He comes from Cornell University, Ithaca, N. Y., where he is a professor in the Division of Nutritional Sciences and the Section of Biochemistry, Molecular and Cell Biology. His primary research interest is in enzymatic reactions of cholesterol biosynthesis. He is on the editorial board of the *Journal of Biological Chemistry* and serves on the NIH physiological chemistry study section.

Dr. Frank G. Moody, professor and chairman of surgery at the University of Utah, spoke on "Mechanisms of Erosive Gastritis" when he delivered the annual W. Alton Jones Lecture at the Medical Center in April.

WASHINGTON UNIVERSITY

Ronald G. Evens, M.D., Elizabeth Mallinckrodt Professor and director of the Mallinckrodt Institute of Radiology, Washington University School of Medicine, has been named a Fellow of the American College of Radiology (ACR).

Dr. Evens also has been elected president of the Missouri Radiological Society, the state chapter of the ACR.

Dr. Evens is a 1964 graduate of Washington University School of Medicine and served his internship and residency at Barnes Hospital and Mallinckrodt Institute of Radiology. In 1970, he was elected vice-president of the Washington University Medical School and Associated Hospitals. He was appointed director of Mallinckrodt Institute and head of the Department of Radiology at Washington University School of Medicine in the spring of 1971.

The Class of 1927 of the Medical School will celebrate its 50th Reunion on May 11-13. *Dr. Frank E. Walton,* St. Louis, is Reunion chairman.

UNIVERSITY OF MISSOURI-KANSAS CITY

Jerald A. Burton, M.D., Ph.D., will join the School of Medicine faculty as a docent and chief of the Section of Pulmonary Disease. One of the first graduates of the UMKC School of Medicine, he holds a Ph.D. degree in pharmacology. He was a resident in internal medicine at the Kansas City General Hospital and Medical Center before entering a two-year fellowship in pulmonary medicine at the University of California, Irvine, College of Medicine.

Thomas R. Glatter, M.D., also will join the faculty in June. A 1960 graduate of the University of Illinois Medical School, he completed his residency in internal medicine and a fellowship in cardiopulmonary disease at Westside VA Hospital in Chicago. He now is in the private practice of internal medicine and cardiology in Rockford, Ill. and a faculty member of the University of Illinois College of Medicine and has served as director of the Cardiopulmonary Laboratory in St. Anthony's Hospital in Rockford.

Stephen C. Hamburger, M.D. has been named a docent and assistant professor and will arrive in July. Dr. Hamburger received his M.D. degree from the University of Connecticut School of Medicine in 1972 and completed his residency at the Medical College of Pennsylvania where he served as chief medical resident from 1974 to 1975. He will complete a two-year fellowship in endocrine-diabetes in June of this year.

Susan K. Harris, M.D., will become a docent and assistant professor in July. Dr. Harris graduated from the University of Kansas Medical Center in 1972. She completed her residency there in 1974 and, then, entered a two-year fellowship in Pulmonary Medicine in 1975. Dr. Harris' research involves airway resistance in small endotracheal tubes and drug therapy in respiratory intensive care unit patients.

Robert M. Murphy, M.D. has been named an associate professor and section head of orthopedic surgery at Truman Medical Center. Dr. Murphy graduated from the University of Kansas Medical Center, where he received his M.D. degree in 1969. He completed his rotating internship at UCLA-LA County Harbor General Hospital prior to a one-year general surgery residency and a four-year orthopedic surgery residency at the same hospital. He has been in private practice since July, 1975 while serving as a clinical instructor of orthopedic surgery at the University of California Medical Center in Sacramento.

Michael A. Rasmussen, M.D. joined the faculty as an assistant professor and member of the Department of Emergency Health Services at Truman Medical Center in March of this year. A 1973 graduate of the University of Missouri-Columbia School of Medicine, he completed his Internal Medicine residency at Mayo Clinic.

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in MISSOURI MEDICINE. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education

Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132

June 1	Pulmonary Disease (Third Annual Seminar)
Aug. 3	Critical Care
Oct. 5	Medical and Surgical Coronary Artery Disease—Third Annual Seminar
Dec. 7	Infectious Diseases

Greene County Medical Society

223 Professional Bldg., Springfield 65806
(417) 869-2531
Contact: James E. Thompson, Jr., Executive Director

May 14	Professional Education Symposium on Hypertension (Co-sponsored by GCMS and National Kidney Foundation.)
Oct. 21	Paul Carrick Arthritic Symposium

University of Kansas Medical Center

Div. of Continuing Education
College of Health Sciences
Kansas City, Kan. 66103
(913) 831-7130

May 16-18	Surgery (Hilton Plaza Inn, Kansas City, Mo.)

Washington University School of Medicine

Continuing Medical Education
Box 8063
660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
Contact: Loretta Giacoletto

May 18	Surgical Problems in Children
May 20-21	Neuromuscular Diseases
May 26-27	Current Topics in Hypertension an Its Management
June 9	Perinatal Medicine

University of Missouri-Kansas City School of Medicine—
Kansas City Southwest Clinical Society

Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

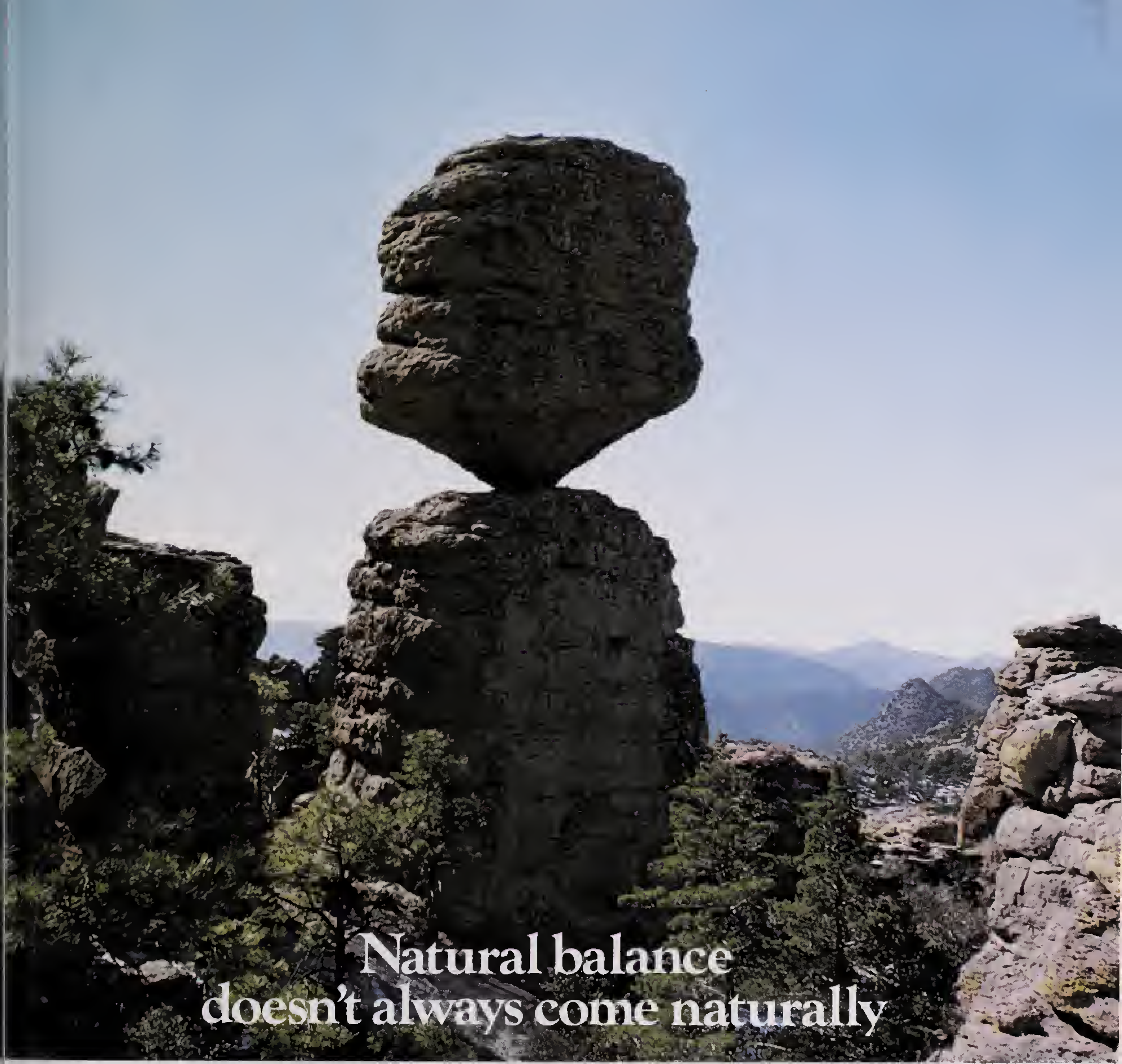
June 2-3	Symposium on Physical Fitness

University of Missouri-Columbia

M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

Nov. 4-5	19th Annual M.D. Day

Give now to your student loan fund!
Send A Generous Contribution To
MISSOURI STATE MEDICAL FOUNDATION
113 Madison, Jefferson City, Missouri 65101



Big Balanced Rock, Chiricahua Mountains, Arizona (approx 1,000 tons)

▪ **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.

▪ **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo.*

▪ **Dosage for Vertigo***—The usual adult dosage for Antivert/25 is one tablet t.i.d.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

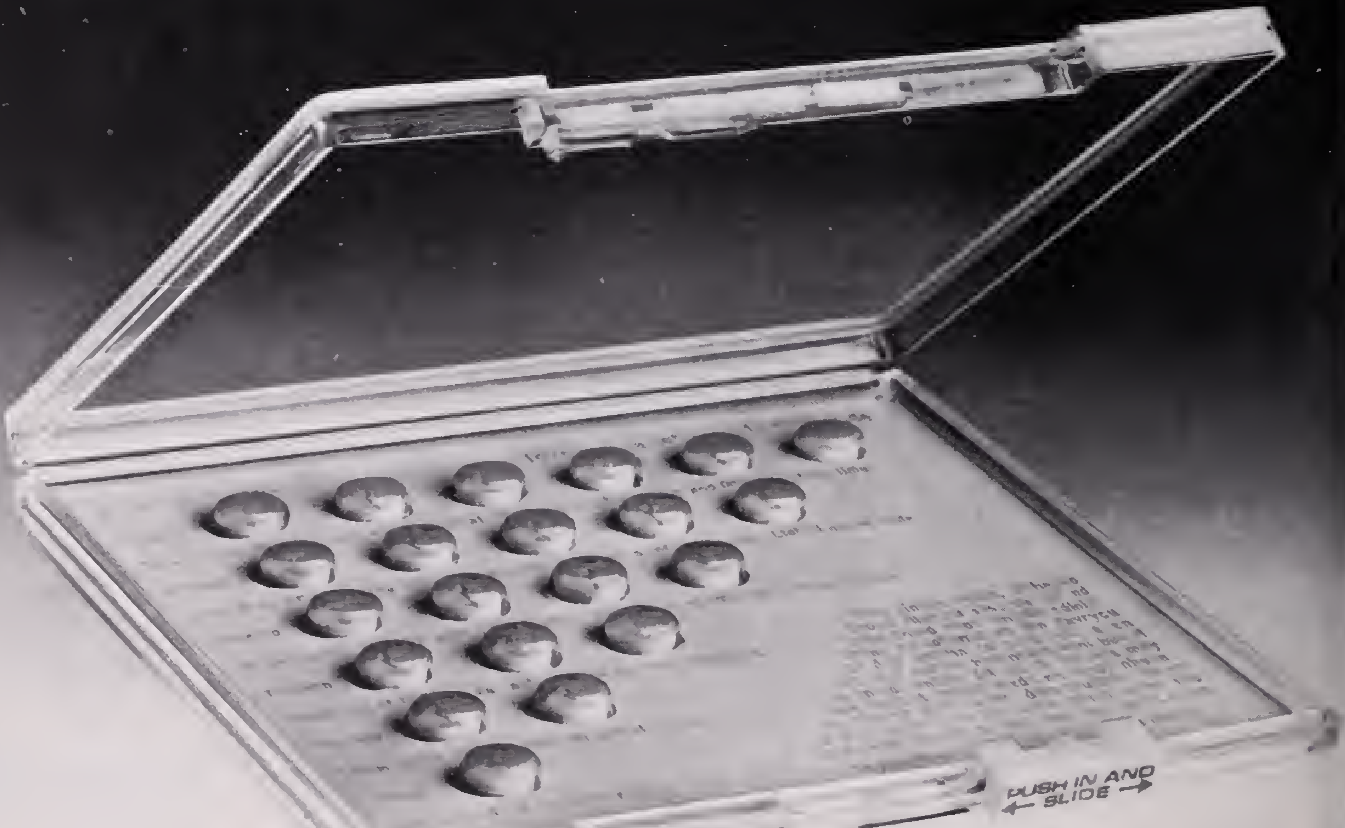
Upjohn

The Upjohn Company, Kalamazoo, Michigan 49001

Medrol® 4 mg Dosepak*

methylprednisolone, Upjohn

The explicit printed dosage instructions that accompany each Dosepak make it easy for the patient to understand and follow the dosage regimen.



*Trademark

J 5741-4

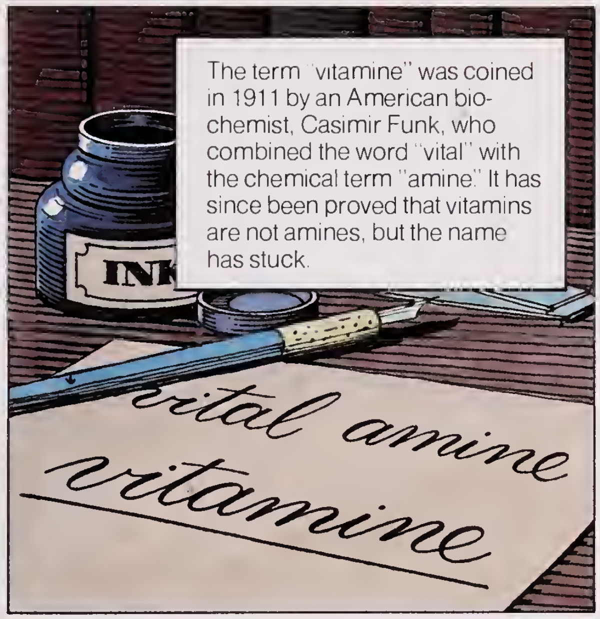
©1977 The Upjohn Company

The ALLBEE® with C Scrapbook of Vitamin Facts & Fallacies

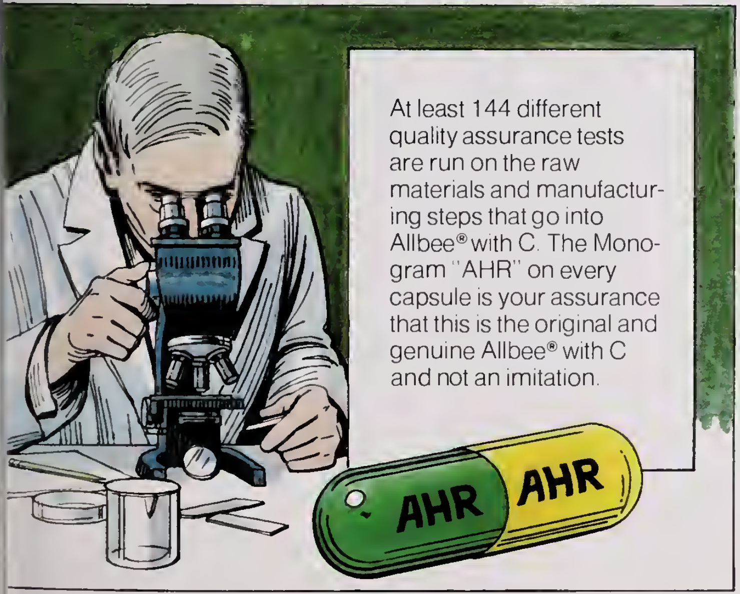
American Indians coveted fresh root tips and extracts of evergreen leaves in winter and onion-like bulbs and leaves in early spring to prevent the symptoms characteristic of vitamin C deficiency.

A tomato is botanically classified as a berry!

It is ironic that many of the vegetables highest in vitamin C and riboflavin are considered unappetizing by many people. These include turnip greens, kale, chard, mustard greens, spinach, water cress, broccoli and brussels sprouts.



The term "vitamine" was coined in 1911 by an American biochemist, Casimir Funk, who combined the word "vital" with the chemical term "amine." It has since been proved that vitamins are not amines, but the name has stuck.

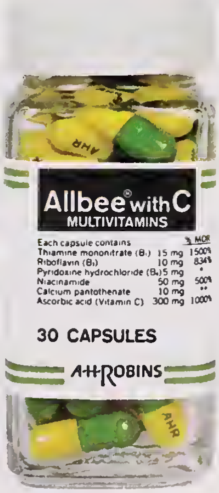


At least 144 different quality assurance tests are run on the raw materials and manufacturing steps that go into Allbee® with C. The Monogram "AHR" on every capsule is your assurance that this is the original and genuine Allbee® with C and not an imitation.

Available on your prescription or recommendation

ALLBEE® with C

High Potency B-Complex and Vitamin C Formula


Allbee® with C
MULTIVITAMINS
Each capsule contains % MDR
Thiamine mononitrate (B₁) 15 mg 1500%
Riboflavin (B₂) 10 mg 834%
Pyridoxine hydrochloride (B₆) 5 mg *
Niacinamide 50 mg 500%
Calcium pantothenate 10 mg **
Ascorbic acid (Vitamin C) 300 mg 1000%
30 CAPSULES
A-H-ROBINS

A.H. Robins Company, Richmond, Va. 23220 A-H-ROBINS

Spasm reactor? Donnatal!®

	each tablet, capsule or 5 ml tsp of elixir (23% alcohol)	each Donnatal No. 2 Tablet
Phenobarbital (warning: may be habit forming)	(¼ gr) 16.2 mg	(½ gr) 32.4 mg
Hyoscyamine sulfate	0.1037 mg	0.1037 mg
Atropine sulfate	0.0194 mg	0.0194 mg
Hyoscine hydrobromide	0.0065 mg	0.0065 mg

Indications: Based on a review of this drug by the NAS/NRC and/or other information, FDA has classified the following indications as possibly effective: adjunctive therapy in the treatment of peptic ulcer; the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation

Brief summary. Contraindicated in patients with glaucoma, renal or hepatic disease, obstructive uropathy (for example, bladder neck obstruction due to prostatic hypertrophy) or a hypersensitivity to any of the ingredients. Blurred vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur at higher dosage levels, rarely at the usual dosage..

A·H·ROBINS A H Robins Company Richmond Virginia 23220

The State of the Nation's Health—No. 1

By
Richard E. Palmer, M.D.
President, American Medical Association

CHICAGO—What is the state of the nation's health?

It's good.

It's poor.

Both answers are correct. Statistics can be used to document either viewpoint.

Of course, no one agrees on what is healthy. There is no Dow Jones average or Richter scale to measure precisely whether a nation is or is not in the pink of health. But there are some guidelines that may be applied.

On balance, recent health gains appear to have outweighed the debits. Of the ten leading causes of death five years ago, all but one have dropped. Our death rate now is the lowest in history.

But there are debits.

The cancer death rate is rising. Suicide and homicide are rising. The number of "slow down" days and days of bed illness per person per year have risen slightly. The proportion of the population that is handicapped by a chronic illness or injury is rising.

The average age of the American inches steadily up year after year, and as the population gets older, more men and women live long enough to develop he chronic health problems that often accompany advancing years.

In 1967, there were 18.8 million Americans 65 years or more. By 1975, this figure had jumped to 2.3 million.

Another impediment to better health is one that eems to be deeply rooted in our national lifestyle. We tend to jeopardize our health by smoking, drinking, exercising little and eating too much. wedes, who both smoke and drink substantially ess than Americans, have a higher life expectancy.

Unemployment, inflation and environmental polution are among the external factors affecting peole's health adversely.

Two frequently used indicators of the nation's ealth are days of restricted activity per person nd the proportion of the population with long-term disabling infirmities. Both indicators are currently worsening.

In 1970, the nation averaged 8.5 slow-down days er person, and 6.1 bed days. In 1975, these two gures increased a bit to 11.0 slow-down days and 6.6 bed days. The differences weren't really large, but they do indicate that more people are feeling bad or are actually ill. Perhaps, the increasing age of the population is involved here.

The percent of the population among whom chronic conditions required limits to normal activity averaged 2.9 in 1970, but rose to 3.5 in 1975. And the proportion in which limitations were major, due to chronic health problems, rose from 8.0 to 10.8.

While the number of years of healthy life rose from the estimated mid-1960s level of 68.4 years to an estimated 70.2 in the mid-1970s, the average years of bed illness, hospitalization or institutionalization rose in the same period from an estimated 1.7 to 2.2. We are living longer and have more healthy years but, also, have more invalid years.

There are some dark aspects of the state of the nation's health. America's physicians know this very well and they are working constantly to try to do something about them.

There are also many good things about the nation's health. These will be discussed in a subsequent article.

The advertising in

MISSOURI MEDICINE

keeps you informed
and helps pay the
publishing costs!

When the local
representative calls,
tell him you saw
his company's ad in
your journal.

easy to take

Keflex®
cephalexin

Lilly

500738

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 75, Number 5—May, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

COPYRIGHT, 1977 BY MISSOURI STATE MEDICAL ASSOCIATION. ALL RIGHTS RESERVED.

RICK E. KISER, M.D. *and*
ROBERT L. NEWMAN, M.D., *Kansas City*

Microinvasive Carcinoma of the Cervix

Case Report

THE PATIENT was a 38-year-old gravida 9, para 5, aborta 4. On Oct. 2, 1973, she had routine cervical cytology and pelvic examination. The cytologic smear was reported as "suspicious" or a "Class III" smear. A previous cytologic smear taken six months prior had been interpreted as negative.

Colposcopic examination of the cervix was performed on November 3. An area of white epithelium and punctation was detected and interpreted as being moderate to severe dysplasia. A directed cervical biopsy was taken and microscopy demonstrated two adjacent neoplastic processes, squamous cell carcinoma-in-situ and adenocarcinoma (Figs. 1 & 2). Endocervical curettings with a sharp curette were negative for malignancy.

The patient was admitted to St. Luke's Hospital on December 9 for scalpel conization of the cervix. Her medical history was unremarkable. Her family history was positive for carcinoma of "various origins." Results of physical examination upon admission were normal, including a pelvic examination. Admission laboratory studies including SMA-12, CBC, sedimentation rate, VDRL and chest X-ray were all within normal limits.

On December 10, she was taken to the operating room where a scalpel cervical cone biopsy and a curettage of the uterus were performed without complication. The pathologic diagnosis of the surgical specimen was ". . . a tiny focus of adenocarcinoma-in-situ of the endocervix at the squamocolumnar junction area, showing evidence of microscopic stromal infiltration"[11] (Figs. 3 & 4). Uterine curettings were benign.

An intravenous pyelogram and barium enema were subsequently performed and results were normal. Review of the histology indicated 2 to 3 mm of stromal nvasion.

She returned to the operating room on December 13. A laparotomy was performed and biopsy of the oburator and iliac nodes revealed no malignancy. A total abdominal hysterectomy was performed without node dissection. Microscopic examination of the excised uterus and cervix revealed no evidence of residual malignancy.

The operative course was benign except for a vaginal cuff cellulitis which responded well to antibiotic therapy. She was dismissed on the seventh postoperative day in satisfactory condition.

The patient has been followed regularly in the Outpatient Clinic since her operation. The date of her most recent examination was Jan. 26, 1976, at which time there was no evidence of recurrence.

Adenocarcinoma of the uterine cervix is a relatively rare lesion. It is stated to occur in 5% of all cervical malignancies. Incidence reports in the past have varied from 0.42% to 11.7%.[1-4] Recently, some authors have reported an apparent rise in the incidence of adenocarcinoma of the cervix.[5-7] One recent article reported a 34% incidence.[1]

The discrepancies in the reported incidence of

Discussion of the incidence, diagnosis, symptoms, therapy and clinical course of "microinvasive" adenocarcinoma of the cervix accompany this case report. The authors also briefly discuss the comparison with squamous cell carcinoma of the cervix in relation to diagnosis, therapy and prognosis. Dr. Newman is Chairman, Department of Obstetrics and Gynecology, St. Luke's Hospital. Dr. Kiser was a member of that Department at the time this paper was written. This work was supported by the St. Luke's Hospital Foundation for Medical Education and Research.

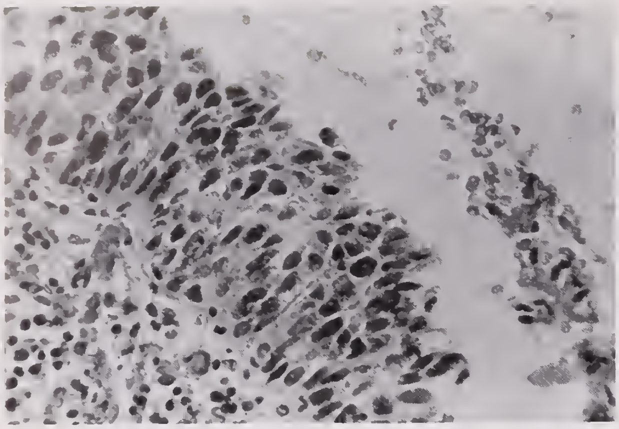


Fig. 1 Cervical biopsy demonstrating squamous cell carcinoma-in-situ.

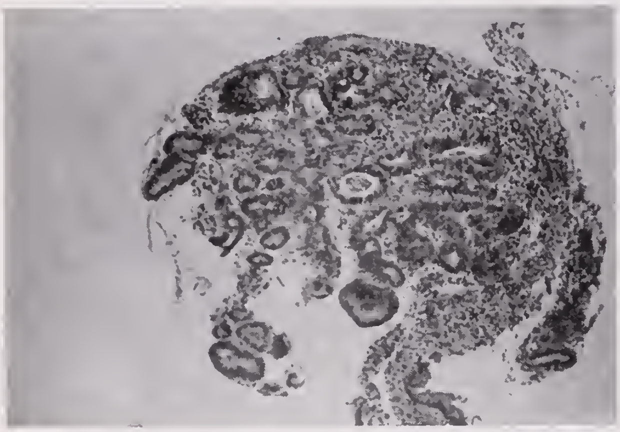


Fig. 2 Cervical biopsy interpreted as adenocarcinoma.

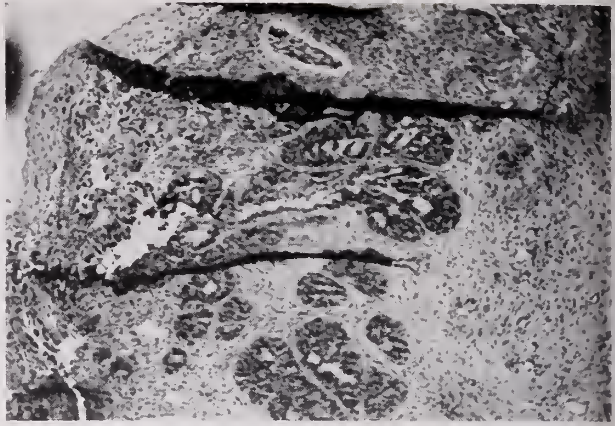


Fig. 3 Cone biopsy of the cervix showing microinvasive squamous cell carcinoma.

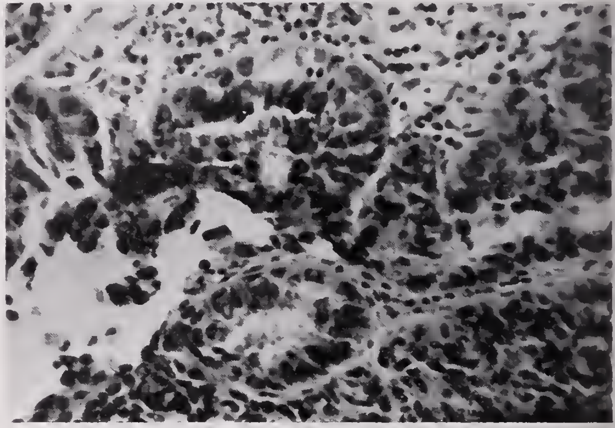


Fig. 4 High power view of the cone biopsy.

this lesion are partially due to confusion of adenocarcinoma with squamous cell carcinoma of the cervix in mixed and pure forms. Adenocarcinoma of the cervix has been found with either metaplastic or anaplastic squamous cell elements leading to confusion in the diagnosis, especially when the adenomatous elements are poorly differentiated.

Difficulties in diagnosis also may arise in defining the origin of the lesion as primarily from the cervix or from the uterus. Lesions high in the endocervical canal may be difficult to distinguish from the lesion in the lower uterine cavity. Adenocarcinoma of the cervix has its origin in the glands or ducts of the cervix.

The average age of patients with adenocarcinoma of the cervix has been reported to be around 51 years, slightly higher than for those with squamous cell carcinoma.[2, 6, 8] The ages have ranged from as young as 13 years to 84 years.[2, 6, 8]

The presenting symptoms are similar to those of squamous cell carcinoma of the cervix. Eighty percent of the patients presented with abnormal uterine bleeding.[1-3, 6, 8] Vaginal discharge may also be a frequent symptom.[3, 8] Many cases were asymptomatic and initially suspected because of abnormal cervical cells although cytology is not a good diagnostic screening test for adenocarcinoma of the cervix.[1, 3] The presenting symptoms may vary in duration from a few weeks to a few years.

The treatment is the same as for squamous cell carcinoma of the cervix. Depending upon the anatomic stage of the lesion, therapy should consist of surgery or surgery plus radiation. The combination therapy generally gives a better five-year survival than radiation alone.[6] A pure adenocarcinoma of the cervix should respond to radiation as well as squamous cell carcinoma of the cervix.[3] However, the mixed lesions reportedly do not respond as well and are considered to be more radioresistant. Many feel that adenocarcinoma in general is more radioresistant than squamous cell carcinoma of the cervix.

The most common cause of death in carcinoma of the cervix is uremia from either ureteric obstruction or an ascending pyelonephritis.[8]

Generally, the best indicator of the prognosis of the patient is the anatomic extent of the lesion.[2] The greater the spread of the lesion, the worse the prognosis. Some authors report no correlation between the degree of differentiation of the lesion and the outcome.[2, 9]

In the case presented, the adenocarcinoma was staged as a microinvasive carcinoma of the cervix. The exact definition and optimal treatment of this stage have been controversial. Microinvasive carcinoma of the cervix may be found in an epithelial lesion which resembles carcinoma-in-situ but in which one or more foci of neoplastic cells may be found extending past the basement membrane into the underlying stroma. The problem is defining the point in the evolution of the disease from an intraepithelial lesion to an invasive carcinoma. At that time, the lesion changes its biological behavior and becomes capable of lymphatic spread and metastasis.

Stage I carcinoma of the cervix is defined as carcinoma confined to the cervix. The stage is subdivided into those lesions detectable upon clinical examination and those which are not detectable upon clinical examination. Those which are not detectable have been subdivided into early stromal invasion and occult cancer. Microinvasive carcinoma of the cervix is Stage IA.

The exact definition of early stromal invasion or microinvasion has remained controversial. Early definitions arbitrarily included lesions invading to a depth of 5 mm below the basement membrane.[10, 11] This limit may have been based upon the presence of lymphatics found 5 to 8 mm below the basement membrane. However, some authors believe that microscopic invasion to a depth of 5 mm should be treated as an invasive carcinoma.[10–12] One author reported that the cellular characteristics of microinvasive cancers with infiltration to 2 mm resemble those of a carcinoma-in-situ and dysplasia. This is in contrast to those with infiltration from 3.1 to 5.0 mm which resemble invasive cancer.[13]

There are many papers in the literature using 5 mm as the limits for microinvasive cancer and many using 3 mm as the limit.[11–14] A few authors are more strict, proposing 1 to 2 mm as the limit for microinvasive carcinoma.[10, 15] The point remains unsettled and the best definition for the limits of microinvasive cancer of the cervix remains to be determined.

The incidence of microinvasive carcinoma of the cervix is approximately 2% of all cervical neoplasms.[4, 11]

The average age of diagnosis of microinvasion is 41 years. That is slightly older than the average age for in situ lesions and younger than the average age for invasive cancer.[11]

Lymph node metastasis have been found in microinvasive carcinoma of the cervix. The reported incidence is dependent upon patients treated for microinvasive carcinoma of the cervix with radical hysterectomy and lymphadenectomy or total hysterectomy with biopsy of enlarged nodes. The finding of positive nodes in these patients in various reports ranged from 0 to 5.2%.[10, 12, 13, 16] The incidence of positive nodes may vary from series to series depending upon the depth of invasion used to define microinvasion and the effort made to assure the surgeon that greater invasion was not present.

For all Stage I carcinomas of the cervix, positive lymph nodes have been found in 16% to 20% of the cases.

Based on that fact, the proper therapy for a particular patient may be elected depending upon the depth of invasion. Early stromal invasion may be treated conservatively according to some reports. If the patient is pregnant with microinvasion of no greater than 3 mm, one paper supports treatment with cone biopsy and close follow-up until she has reached term. Definitive therapy at that time would consist of delivery vaginally or by Cesarean section and abdominal hysterectomy, conserving the ovaries.

Dependent on 1 mm or 5 mm as the limit for microinvasion, extension beyond that point would be treated as invasive cancer. If stromal invasion is within the limits set for microinvasion but lymphatic or vascular involvement is observed, the patient should be treated for invasive cancer. Treatment should consist of radical Wertheim hysterectomy and pelvic lymphadenectomy or hysterectomy and radiation therapy or radiation therapy alone.[9, 11, 13, 16–19]

Five-year survival rates for microinvasive carcinoma have varied from 93% to 97% in patients with negative lymph nodes approaching the 98% five-year survival for in situ carcinoma. The majority of patients not surviving five years die from causes other than the carcinoma. The finding of positive lymph nodes significantly decreased the five-year survival rate. Reports have ranged from 20% to 67% five year survival with positive lymph nodes.[11, 20]

In conclusion, adenocarcinoma of the cervix in a pure form may be treated as a squamous cell carcinoma with similar survival rates. Microinvasive carcinoma may be defined as extension through the basement membrance to a depth of 3 to 5 mm into

(Continud on page 212-D)

JERRY W. TEMPLER, M.D., WILLIAM E. DAVIS, M.D.
and **DONALD J. JOSEPH, M.D.,** ***Columbia***

Management of Epistaxis

Almost every person has experienced nosebleed, which is considered by most to be a simple matter to treat. Nosebleed is a self-limiting condition in the vast majority of cases, and even the most inappropriate folk remedies generally work quite well. Only a small percentage of nosebleeds is ever seen by a physician. However, those that will not stop spontaneously may be a serious challenge for even the most experienced rhinologist.

Etiology

Blows to the nose with or without nasal fracture and frequent nose picking are known to cause nasal bleeding. Epistaxis is at times associated with arteriosclerosis, hypertension, disorders of hemostasis or nasal tumors, such as the juvenile angiofibroma. The incidence of nosebleed is higher in persons with upper respiratory tract infections and during cold dry weather. However, epistaxis frequently starts unexpectedly when none of these factors is present. In the majority of instances, there is no known etiology.

Incidence

Significant epistaxis is infrequent in persons under the age of four, but it occurs in all age groups. In adults, the incidence is higher in males.

The Blood Supply to the Nose

The blood supply to the nasal mucosa is derived predominantly from the sphenopalatine arteries (Fig. 1). The internal maxillary artery courses immediately behind the maxillary antrum and terminates as the sphenopalatine artery, which enters the nose through the sphenopalatine foramen on the posterior wall of the nose at the level of the middle turbinate. It divides into several nasal branches which are distributed to the greater portion of the septum and lateral nasal wall, excluding only their anterior and superior portions. It also contributes the descending palatine artery which descends through the pterygopalatine canal, supplies the palate and, then, reenters the nasal cavity via the incisive canal to terminate on the anterior nasal septum. The septal branch of the superior labial artery ascends from the upper lip to the anterior-inferior nasal septum. The anterior and posterior ethmoidal arteries are branches of the ophthalmic artery from the internal carotid which enter the nose from the orbit and supply the cephalic portion of the lateral nasal wall and septum. The distal ends of all these vessels converge at Kiesselbach's or Little's area on the anterior septum.

Management

In young children, the nosebleed is more apt to occur anteriorly in Little's area. In older patients, bleeding is more apt to occur posteriorly where the largest arteries enter the nose. A corollary to this is the more anterior the nosebleed, the easier it is to manage, and the more posterior the nosebleed, the more difficult to manage.

The goal of management is to locate the source of bleeding and control it promptly with as little morbidity to the patient as possible.

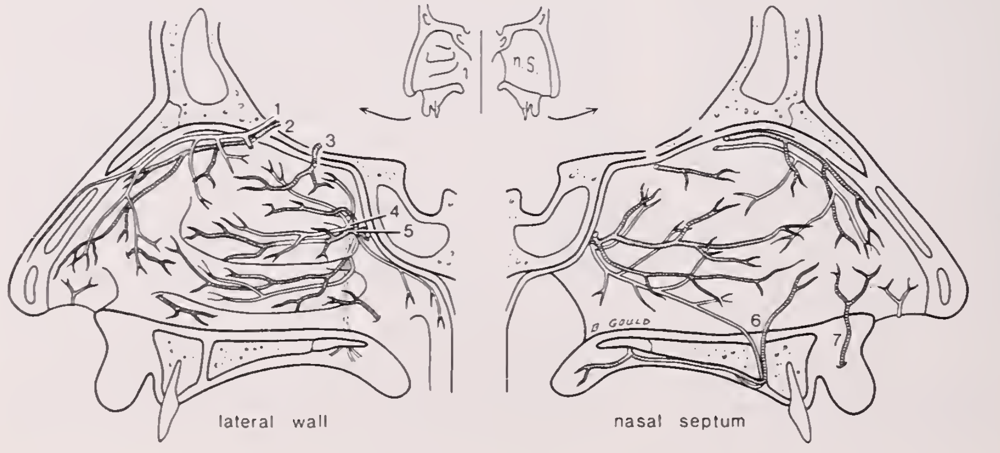


Fig. 1 The nerve and blood supply to the nasal mucosa: (1) Anterior ethmoid nerve. (2) Anterior ethmoid artery. (3) Posterior ethmoid artery. (4) Sphenopalatine ganglion. (5) Sphenopalatine artery. (6) Greater palatine artery. (7) Septal branch of the superior labial artery.

At this time, there is no available systemic medication that will directly stop the acute nosebleed. Sedation to allay apprehension and its accompanying hypertension and restlessness is a useful adjunct, but it should not delay prompt attention and treatment of a profuse hemorrhage.

Childhood

Epistaxis in small children can almost always be managed conservatively. A small pledget of cotton is moistened with a vasoconstrictor, such as phenylephrine ¼%, and inserted 1 cm to 2 cm into the nose. Steady pressure applied by squeezing the lower nose is maintained for five to ten minutes. The cotton may be left in place for several hours. Extensive cautery or nasal packing is rarely indicated in children. Occasionally, a small artery can be seen crossing the floor of the nose from the upper lip to the anterior nasal septum. If it is the source of chronic repeated nosebleed, it may require ligation or cauterization under general anesthesia. Bleeding is more frequently secondary to nose picking. The child and his parents should be cautioned against this repeated nasal trauma.

Adults

The key to management is to find the bleeding vessel. When found, it may be cauterized, tamponaded by packing, frozen or its arterial trunk may be ligated.

Localization of the Bleeding Site and Anesthesia of the Nasal Mucosa

The patient may seem to be bleeding from both nostrils, but this is a result of the nose filling with clots and the blood seeping posteriorly around the nasal septum, thus running out both sides. If the patient knows which side of the nose bled first, the source of bleeding will be on that side. Almost always, the bleeding is from a single source. The nose can be cleared of all clots and blood by having the patient blow his nose and by suctioning the fresh bleeding through a nasal suction tip. A head mirror or headlight is essential to illuminate the interior of the nose. A search for the bleeding vessel should be made before the nose is sprayed with a vasoconstrictor because the bleeding may be stopped tempororily and the source will not be apparent. The anterior septum should be carefully examined since it is the most common site of bleeding in any age group. All visible areas of the nose are inspected. With persistence, the site of bleeding will be seen in most instances.

Posterior arterial bleeders may be more difficult to find. Frequently, they stop and start with exasperating timing. Initially, one is not eager to risk restarting the bleeding after it has stopped since most do not recur. Alerting the patient to the possibility of recurrent bleeding and sending him home with mild sedation and ice packs to the neck and confining him to a semi-sitting position is a reasonable approach.

The bleeding point usually can be fairly well localized even if it cannot be seen. Cotton pledges are fashioned into three-inch strips and slightly moistened with cocaine 4% or other topical anesthetic, such as tetracaine 2% plus a few drops of 1:1,000 aqueous epinephrine. The total dosage should not exceed 80 mg of tetracaine or 200 mg of cocaine. The first strip is inserted horizontally along the entire floor of the nose and subsequent strips are layered cephalically. Laterally and inferiorly directed pressure is applied with bayonet forceps or a nasal suction tip to firmly conform the cotton to all recesses of the nasal cavity. After each strip is applied, the nose is examined to determine if the bleeding point is above the level of the cotton pledgets. When the level is above the bleeding point, the bleeding usually will stop. The strips are left in place for ten minutes. Vasoconstriction provides better exposure for visual examination and anesthesia of the nasal mucosa is essential for cautery or packing the nose (Fig. 2).

The nasal mucosa also may be anesthetized by infiltrating the sphenopalatine ganglion via the pterylgopalatine canal. A 27 gauge, 1.5-inch needle is advanced up the canal for 2 cm. Advancing further than 2.5 cm is dangerous. Two cc to 4 cc of 2% lidocaine with epinephrine 1:100,000 is injected.

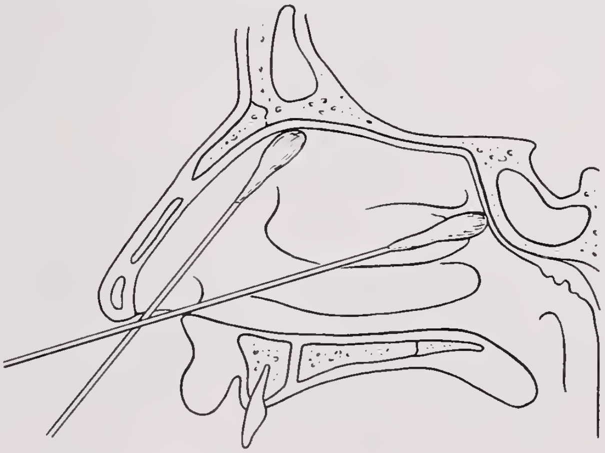


Fig. 2 Topical anesthesia of the nose. Cotton tipped applicators soaked with cocaine 10% applied to the anterior ethmoid nerve and the sphenopalatine ganglion (posterior to the tip of the middle turbinate) will anesthetize all the nasal mucosa. Strips of cotton moistened with the anesthetic agent (cocaine 4% or tetracaine 2%) applied to the entire mucosal surface are more effective with active bleeding.

Location of the site of bleeding is the key to managing epistaxis. The simplest measures are instituted first and escalation proceeds only when simpler measures fail. If a specific etiology for the bleeding is known, it is treated concomitantly. Dr. Templer is Assistant Professor of Surgery (Otolaryngology), Dr. Davis is Assistant Professor of Surgery (Otolaryngology) and Dr. Joseph is Professor of Surgery and Chief of Otolaryngology at the University of Missouri School of Medicine.

Frequently, the epistaxis will be stopped by vasoconstriction of the sphenopalatine artery. This effect is temporary.

The anterior septum is best anesthetized by direct local infiltration of the lidocaine.

NASAL CAUTERY

The bleeding site may be cauterized with silver nitrate sticks. A nasal suction-cautery tip that is insulated, except for the distal tip, is better because the suction keeps the blood cleared to make the cautery effective. If the bleeding can be controlled by cautery, there is much less discomfort to the patient than with nasal packing.

NASAL PACKING

Except in the case of profuse exsanguinating hemorrhage, the mucosa should be well anesthetized before packing. The packing must be inserted firmly enough to tamponade an arterial bleeder. Properly inserted nasal packing will stop almost any nosebleed. Three-inch strips of one inch iodoform gauze impregnated with an antibiotic ointment, such as bacitracin, makes an excellent packing material. This combination provides for lubrication of the packing for easier insertion and minimizes infection and unpleasant odor. The first strip is advanced along the floor of the nose until it comes into contact with the posterior pharyngeal wall (Fig. 3). Additional strips are layered superiorly and each is firmly packed down on top of the preceding strip. The packing proceeds superiorly until well above the bleeding site. If the bleeding site cannot be localized, the entire side is packed. In this manner, even the posterior choana is firmly packed and a posterior pack is rarely needed.

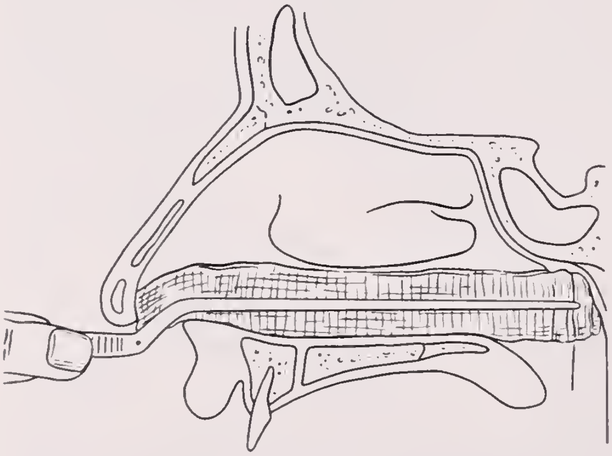


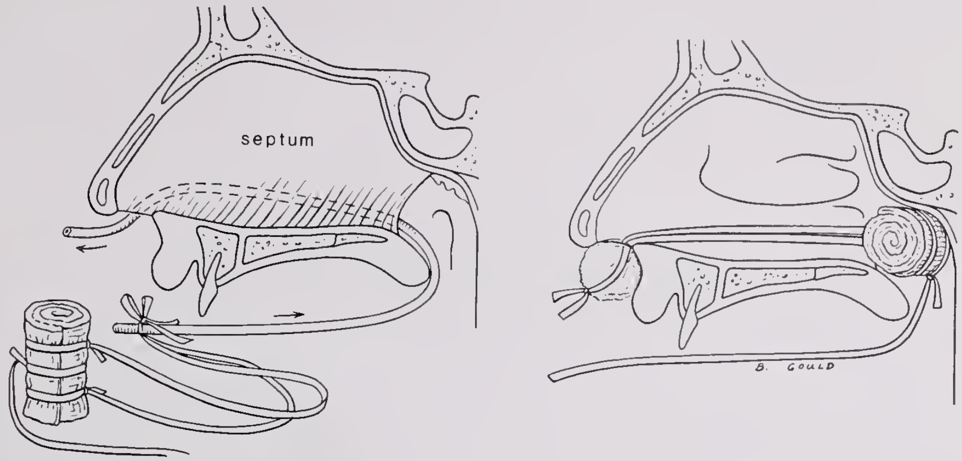
Fig. 3 Anterior Nasal Packing. Strips of 1-inch gauze impregnated with an antibiotic ointment are inserted to the posterior pharyngeal wall. Each is packed down firmly. The level of packing must be well above the bleeding vessel.

Vaseline gauze also is a suitable packing material and is widely available. In a few days, it will have an offensive odor unless an antibiotic ointment is applied to it. Gelfoam or oxidized cellulose may be used for small localized packs. Preformed nasal balloons are available and enthusiastically used by some.

The patient may go home with an anterior pack in place, but he will be uncomfortable and require analgesics. The nose is always contaminated during the packing procedure. Clotted blood will fill the nose and paranasal sinuses and is an excellent culture media. Systemic antibiotics should be given while the packs are in place. The antibiotic selection is empirical, but ampicillin usually is effective against the pathogens most frequently found in the nasal vestibule. The packing is left in place for four to seven days. If significant oozing occurs while the packing is in place, the patient is hospitalized. The patient is sedated and kept in a semi-sitting position. The hematocrit and hemoglobin concentration are checked at frequent intervals. This bleeding will usually stop in a day or two.

If marked bleeding persists for several hours from a posterior arterial source, a second packing may be attempted. If not successful, a posterior pack is indicated (Fig. 4). The distal end of a lubricated Foley catheter is manipulated through the intact anterior pack and into the posterior pharynx. The balloon is positioned behind the soft palate and inflated with water until the palate begins to bulge anteriorly. The balloon is pulled up into the posterior choana and held in place by a clamp buttressed against the anterior packing. The nasal alae must be carefully padded to avoid pressure necrosis. The patient is extremely uncomfortable and a narcotic is needed for analgesia. Rarely, the bleeding will not be controlled by the posterior

Fig. 4 Posterior Nasal Packing. A posterior pack may be made from rolled gauze squares (4" x 4") and umbilical tape. The tapes are brought through the nares by a suction catheter and the pack is placed in the nasopharynx by finger manipulation. Anterior packing is inserted and the umbilical tapes are tied over a bolus at the anterior nares. The third umbilical tape may be taped to the cheek or a short tail left in the posterior pharynx.



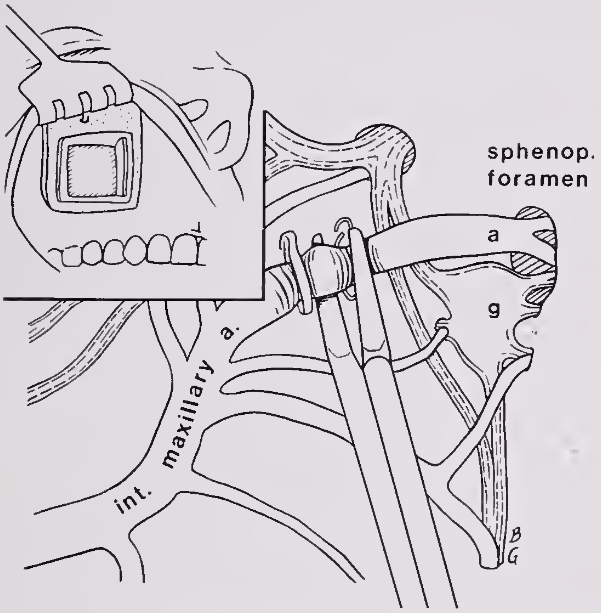


Fig. 5 Transantral Ligation of the Internal Maxillary Artery. Windows are made in the anterior and posterior walls of the antrum. The artery and its branches are identified and clipped with hemostatic clips.

pack, and ligation of the arterial supply to that portion of the nose is necessary. The morbidity and occasional mortality of posterior packing with sedation and immobilization of elderly patients should not be taken lightly. With only posterior packing, blood gas measurements show hypoxia and pulmonary function tests reveal increased pulmonary resistance. These alterations are apparently induced by reflexes from the nose.[1]

Persistent repacking of the nose, sedation and blood replacement will invariably control the nosebleed, but, eventually, the morbidity is greater than that of a surgical procedure. For posterior and inferior bleeding, ligation of either the internal maxillary artery or the external carotid artery is effective.[2]

LIGATION OF THE EXTERNAL CAROTID ARTERY

In poor-risk patients, the external carotid artery may be quickly ligated under local anesthesia. The incision is made parallel to the lower margin of the mandible at the level of the superior cornu of the thyroid cartilage. By blunt dissection, the carotid sheath is found and the bifurcation of the common carotid is identified. Both the internal and external arteries must be identified. The external may be distinguished from the internal carotid by its usual anterior-lateral position, but primarily by its branches in the neck. The vessel is ligated with heavy nonabsorbable sutures. The wound is drained and closed in layers.

LIGATION OF THE INTERNAL MAXILLARY ARTERY
(Fig. 5)

Trans-antral ligation of the internal maxillary artery is a more complex procedure than ligation of the external carotid. However, the external carotid has significant anastomoses with the contralateral external carotid through its many branches. This cross circulation might permit continued bleeding, but ligation of the internal maxillary and its branches decreases this possibility. The procedure may be performed under local or general anesthesia. The incision is made in the buccal alveolar sulcus over the canine fossa. The anterior wall of the maxillary antrum is exposed with a periosteal elevator and a large window fashioned with ronguers. An operating microscope is essential for magnification and illumination. A medially based mucosal-periosteal flap that includes the mucosa of the posterior wall of the antrum is developed to expose the posterior bony wall. The thin bone is carefully removed while preserving the posterior periosteum.

"In a real dark night of the soul it is always three o'clock in the morning."

—F. SCOTT FITZGERALD
THE CRACKUP, 1936

Insomnia
a shade of blue that often accompanies depression

And, in anxiety/depression, Adapin® (doxepin HCl) often helps restore disturbed sleep patterns, such as early morning awakening, with a single daily dose at bedtime.[1] Adapin quickly relieves the patient's anxiety, gradually brightens his mood and outlook, with optimal antidepressant response usually evident within two to three weeks.

[1] Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

Brief Summary of Prescribing Information
ADAPIN® (doxepin HCl) Capsules

Indications—Relief of symptoms of anxiety and depression.

Contraindications—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

Warnings—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, or on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdosage.

Precautions—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Adverse Reactions—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

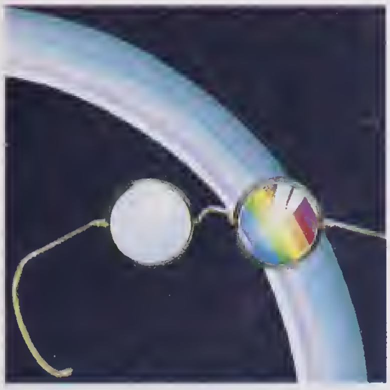
Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

Dosage and Administration—In mild to moderate anxiety and/or depression: 10 mg to 25 mg t.i.d. Increase or decrease the dosage according to individual response. **Usual optimum daily dosage is 75 mg to 150 mg** per day, not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

How Supplied—Each capsule contains doxepin, as the hydrochloride: 10 mg, 25 mg and 50 mg capsules in bottles of 100 and 1000.

For complete prescribing information please see package insert or PDR.



When they see life
in shades of blue...
help them see life
in all its colors.

Adapin®
(doxepin HCl)

single daily dose recommended h.s.

10-mg capsules
25-mg capsules
50-mg capsules

PENNWALT
Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603

The pulsations of the internal maxillary artery can be seen through the intact periosteum. The periosteum and fat are carefully dissected to expose the artery and its several branches. The artery and branches are clipped with multiple hemostatic clips. The mucosal flap is laid back into place and the buccal sulcus incision is closed with absorbable sutures. The nasal packing may be removed at the time of surgery or left in place for two to three more days.

ANTERIOR AND POSTERIOR ETHMOIDAL ARTERY LIGATION

The anterior or posterior ethmoidal artery may be the source of bleeding high in the nasal vault. With a severe, poorly localized hemorrhage, these vessels may be ligated in conjunction with the internal maxillary artery. A vertical incision, positioned halfway between the nasal dorsum and medial canthus is made. The periosteum of the medial orbital wall is elevated. The suture line between the frontal bone and the lamina papyracea is identified and followed posteriorly. The anterior artery will be found exiting its bony foramen. A metal hemostatic clip or suture ligature is placed on the artery and the artery is divided. The posterior artery is directly posterior, but it lies only 4 mm to 7 mm anterior to the Optic nerve. It is carefully isolated and clipped. The incision is closed in layers.

CRYOSURGERY

The nasal mucosa may be frozen with a cryosurgical unit with a nasal tip. This will effectively stop the bleeding. The units are not widely available for emergency treatment and the time required to prepare the apparatus may not be available.

REFERENCES

1. Cassisi, N. J., Biller, H. F. and Ogura, J. H.: Changes in Arterial Oxygen Tension and Pulmonary Mechanics With the Use of Posterior Nasal Packing. Laryngoscope 81:1261, 1971.

2. Chandler, J. R. and Serrius, A. J.: Transantral Ligation of the Internal Maxillary Artery for Epistaxis. Laryngoscope 75:1151, 1965.

Reprints: *Jerry W. Templer, M.D.*
University of Missouri School of Medicine
807 Stadium Rd.
Columbia, Mo. 65201

Carcinoma of the Cervix

(Continued from page 209)

the underlying stroma, such lesions may be treated conservatively. Deeper stromal invasion or lymphatic or vascular involvement should be treated as an invasive cancer.

REFERENCES

1. Davis, J. R. and Moon, L. B.: Increased Incidence of Adenocarcinoma of the Uterine Cervix. Obstet. Gynecol. 45:79-83, 1975.

2. Hepler, T. K. *et al:* Primary Adenocarcinoma of the Cervix. Am. J. Obstet. Gynecol. 63:800-808, 1952.

3. Mikuta, J. J. and Celebre, J. A.: Adenocarcinoma of the Cervix. Obstet. Gynecol. 33:753-756, 1969.

4. Ny, A.: Microinvasive Squamous Cell Carcinoma of the Uterine Cervix. Obstet. Gynecol. Digest 17:26-27, 1975.

5. Haggard, J. L. *et al:* Primary Adenocarcinoma of the Cervix. Obstet. Gynecol. 24:183-195, 1964.

6. Rutledge, F. N. *et al:* Adenocarcinoma of the Cervix. Am. J. Obstet. Gynecol. 122:236-245, 1975.

7. Tacker, J. T. and Collins, J. A.: Adenocarcinoma of the Uterine Cervix. Am. J. Obstet. Gynecol. 118:344-348, 1974.

8. Rombant, R. P. *et al:* Adenocarcinoma of the Cervix. Cancer 19:891-900, 1966.

9. Selim, M. A. *et al:* Surgical or Radiation Therapy for Cancer of the Cervix Stage 1. Obstet. Gynecol. 38:251-255, 1971.

10. Averette, H. E. *et al:* Staging of Cervical Cancer. Clin. Obstet. Gynecol. 18:215-232, 1975.

11. Creasman, W. T. and Parker, R. T.: Microinvasive Carcinoma of the Cervix. Clin. Obstet. Gynecol. 16:261-275.

12. Creasman, W. T. and Parker, R. T.: Management of Early Cervical Neoplasia. Clin. Obstet. Gynecol. 18:233-245, 1975.

13. Savage, E. W. *et al:* Microinvasive Carcinoma of the Cervix. Am. J. Obstet. Gynecol. 113:708-717, 1972.

14. Thompson, J. D. *et al:* Surgical Management of Invasive Cancer in Pregnancy. Am. J. Obstet. Gynecol. 121:853-863, 1975.

15. Ahlgren, M. *et al:* Conization as a Treatment of Carcinoma-in-Situ of the Uterine Cervix. Obstet. Gynecol. 46:135-140, 1975.

16. Kolstad, P.: Carcinoma of the Cervix Stage 1A. Am. J. Obstet. Gynecol. 104:1015-1022, 1969.

17. Lagasse, L. D.: Effect of Radiation Therapy on Pelvic Lymph Node Development in Stage 1 Carcinoma of the Cervix. Obstet. Gynecol. Digest 17:29, 1975.

18. Quigley, M. M. *et al:* Carcinoma of the Cervix "A Third Treatment." Obstet. Gynecol. 45:650-655, 1975.

19. Stage, A. H. *et al:* Combined Radiologic/Operative Therapy in the Treatment of Cervical Malignancy, Am. J. Obstet. Gynecol. 120:960-968, 1974.

20. Rampose, J. F. *et al:* Combined Treatment of Stage 1B. Obstet. Gynecol. 15:38-39, 1973.

Reprints: *Robert L. Newman, M.D.*
St. Luke's Hospital
Wornall Rd. at 44th
Kansas City, Mo. 64111

Julius B. Richmond, M.D., Vice-Chairman of the AMA's Council on Mental Health in 1969, has been selected as Assistant HEW Secretary for Health. Dr. Richmond is head of the Department of Preventive and Social Medicine at Harvard Medical School and Harvard School of Public Health. He is a member of President Carter's Commission on Mental Health and was the first director of Project Head Start during the Johnson Administration. A pediatrician, he formerly served as dean of the Medical School at the State University of New York in Syracuse.

JOHN S. SPRATT, JR., M.D., M.S.P.H., ***Louisville, Ky.***

Cybernetics of Cancer Control By Prevention

> The cybernetics of men, as you, Socrates, often call politics. . . .
>
> Plato (428-348 B.C.)*

CYBERNETICS is treated as a new science in much contemporary literature. Yet, as Plato noted long ago, it is an ever present phenomenon in the politics of men. *Kybernes,* the stem word of cybernetics, was the Greek term for steersman. Its Latin equivalent is *gubernator,* the stem word for governor. Norbert Wiener[1] selected the word *cybernetics* to define the "new science," which is really a fresh way of looking at old phenomenon. Rather than taking the reductionist approach toward science by breaking a phenomenon into its least parts for analysis and description, the cybernetic approach accepts that each part is integrated into a larger system and it is the purposeful, objective-oriented characteristics of the larger system that attract the attention of the cyberneticist. Thomas Aquinas (1225-1274) took a cybernetic approach toward man's existence by holding that the purpose of man's existence was the opportunity the existence afforded "to live the good life." He antedated the reductionist scientists such as Bacon, Galileo and Newton. The Industrial Revolution, with the growth of mechanical and commercial systems and the evolution of computers, stimulated the evolution of cybernetics to its present status.

A fundamental characteristic of every purposeful system is the presence of positive or negative feedback in a way that exerts control over the system. Negative feedback opposes large deviation from normal or average conditions. Positive feedback accentuates changes bringing continuous upward or downward changes in a variable.

What does cybernetics have to do with cancer control? The answer lies in the word "control." Cancer is largely a social or behavioral disease whose incidence in a population is subject to both positive and negative feedback which controls both the increase and decrease of cancer in the population. The most beneficial approach toward the control of cancer would obviously come from the study of feedback mechanisms, the impact that they have on cancer incidence and the approaches available to us for modifying them. Accentuation of positive feedback approaches in the cancer control system to maximize downward trends in the incidence of cancer would be the control strategy selected in a rational system. A partial list of commonly recognized feedback controls that can affect cancer incidence is given in Table 1.

Many "feedbacks" in a social system are more subtle and difficult to identify than are the feedbacks in a computer program, a mechanical system or a physiological system. Nevertheless, they do exist though their relationships are not always as direct or obvious as are the situations with simpler systems.

Over the past several years, we have been looking at the cybernetic aspects of the cancer problem in the population of Missouri only to be made aware, once again, of the ever-present Socratic wisdom which holds that the cybernetics of men is "politics," and we are now seeing a period of negative political feedback or, worse, a period of positive feedback that might bring about an increase

The cybernetic approach to science recognizes that every part is integrated into a larger system and the subject of cybernetics is how the larger system obtains meaningful objectives. Each system has certain feedbacks that exert profound control over this system. The author presents his analysis of the influence and relationship of cybernetics to cancer control.

At the time this paper was written, Dr. Spratt was Medical Director, Department of Surgery, Ellis Fischel State Cancer Hospital and Director of Clinical Research, Cancer Research Center in Columbia. He now is American Cancer Society Professor of Clinical Oncology, Professor of Surgery (Oncology) and Deputy Director of Cancer Center, University of Louisville, Louisville, Ky.

This investigation was supported in part by Clinical Cancer Training Grant CA-08018 from the National Cancer Institute.

---

* Quoted from Parsegian, U. L.: This Cybernetic World of Men, Machines and Earth Systems. New York, Doubleday & Company, Inc., 1973.

TABLE 1

CYBERNETIC FEEDBACKS RELEVANT TO CANCER CONTROL THROUGH PREVENTION

Positive "feedbacks" associated with a decrease in cancer incidence

- Decrease consumption of tobacco and alcohol
- Decrease exposure to direct sunlight
- Decrease exposure to radiation
- Provide a diet high in natural roughage with minimum intake of meats, fats and free sugar
- Decrease exposure to environmental carcinogens
- Decrease exposure to carcinogen precursors (nitrites?, amines?, compounds whose metabolic products are carcinogenic though the compound is not)
- Follow the Delaney amendment regarding food additives, drugs, and other commercial products

Positive feedbacks associated with an increase in cancer incidence

- Reverse of above
- Permit inbreeding of people genetically predisposed to develop cancer
- Poor hygiene, particularly oral and genital

Negative feedback resulting in no change in cancer incidence

- Sustain the status quo of social, behavioral, and technological practices in a way that maintains a static concentration of human exposure and susceptibility to carcinogens and precarcinogens

in the cancer related problems. Faced with this feedback, the rational approach is to analyze its nature objectively in the hope that the adjustments necessary to permit favorable change at a rate to which the economic, technological and political nature of the society can accommodate those changes that do have major social or economic significance. These changes would include cessation of smoking, major changes in the common diet and the recapitalization of major industries to avoid environmental pollution by known carcinogens, which all becomes very political. We are left with Alfred North Whitehead's observation that "in the conditions of modern life the rule is absolute! The race that does not value trained intelligence is doomed."[2]

The most intelligent approach toward cancer control has to look objectively at the cybernetic characteristics of the cancer problem in the ambient population and evolve approaches that modify the adverse cybernetic characteristics in favorable directions. We cannot all be like Willy Sutton and rob the banks because "that's where the money is." The money in cancer control, funded by third-party carriers and individual fees, is in the area of detection and treatment and not in the prevention area. There are few, if any, economic incentives for fostering the feedbacks in a cancer control system needed to prevent cancers.

An often exercised role of the state is to look at the correction of adverse social conditions threatening the social order which cannot be corrected or have not been corrected by the economic motivators of the open market.

In a cancer control system, the variables by which we observe the impact of positive and negative feedbacks are to record the changes in the incidence and lethality of cancer in man. In Missouri, numerous observations have been recorded on the patient population at the Ellis Fischel State Cancer Hospital (EFSCH). We have been evolving a state cancer registry that will eventually make the study of incidence and lethality possible for the entire population simultaneously permitting epidemiological research. These latter studies are particularly essential in the analysis and correction of behavioral, geographic and environmental causes of cancer. In the cybernetic sense, these controllable "causes" constitute the controllable "feedbacks" whose amplitude affects the lethality and incidence of cancer. Nationally, the Center for Disease Control reported in 1975 that cancer deaths were increasing in spite of the current national program.[3] This program has been very slow in implementing prevention approaches.

In June of 1976, the Comptroller General, in one of his special reports to Congress, addressed this problem.[4] The Comptroller General stresses that a more active role for the Director of the National Cancer Institute in setting public policy in the control over cancer-causing factors in the environment is essential. This report addresses this complicated social, economic, technological and political issue in a very realistic manner. The report has to be read in its entirety for one to begin to perceive the complexity and essential nature of cancer control through prevention or reduction of public exposure to cancer-causing chemicals.

End-results studies provide the data for evaluating diagnostic and management systems. Since the start of the current program at the EFSCH in 1961 and the Cancer Research Center (CRC) in 1963, more than 400 scientific papers and part or all of 18 books have been published. Numerous other excellent studies have come from other institutions in Missouri. The registry reports now contain a bibliography on all cancer articles published from Missouri. The positive feedback of information into the diagnostic and management system for cancer from these studies is a special cybernetic problem that can reduce morbidity and mortality from cancer, but cannot reduce the incidence

The dramatic changes in the relative annual frequencies of cancers in the EFSCH population since 1940 have been previously published in Missouri Medicine[3] and show the great increase in cancers of the respiratory tract. As a feedback tool, a paper entitled "Your Behavior and Cancer"[5] was pubished for possible physician use in public education about cancer-preventive behavior.

The third progress report of the Missouri Cancer Registry published in April, 1976[6] noted that the egistry is now receiving information on 30% to 50% of the new cancer cases in Missouri each year. The eport documents steady growth and participation of member hospitals. As is the custom with this report, representative publications are included. The paper included in this report is entitled "Educaional Responsibilities of the Epi-Stat Unit of the Cancer Center." The study considers the cybernetic elation of the information feedback from such an epidemiological statistical unit as a cancer registry o a cancer control program as shown in Figs. 1 and 2.

This registry recently underwent a very intensive eview by several consultants.[7] Their findings conirmed that the registry is of a very high quality and s operationally sound. However, the events and eople who initiated the review could themselves become adverse feedbacks if by their interference they have damaged the impetus of the registry and used up funds in the consultative process that could have been more constructively spent on a course already known to be sound and whose soundness was further confirmed by the consultants.

Coupled with this growing capacity to do epidemiological research was the development of a mutagen assay laboratory at the CRC. The plan for the laboratory was endorsed by the Cancer Commission and CRC Trustees. Such a laboratory really has to be an integral part of a pollution control system and can rarely be funded from research moneys alone. An early study from the CRC suggested a relationship between the Missouri River below Kansas City and the presence of multiple primary cancers in EFSCH patients.[8] Cancer mortality rates, for example, may be related to drinking water supply. The progress in the identification and removal of toxic pollutants is largely at a standstill for lack of funds. The complex forces that sustain this nonprogress were superbly demonstrated in a recent TV documentary by the Columbia Broadcasting System entitled "The Politics of Cancer."

The mutagen assay laboratory staff has done enough pilot sampling and has engaged in enough

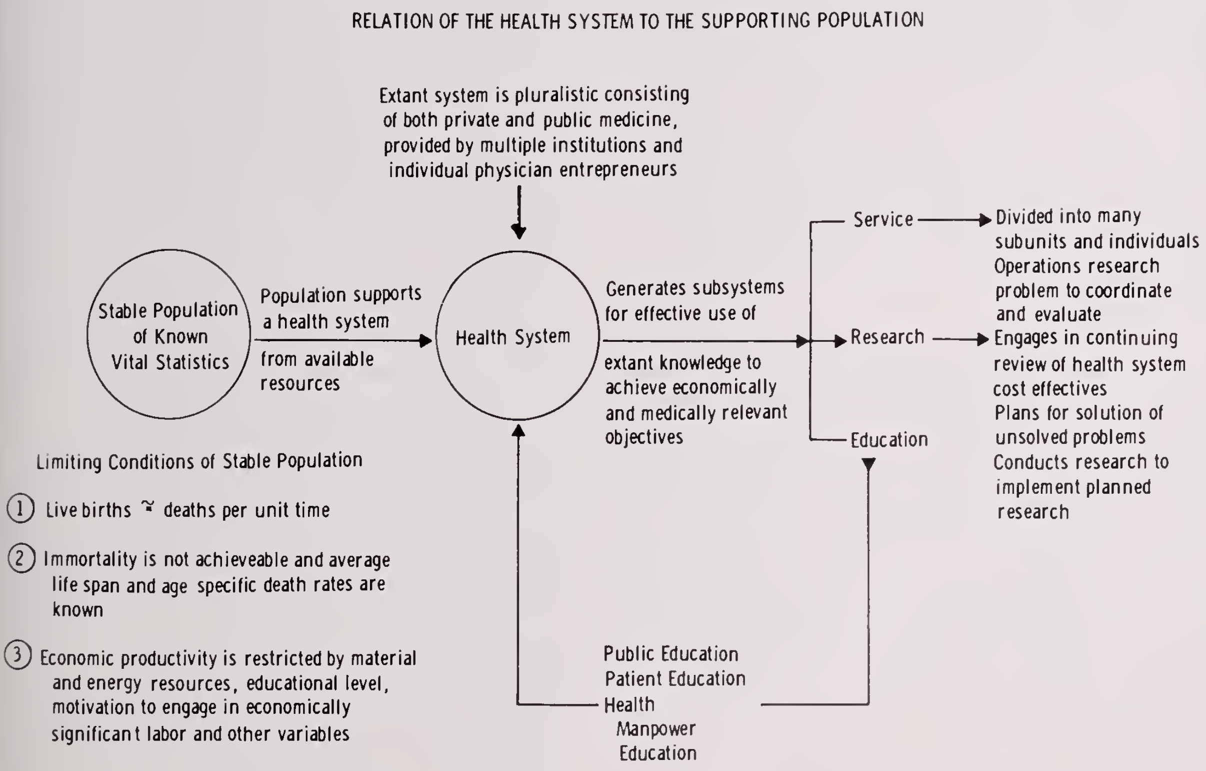

RELATION OF THE HEALTH SYSTEM TO THE SUPPORTING POPULATION
Extant system is pluralistic consisting of both private and public medicine, provided by multiple institutions and individual physician entrepreneurs
Stable Population of Known Vital Statistics
Population supports a health system
from available resources
Health System
Generates subsystems for effective use of
extant knowledge to achieve economically and medically relevant objectives
Service
Research
Education
Divided into many subunits and individuals
Operations research problem to coordinate and evaluate
Engages in continuing review of health system cost effectives
Plans for solution of unsolved problems
Conducts research to implement planned research
Limiting Conditions of Stable Population
① Live births ≃ deaths per unit time
② Immortality is not achieveable and average life span and age specific death rates are known
③ Economic productivity is restricted by material and energy resources, educational level, motivation to engage in economically significant labor and other variables
Public Education
Patient Education
Health Manpower Education

Fig. 1 The relation of the health system to the support- g population is a source of informational feedback from an epidemiological statistical unit such as Missouri's cancer registry to a cancer control program.

Reprinted from Spratt, J. S., Jr., Monaco, R. M., Hahn, R. C. and Cary, C.: Systems Analysis, Systems Management and Surgical Technology. J. Surg. Res. 16:644, Fig. 1, 1974.

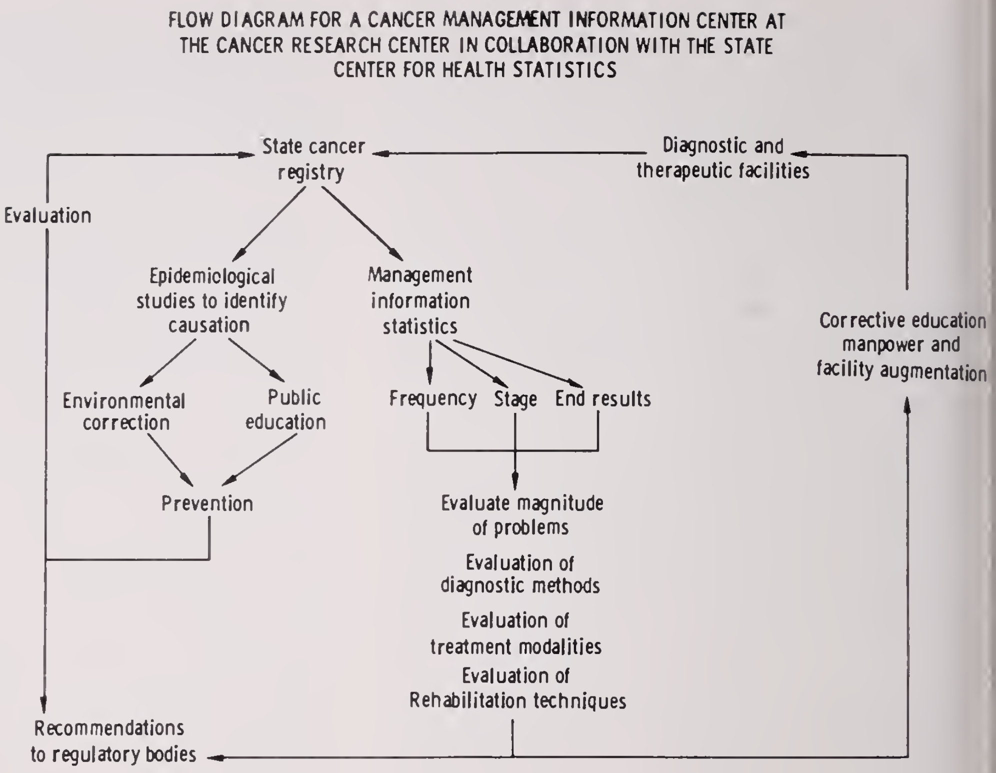

FLOW DIAGRAM FOR A CANCER MANAGEMENT INFORMATION CENTER AT THE CANCER RESEARCH CENTER IN COLLABORATION WITH THE STATE CENTER FOR HEALTH STATISTICS
State cancer registry
Diagnostic and therapeutic facilities
Evaluation
Epidemiological studies to identify causation
Management information statistics
Corrective education manpower and facility augmentation
Environmental correction
Public education
Frequency
Stage
End results
Prevention
Evaluate magnitude of problems
Evaluation of diagnostic methods
Evaluation of treatment modalities
Evaluation of Rehabilitation techniques
Recommendations to regulatory bodies

Fig. 2 This diagram indicates how statistical feedback is used and evaluated throughout the state. The state cancer registry receives and disseminates information.

Reprinted from: Systems Planning and Operations Research Unit (SPORU), Supplement No. 1 to CA-08023-09 from the National Cancer Institute. Principal Investigator, John S. Spratt, Jr., M.D.

discussion with the State Water Pollution control staff to confirm that measurable mutagens do exist in Missouri waters and that a systematic sampling of Missouri drinking water supplies for mutagens is indicated. Paradoxically, the chlorination of water used to control bacterial contamination may produce chlorinated hydrocarbons in water contaminated by hydrocarbons including various petroleum byproducts. The halogenation increases the carcinogenic potential of certain compounds and the presence of these compounds is measurable in public drinking water.[9]

Detection of precancers or asymptomatic cancers is often incorrectly called "prevention." Effective prevention means nondevelopment of the problem. Detection acknowledges that the problem has developed and, thus, has not been prevented. The former statements are not intended to negate the value of carefully planned efforts in detection.

However, the pitfalls faced in planning and evaluating a detection program are equally numerous. Most of these programs "look good" the first time a population is screened. Most solid tumors have growth rates with wide variance. Many cancers progress so fast as to be far advanced at the time of annual checkups. Others grow so slowly that efforts will be successful to detect them while they are small enough to cure even if the population is examined only every five to ten years.[10, 11] These slow growing cancers accumulate and, therefore, are discovered simultaneously during the firs round of a detection program. These program would obviously fall short of the objective to detec curable cancers by annual examinations if the virulent killers were fast growing cancers whose curable phase might be missed at the arbitrary annua examination intervals.

Recognizing that cancer control programs whic depend on early detection have often been quit costly with unproved benefits, the National Cance Institute has entered into a $2,000,000 per yea contract with the Michigan Cancer Foundation t evaluate community-wide cancer control in Detroit M. J. Brennan, director of this program, recentl gave me a tour of the facilities. The approach t this complicated program is highly realistic. No only is the Michigan group looking at the rea cost effectiveness of various detection procedures but it is doing the mathematical modeling of various cancers in man necessary to look at frequenc of various detection efforts that may prove beneficial.

The same controlled clinical trials are needed i evaluating the worth of detecting asymptomati cancers as are needed in evaluating therapy. Th cybernetics of cost-effective detection programs ar complicated, but identifiable. A partial list of feedbacks is given in Table 2.

TABLE 2

CYBERNETIC FEEDBACKS RELEVANT TO THE REDUCTION IN MORTALITY FROM CANCER THROUGH DETECTION AND TREATMENT

ositive "feedbacks" associated with a decrease in cancer-ssociated mortality
- Application of detection methods that are simple, cheap, of no risk to the patient, and that will discover cancer before it spreads (Pap smear of cervix, colposcopy)
- Use only detection methods with high reliability, with low false positive and false negative rates
- Insure effective treatment for cancers detected early

ositive feedbacks associated with an increase in cancer-ssociated mortality
- Detection method or method of treating precancer has a risk to the patient greater than the risk of developing lethal cancer
- Detected cancers are so indolent that they would cause no difficulty if not discovered (Ex. small asymptomatic cancers with slow growth rates in the very elderly)

egative feedback resulting in no change in cancer-assoiated mortality
- No method available for early cancer or precancer detection at particular anatomical site
- Biological nature of cancer at particular site has spread from site even before early detection
- Diagnostic and treatment mortality counterbalances salvaged from earlier detection

The need for a broader population-wide consider-tion of the cancer problem as a control system ith identifiable cybernetic characteristics is man-atory for the planning and evaluation of any can-er control program. Its necessity is further man-ated because current technology for the diagnosis nd treatment of cancer is facing real limits on the feasibility of further reducing cancer mortality by this approach alone. No real progress may be feasible until the cybernetics of cancer control through prevention programs is faced realistically and until known and identifiable factors leading to the causes of cancer are changed. The cybernetic, economic and political realities of the problems have to be faced in selecting cancer control strategies having any chance for success. Because the selection of strategies are so far-reaching, the final selection of available options does, indeed, become a matter of politically determined priorities when public moneys are to be utilized.

References

1. Wiener, N.: Cybernetics: Or Control and Communication in the Animal and the Machine. Cambridge, M.I.T. Press, 1965.
2. Whitehead, A. N.: Aims of Education. New York, Free Press, 1967.
3. Spratt, J. S., Jr.: Cancer Control: Intervention or Prevention? Mo. Med. 72:689-691, Dec. 1975.
4. Staats, E. B.: Report to the Congress by the Comptroller General of the United States: Federal Efforts to Protect the Public From Cancer-Causing Chemicals Are Not Very Effective. United States General Accounting Office, June 16, 1976.
5. Spratt, J. S., Jr.: Your Behavior and Cancer. Mo. Med. 71:22A, 22D, 23, 24, Jan. 1974.
6. Missouri Cancer Registry Third Progress Report, Columbia, Missouri Cancer Research Center, April 1976.
7. CDP Associates, Inc.: Management and Systems Audit of the Missouri Cancer Registry, Report L-101. La Jolla, Calif., July 1976.
8. Cook, G. B. and Watson, F. R.: The Geographic Locations of Missourians With Multiple Cancer. Mo. Med. 63:997-1002, Dec. 1966.
9. Harris, R. H.: Carcinogenic Organic Chemicals in Drinking Water. In Tourbier, J. and Pierson, R. W. Jr. (Eds.), Biological Control of Water Pollution. Philadelphia, The University of Pennsylvania Press, 1976, pp. 63-72.
10. Spratt, J. S., Jr.: The Lognormal Frequency Distribution and Human Cancer. J. Surg. Res. 9:151-157, Mar. 1969.
11. Schottenfeld, D.: Cancer Epidemiology and Prevention: Current Concepts. Springfield, Ill., Charles C Thomas, 1975, 574 pp.

Reprints: John S. Spratt, Jr., M.D.
Cancer Center
University of Louisville
Health Science Center
Louisville, Ky. 40201

The third edition of *AMA Drug Evaluations* has been published. The volume represents a joint scientific effort by the AMA's Department of Drugs, several hundred clinical consultants and by a panel of 60 recognized authorities appointed by the American Society for Clinical Pharmacology and Therapeutics. The book took three years to complete and is the most comprehensive publication on the clinical use of drugs in print today. More than 1,300 compounds and drugs are evaluated, including more than 50 listings of new drugs. Cost of the book for members of the AMA and ASCPT and for interns, residents and medical students is $20 plus 65¢ postage per book. The price for nonmembers is $29.50 plus postage. Copies may be ordered from Publishing Sciences Group, 545 Great Rd., Littleton, Mass. 01460.

A. O. OYOO, M.D., M.S.P.H., DENNY DONNELL, M.D., M.P.H
and T. J. PRENDERGAST, JR., M.D., M.P.H., *Columbi*

Epidemic of 'Swimmer's Itch' Traced to Cercarial Trematodes

CERCARIAL DERMATITIS is a cosmopolitan disease reported from every continent except Antarctica.[1, 2] In the U. S., the disease is commonly referred to as "swimmer's itch." It is caused by contact with the cercarial (larval) stages of various species of trematodes, family schistosomatidea, which shallowly penetrate the skin. The etiology of this condition was first described in swimmers at Douglas Lake, Mich.[3]

INVESTIGATION

Following notification of a case of swimmer's itch to the State Division of Health, an investigation into the cause of the case was initiated. The locale of the study was a subdivision lake in Central Missouri. The lake was constructed in 1969 and has an area of 36.4 acres. At the time of the study, there were 41 houses and 140 residents in the area.

Results of an investigation of an epidemic of cercarial dermatitis ("swimmer's itch") in Central Missouri suggest that shopalcerus cercariae might be the offending organism. The authors discuss ways to avoid the cercariae and the proper treatment of a lake to destroy the intermediate host snails.

This article is a condensed version of a thesis submitted by Dr. Oyoo as a requirement for his M.S.P.H. degree in the Department of Community Health and Medical Practice, University of Missouri School of Medicine. He is now a district health officer in Kenya. Dr. Donnell is Director, Section of Epidemiology, State Division of Health and Assistant Professor of Community Health and Medical Practice at the University. Dr. Prendergast is Director of the Epidemiology Training Program and Medical Center Epidemiologist at the University.

An epidemiologic investigation was carried ou from July 10-22, 1975. A patient was defined as person who had a history or clinical evidence o discrete, itchy eruptions (bumps or rashes). All 14 residents were interviewed. Twenty-nine cases wer detected; all were in children aged 14 and unde (Table 1). Distribution of the cases by time of onset is shown in Fig. 1. Most of the cases occurre in the last two weeks of May and the first week o June. All cases followed swimming in the lake an no case developed in an individual who had no been swimming in the lake.

Snails were collected on June 30 and July 22 1975 and were identified by the Missouri Divisio of Conservation, Fish and Wildlife Research Center. Two genera of snails were represented—Helisoma sp. and Physa sp. Cercarial shedding studie were carried out on 30 snails by the Division o Biological Sciences, University of Missouri-Columbia. Two of the Helisoma sp. were shedding cercariae identified as shopalcerus cercariae (singl tailed).

DISCUSSION

The peak period for cercarial dermatitis in th northern parts of the U. S. is July and August. I Iowa, however, the "dermatitis season" is relativel limited and may last only from mid-June to mid-July.[4] The disease occurs during warm weather apparently because warmth "both speeds up th development of the schistosomes and increases th number of cercariae escaping into the water."[5]

Restriction of cases to children in this outbrea is not unusual since children are thought to be a greater risk since they swim in the shallow areas in which the microscopic larvae are more common In addition, children may let water dry on them while they play instead of toweling vigorousl which would destroy the larvae since penetratio usually takes place as the thin layer of retaine water evaporates.[6]

Individuals can avoid the cercariae, of course, b

TABLE 1

ATTACK RATES BY AGE AND SEX FOR LAKE AREA RESIDENTS

Age Group (in Yrs)	*Males*		*Females*		*Total No of Cases*	*Total Attack Rate (%)*
	POP	ATTACK RATE *(%)*	POP	ATTACK RATE *(%)*		
0-4	8	50	8	25	6	37.5
5-9	4	25	14	71	11	61.6
10-14	10	40	9	89	12	63.2
15 and over	46	0	41	0	0	0.0
Total	68	32	72	40	29	20.7

not swimming in implicated lakes or by swimming in another portion of the lake in deeper water. Showering or brisk toweling immediately after swimming will remove the larvae before penetration..

Treatment of a lake to destroy the intermediate host snails should be confined to areas used extensively by man since the products used are capable of upsetting the ecological balance should they be used indiscriminantly or in large amounts. The products used most often are mixtures of copper sulfate and copper carbonate or copper sulfate and fresh hydrated lime.

References

1. Belding, D. L.: Textbook of Parasitology. Third Edition, 1965. pp. 790-793.
2. Hunter, G. W., III: Schistosome Cercarial Dermatitis and Other Rare Schistosomes That May Infect Man. In Pathology of Protozoal and Helminthic Diseases. Edited by R. A. Marcial-Rajas, M.D.: Williams and Wilkins, 1971, pp. 450-459.
3. Cort, W. W.: Schistosome Dermatitis in the United States (Michigan). J.A.M.A. 901(13):1027-1029, 1928.
4. Ulmer, Martin: Personal communication, 1975.
5. Cort, W. W.: Studies on Schistosome Dermatitis, XI. Status of Knowledge after More Than Twenty Years. Am. J. Hyg. 52(3):251-307, 1950.
6. Belding, D. L.: *Op. Cit.*, 1965.

Reprints: T. J. Prendergast, Jr., M.D.
University of Missouri School of Medicine
NW514 Medical Sciences
Columbia, Mo. 65201

In Memoriam

Oscar C. Zink, M.D., #9 The Orchards, St. Louis 63132, a graduate of Washington University, 1921; member St. Louis Medical Society, age 78; died Jan. 20, 1977.

Quentin Gaines, M.D., 109 N. Taylor, Kirkwood 63122, a graduate of St. Louis University, 1931, member of St. Louis Medical Society; age 70; died Jan. 20, 1977.

Milo L. Heideman, M.D., 7708 Weston Pl., St. Louis 63117, a graduate of Washington University, 1923; member St. Louis Medical Society; age 80; died March 2, 1977.

Clarence M. Turner, M.D., 3861 St. Louis Ave., St. Louis 63107, a graduate of Meharry Medical College, 1947; member St. Louis Medical Society; age 54; died March 20, 1977.

Gerhard E. Gruenfeld, M.D., 6307 Alexander, St. Louis 63105, a graduate of Friedrich-Wilhelms-Universitat Medizinische, 1923; member St. Louis Medical Society; age 76; died March 29, 1977.

Philip J. Aquino, M.D., Caruthersville 68830, a graduate of the University of Tennessee, 1932; member Pemiscot County Medical Society; age 69; died April 9, 1977.

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• Personal Disability Income

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• Office Overhead Expense

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• Major Hospital-Nurse Expense

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

• Serving MSMA Since 1943 •

20/150 H

20/100 EAR

20/70 ING IS

20/50 AS PRECIOUS

20/40 AS SIGHT HAV

20/30 YOU HAD YOUR HE

20/20 TESTED LATELY A SI

20/15 COMFORTABLE HEARING

20/10 INVESTMENT OF A FEW MIN

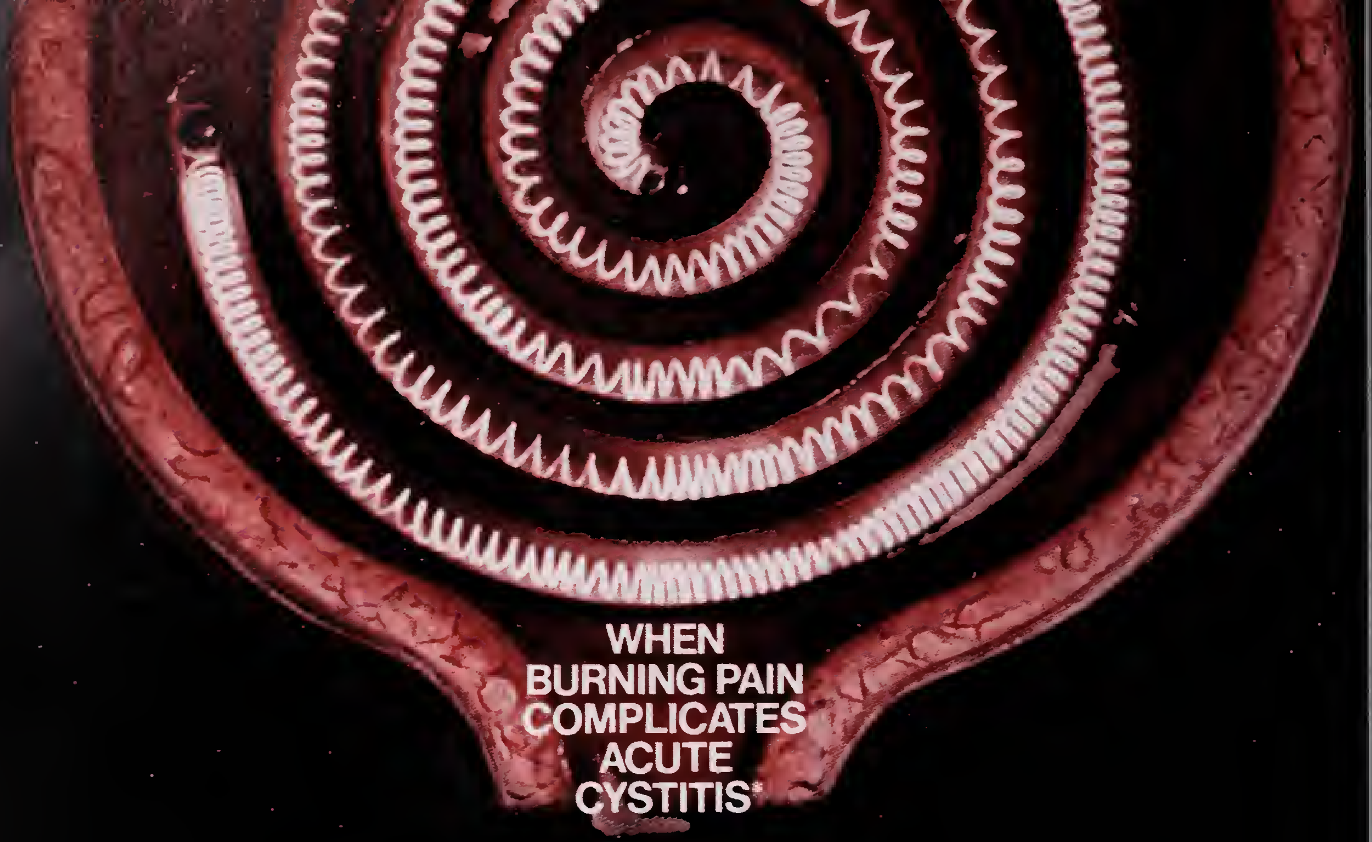
Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING AID WILL HELP



TURN IT OFF WITH

AZO GANTANOL®

Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl.

FOR THE PAIN

- Quickly relieves painful symptoms such as burning and pain associated with urgency and frequency.
- Recommended antibacterial therapy: up to 3 days with Azo Gantanol, then 11 days with Gantanol (sulfamethoxazole).

FOR THE PATHOGENS

- Effectively controls susceptible pathogens such as *E coli*, *Klebsiella-Aerobacter*, *Staph. aureus*, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: In adults, urinary tract infections complicated by pain (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E coli*, *Klebsiella Aerobacter*, *Staphylococcus aureus*, *Proteus mirabilis*, and, less frequently, *Proteus vulgaris)* in the absence of obstructive uropathy or foreign bodies.

Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level

Contraindications: Children below age 12; sulfonamide hyper sensitivity; pregnancy at term and during nursing period; because Azo Gantanol contains phenazopyridine hydrochloride it is contraindicated in glomerulonephritis, severe hepatitis, uremia, and pyelonephritis of pregnancy with G I disturbances

Warnings: Safety during pregnancy not established Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase deficient individuals in whom dose-related hemolysis may occur Maintain adequate fluid intake to prevent crystalluria and stone formation

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia thrombocytopenia leukopenia, hemolytic anemia, purpura hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, Stevens-Johnson syndrome, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *G I. reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia. Cross-sensitivity with these agents may exist.

Dosage: Azo Gantanol is intended for the acute, painful phase of urinary tract infections. *Usual adult dosage.* 2 Gm (4 tabs) initially, then 1 Gm (2 tabs) B.I.D. for up to 3 days. If pain persists, causes other than infection should be sought. After relief of pain has been obtained, continued treatment with Gantanol (sulfamethoxazole) may be considered.

NOTE: Patients should be told that the orange-red dye (phenazopyridine HCl) will color the urine.

Supplied: Tablets, red, film-coated, each containing 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl—bottles of 100 and 500.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

---

*nonobstructed; due to susceptible organisms

DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

> WARNING
> This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

*Indications: When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Preexisting elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K$^+$ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K$^+$ intake. **The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy.** Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K$^+$ frequently; both can cause K$^+$ retention and elevated serum K$^+$. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium® (triamterene, SK&F Co.), and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

BURROUGHS WELLCOME CO. MAKES CODEINE COMBINATION PRODUCTS.

YOU MAKE THE CHOICE.

EMPIRIN® COMPOUND c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 32 mg (gr ½),
(Warning: May be habit-forming);
aspirin, 227 mg; phenacetin, 162 mg;
and caffeine, 32 mg.

CIII

EMPRACET™ c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 30 mg (gr ½),
(Warning: May be habit-forming);
and acetaminophen 300 mg.

CIII

Wellcome
Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

President's Message

At the MSMA Annual Session in April, 1976, the House of Delegates approved Resolution #9 relating to countersuits by physicians.

Resolution #9

Resolved, That any Missouri physician found not to be negligent in a medical malpractice case shall have the assistance of the Missouri State Medical Association in determining if there exists a reasonable basis to commence an action for malicious prosecution arising out of such case.

The Council of the MSMA, in an attempt to implement this resolution last Fall, suggested the following guidelines:

1. Any member of the MSMA may request a legal opinion as to the merit of his suit. This opinion will be rendered by attorneys hired by the MSMA. Funds have been budgeted for this purpose.
2. The MSMA cannot file a countersuit; it has no standing in a particular case. However, review and research is accomplished to support a physician in bringing counter action.

Howard J. McAlhany, M.D.

All of the four conditions listed below must be met before it can be recommended that a countersuit be entered into:

1. The suit must be settled with no award.
2. There must be malice on the part of the plaintiff.
3. There must be a lack of probable cause.
4. There must be injury to the defendant.

As of this date, no physician has fulfilled the above requirements. If there is any physician who feels he has been aggrieved unjustly, please contact our MSMA Staff in Jefferson City. We have remained complacent too long. The MSMA stands ready to help if a justifiable situation exists. Now is the time for positive action.

Just what do you get for your AMA dues?

You get a package of personal and professional benefits and services that are the most extensive of any professional organization.

You get group insurance programs that provide coverage at far lower costs than individual coverage. They include: Group Life Insurance, Excess Major Medical, Disability Income Insurance, Supplemental "In Hospital" Insurance, Accidental Death and Dismemberment Plan, and Office Overhead Insurance.

You get publications to keep you abreast of medical and health developments: *JAMA*, *American Medical News*, and one of nine specialty journals.

There's the AMA Members Retirement Plan. Professional practice management information and guides. Authoritative legal information. Continuing medical education. The nation's largest physician placement service. The research resources of one of the nation's greatest medical libraries.

These are just a few of the broad range of benefits you get for your dues. Even more important, you get a strong and effective spokesman to represent you, your interests, and your views.

Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name______________________________

Address____________________________

City/State/Zip________________________

Woman's Auxiliary

The AMA Auxiliary will hold its 54th Annual Convention at the Hilton Hotel in San Francisco on June 19-22. We cordially invite all Auxiliary members and wives of physicians who are not members to join us. The MSMA Auxiliary has five delegates and one presidential delegate who will represent Missouri in the business sessions and workshops, but all members are welcome to view the proceedings and to take part in the "extra-curricular" activities.

Two special-interest seminars on Sunday, June 19, at 10:15 AM will be on "Facts, Fads and Fancies About Plastic, Reconstructive and Maxillofacial Surgery" and "How to Start to Stop: A Physician's Guide to Retirement." There is no charge for either seminar. This year, the luncheon speakers promise to be outstanding. William F. Buckley, Jr. will appear on Monday, June 20 and Dr. Albert B. Sabin on Tuesday, June 21.

If your wife would care to join the delegates, alternates and others for the "Missouri Dutch Treat Breakfast" on Monday, June 20 and have this chance to visit with friends, please contact the chairman, Mrs. A. J. Campbell, soon since there is a deadline for reservations. Her address is 1500 W. 16th St., Sedalia 65301 . . . or call her at (816) 826-2111.

Mrs. W. Jack Stelmach
President

The AMA House of Delegates meeting is of great interest to Auxilians, particularly the opening session during which the AMA Auxiliary will present the annual AMA-ERF check (well in excess of $1 million in recent years). You may want to attend to gain insight into future policies and directions the AMA and Auxiliary will take.

With a setting such as San Francisco for the meeting, the attendance, no doubt, will be great. I can only say that if you have never visited San Francisco (or have been there many times), come early or stay late to enjoy the city and attend our meetings to see what your Auxiliary does to assist the physicians of the United States in providing better health care for its citizens.

CALIFORNIA, HERE WE COME!

County Society News

FIRST DISTRICT

COUNCILOR
JOHN N. MARTIN, M.D., ST. JOSEPH

Buchanan County Medical Society

Dr. Karl H. Hanson, Jr., internist specializing in hematology and oncology in Kansas City, presented the annual "Cancer" program for the Buchanan County Medical Society at Moila Country Club in St. Joseph on April 6.

Thirty-nine physicians attended the meeting which was preceded by dinner and a brief business session. The program, which is sponsored by the Buchanan County unit of the American Cancer Society, is given each year in April which is observed nationally as Cancer Control Month.

Dr. Hanson presented a résumé of "Recent Advances in the Treatment of Certain Malignancies."

President Richard O. Craig presided at the meeting. Dr. Wallace McDonald, program chairman, ir troduced the speaker.

Charles N. Mullican, M.D., *Secretar*

ONE WAY

to help speed processing of your Blue Shield claims is to

CODE THE PROCEDURES REPORTED

using the NABSP Uniform Coding shown in your Blue Shield Physician's Office Manual

Blue Shield
St. Louis
NON PROFIT/COMMUNITY SERVICE ®

SECOND DISTRICT

COUNCILOR
J. RUSSELL COMER, M.D., NEW LONDON

Chariton-Macon-Monroe-Randolph County Medical Society

The Chariton-Macon-Monroe-Randolph Count Medical Society held its regular meeting on Apr 7 in the Library Conference Room of Woodlan Hospital in Moberly.

The meeting was attended by Drs. Antioni Aguilera, Jose Hori, G. R. Hudson, T. S. Flemin R. L. Bautista, L. E. Huber, H. T. Lin, W. Chute, C. C. Cohrs, J. Will Fleming, Jr., D. Yang and Ruel Miciano of Moberly and F. Barnett of Paris. Dr. S. J. Lee and Dr. D. S. Shi of Macon were guests.

Dr. Bautista, President, called the meeting t order. Minutes of the previous meeting were rea and approved. There was neither old nor new bus ness to consider.

The program was presented by Dr. Thomas W Burns, professor of medicine and director of end crinology and metabolism at the University of Mi souri-Columbia School of Medicine. Dr. Burns al is Governor of the Missouri Chapter, American Co lege of Physicians. He was introduced by Dr. Will Fleming who also introduced Mrs. Burns, guest.

Dr. Burns spoke on "Newer Concepts in Trea ment and Diagnosis of Diabetes." He gave a bri history of diabetes both before and since the intr duction of insulin. He said that there are abo 10,000,000 diabetics in the United States of who 1,000,000 are taking insulin and 2,000,000 to 3,000,0 are on a diet or receiving oral medication or bot The remainder are undiagnosed.

Dr. Burns' presentation included discussion maturity onset diabetes and its diagnosis, Gluco Tolerance Test, the use of oral medication in tre ment and his philosophy of the use of antidiabet agents that are administered orally.

A question and answer period preceded adjour ment of the meeting.

G. R. Hudson, M.D., *Secreta*

New Members

William H. Brooks, M.D., 4400 Wornall Rd., Kansas City 64111, has become a member of Jackon County Medical Society. Dr. Brooks is a native f St. Joseph, received his preliminary education at Kansas State University and his M.D. degree at the University of Kansas in 1974. He specializes in adiology.

Lena R. Kapapas-Waxelman, M.D., 777 S. New Ballas Rd., St. Louis 63141, has become a member f St. Louis County Medical Society. Dr. Waxelman is a native of the Philippines, received her reliminary education at the University of Santo Tomas and her M.D. degree at the University of anto Tomas in 1964. She specializes in internal medicine.

Guang-Jeng Lai, M.D., Perry Plaza Medical Center, Perryville 63775, has become a member of Perry-Ste. Genevieve County Medical Society. Dr. Lai is a native of Taiwan, received his preliminary ducation at China Medical College and his M.D. egree at China Medical College in 1972. He is in eneral practice.

Mauricio F. Pimentel, M.D., 915 N. Grand, St. ouis 63125, has become a member of St. Louis County Medical Society. Dr. Pimentel is a native of Manila, Philippines, received his preliminary eduation at Manila Central University and his M.D. egree at Manila Central University in 1953. He is n general practice.

Leslie G. Reed, M.D., John Cochran Hospital, t. Louis 63125, has become a member of St. Louis ounty Medical Society. Dr. Reed is a native of St. ouis, received his preliminary education at Southern Illinois University and his M.D. degree at the niversity of Illinois in 1950. He is in general pracce.

James G. Ruggles, M.D., 11636 Administration Dr., Creve Coeur 63141, has become a member of t. Charles-Lincoln County Medical Society. Dr. uggles is a native of Pittsburg, Kan., received his reliminary education at Kansas State Teachers ollege and his M.D. degree at the University of ansas in 1957. He specializes in pathology.

Sanan Saengsamran, M.D., 223 S. Third, Hayti 3851, has become a member of Pemiscot County

(Continued on page 226)

Do you have patients with Paget's Disease of Bone?

You can get updated information on the disease and on effective treatment for its symptoms of bone pain, skeletal deformities, and neurologic deficits.

Just send the coupon below.

Armour Pharmaceutical Company
Greyhound Tower
111 West Clarendon Avenue
Phoenix, Arizona 85077

☐ Send latest information on Paget's Disease of Bone.
☐ Have your representative call on me.

Dr. __________

Address __________

City ______ State ______ Zip ______

INDEX TO ADVERTISERS

They Help Make Missouri Medicine *Possible*

Armour Pharmaceutical Company . . . 225

Beltone Electronics Corp. . . . Insert (220-221)
Burroughs-Wellcome Co. . . . Insert (220-221)

Classified Ads . . . 227

Fred S. James & Co. . . . 220

Eli Lilly and Company . . . 206

Medical Protective Company . . . 226
Munns Medical Supply . . . 195

Pennwalt . . . Insert (212-213
Pharmaceutical Manufacturing Association
. . . Insert (228-229), 22

A. H. Robins . . . Insert (204-205
Roche Laboratories . . . 194, Insert (220-221), 231, 23
Roerig . . . Insert (204-205), 228, Insert (228-229

Saint Louis Blue Shield . . . 22
Smith Kline & French Co. . . . Insert (220-221

The Upjohn Company . . . Insert (204-205

Warner/Chilcott . . . 200 & 20

NEW MEMBERS

(Continued from page 225)

Medical Society. Dr. Saengsamran is a native of Thailand, received his preliminary education at Chiengmai Medical School and his M.D. degree at Chiengmai Medical School in 1966. He specializes in internal medicine.

Philip A. Sherman, M.D., Harwood Clinic, Lebanon 65536, has become a member of Mid-Missouri County Medical Society. Dr. Sherman is a native of New York, N. Y., received his preliminary education at City College of New York and his M.D. degree at the University of Antonoma de Guadalajara in 1972. He is in family practice.

Wun-Yi Tsai, M.D., 19 S. Jackson, Perryville 63775, has become a member of Perry-Ste. Genevieve County Medical Society. Dr. Tsai is a native of Taiwan, received his preliminary education a China Medical College and his M.D. degree a China Medical College in 1968. He specializes in obstetrics and gynecology.

Stephen J. Vitale, M.D., 649 S. New Ballas Rd. St. Louis 63141, has become a member of St. Louis County Medical Society. Dr. Vitale is a native of St. Louis, received his preliminary education at Washington University and his M.D. degree at the University of Missouri in 1975. He specializes in internal medicine.

★

Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Bargmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

NTERNIST & FAMILY PRACTITIONER—To join 11-nan multi-specialty group; city of 20,000 with a population lraw of 60,000. Incorporated, offering excellent salary, fringe enefits and retirement plan. Liberal vacation and study olicy. Opportunity to pursue special interest in this pracice setting. Clinic presently expanding facilities and is in roximity of Hannibal's two accredited hospitals. Mark wain's home town is an ideal place to raise a family. Call r write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or ale J. Anderson, Administrator. at (314) 221-5250, The Iannibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 3401.

RIMARY CARE PHYSICIANS—Who are seeking new roup practice opportunities in urban or non-metropolitan reas. Inquiries or CVs may be directed in confidence to r. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Iospital Drive, P.O. Box 12621, Kansas City, MO 64116. hone: (816) 221-5577.

EDIATRICIAN—Solo pediatrician seeks partner; prefers omeone interested in neonatology. Growing college town n the edge of the Ozarks, half way between St. Louis nd Memphis, Tenn. James A. Dinkins, M.D., FAAP, 23 octors Park, Cape Girardeau, Mo. 63701.

ONFERENCES FOR MEDICAL PROFESSIONALS— calendar listing of over 500 national/international meetigs, conferences and seminars in the medical sciences for 977. All medical specialties included. Send a $10.00 check r money order payable to Professional Calendars, P.O. Box 0083, Washington, D. C. 20016.

APE GIRARDEAU, MO.—Full-time Emergency Depart-ient physician. Flexible scheduling. Newly constructed mergency Department and hospital. Excellent compensaon and fringe benefits. Contact Dr. Cooper, 7701 Forsyth, 490, St. Louis, Missouri 63105. (314) 727-1213. Out-ofate call toll free 1-800-325-3982.

PHYSICIANS NEEDED—M.D.'s or D.O.'s-G.P.'s or Specialists. New five-man clinic or solo practice. Modern hospital. Rural community. Crime rate nonexistent. No drug problems. Reasonable malpractice. Plenty hunting and fishing. Northwest Missouri. Call collect—(816) 726-5221 or (816) 726-5228.

ST. JOSEPH, MO.—Full-time Emergency Department physician. Weekdays only. Excellent compensation and fringe benefits. Contact Dr. Cooper, 7701 Forsythe, #490. St. Louis, Missouri 63105. (314) 727-1213. Out-of-state call toll free 1-800-325-3982.

EMERGENCY ROOM PHYSICIANS—To join three full-time physicians in busy Emergency Room—36,000 visits per year. Rotating shifts, liberal compensation, paid vacation and educational leave. Insurance provided. Suburban living in Greater St. Louis area at St. Joseph Hospital, St. Charles, Missouri 63301. Contact G. J. Duling, M.D. (314) 946-6811.

ANESTHESIOLOGIST—29 years old, F.A.C.A., Board eligible, desires relocation in Missouri. Experienced in all aspects of anesthesia including intensive care and pain therapy. Desires solo or group practice or hospital-based practice. Can work alone and with CRNAs. Write to Box 426, Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

PHYSICIAN TO ASSIST AT SURGERY—500-bed, JCAH-accredited hospital. Missouri license required. Attractive salary and fringe benefits, including malpractice insurance. Contact Department of Medical Education, Lutheran Medical Center, 2639 Miami St., St. Louis, Missouri 63118. (314) 772-1456, Station 320.

HOUSE PHYSICIAN—500-bed, JCAH accredited hospital. Missouri license required. Attractive salary. Contact: Department of Medical Education, Lutheran Medical Center, 2639 Miami Street, St. Louis, Missouri 63118. (314) 772-1456, Station 320.

MSMA MEMBERS—Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

EMERGENCY ROOM PHYSICIAN
MISSOURI, ST. LOUIS

Full-time career Emergency Room Physicians needed July 1, 1977 for a modern, fully-equipped 409 bed hospital in St. Louis County. Very active emergency room, fully-equipped, including telemetry.

Very lucrative remuneration with liberal fringe benefits. Two (2) to three (3) Emergency Room Physicians on duty at all times. 40 to 48 hours work week.

Prefer physicians eligible for Emergency Medicine Certification. Will consider applicants having completed three (3) years of approved General Surgery training plus emergency room experience.

Contact: George P. Casey, Executive Vice President, St. Anthony's Medical Center, St. Louis, Missouri. Phone: 842-5600, ext: 4602.

LETTERS to the Editor

TO THE EDITOR:

In "Simplified Hiatal Herniorrhaphy,"[1] Dr. James J. Lally presents his results in 138 cases. I began using his technique three years ago and can attest to its ease of performance and excellent early results.

He reports, however, that 14% of patients observed described increased gas as a continuing symptom, a complication common to all techniques employed. In the last 20 consecutive patients operated on for hiatal hernia, gastric emptying of solid food has been tested in addition to use of the regular liquid barium suspension. Abnormal delays in gastric emptying were found in all except one man, whose hernia was traumatic in origin. In the 19 patients with delayed gastric emptying, peritoneal patch pyloroplasty[2] has been performed in addition to the Lally procedure with avoidance of the increased gas as a continuing symptom. Whether chronic obstruction is the principal cause of hiatal hernia remains unsettled, but its recognition and relief when present in association with hernia can improve results.

Testing of gastric emptying of solids is easily performed with a modified barium burger meal (BBM). The fasting patient eats ½ lb. of lean hamburger and drinks 12 oz. of barium suspension at 7 AM, remains upright and has gastric x-ray examination exactly six hours later. Residual of opaque material in the stomach is abnormal and constitutes a positive test. In such patients, repair of the hernia alone (without patch pyloroplasty) may not be expected to relieve the symptoms of increased gastric pressure and residue. None of these 19 patients (two with recurrent hernia) has had persistence of gas pressure. It is, therefore, recommended that more study and attention to abnormal gastric emptying of solids be given to patients with chronic gastroesophageal lesions including symptomatic hiatal hernia.

Cyril Costello, M.D.

[1] Lally, James J., Gist, W. W. and Petit, Carl: Simplified Hiatus Herniorrhaphy. MISSOURI MEDICINE, 74 (3):122-124, Mar. 1977.

[2] Costello, Cyril, Ayvazian, V. and Namdari, B.: Untoward Effects—Vagotomy or Drainage Procedures? MISSOURI MEDICINE, June, 1973, p. 367-369.

Mark Your Calendar Now!

MSMA

INTERIM SESSION

of the House of Delegates

November 2-3, 1977

Howard Johnson's Motor Lodge

Springfield

BRIEF SUMMARY OF
PRESCRIBING INFORMATION

ANTIMINTH® (pyrantel pamoate)
ORAL SUSPENSION

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against *Enterobius vermicularis* (pinworm) and *Ascaris lumbricoides* (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13 μg/ml) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. *Usage in Pregnancy:* Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefit/risk should be considered.

Precautions: Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with preexisting liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. *Children and Adults:* Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 ml of Antiminth per 10 lb. of body weight. (One teaspoonful=5 ml.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

When you're good people recognize you.

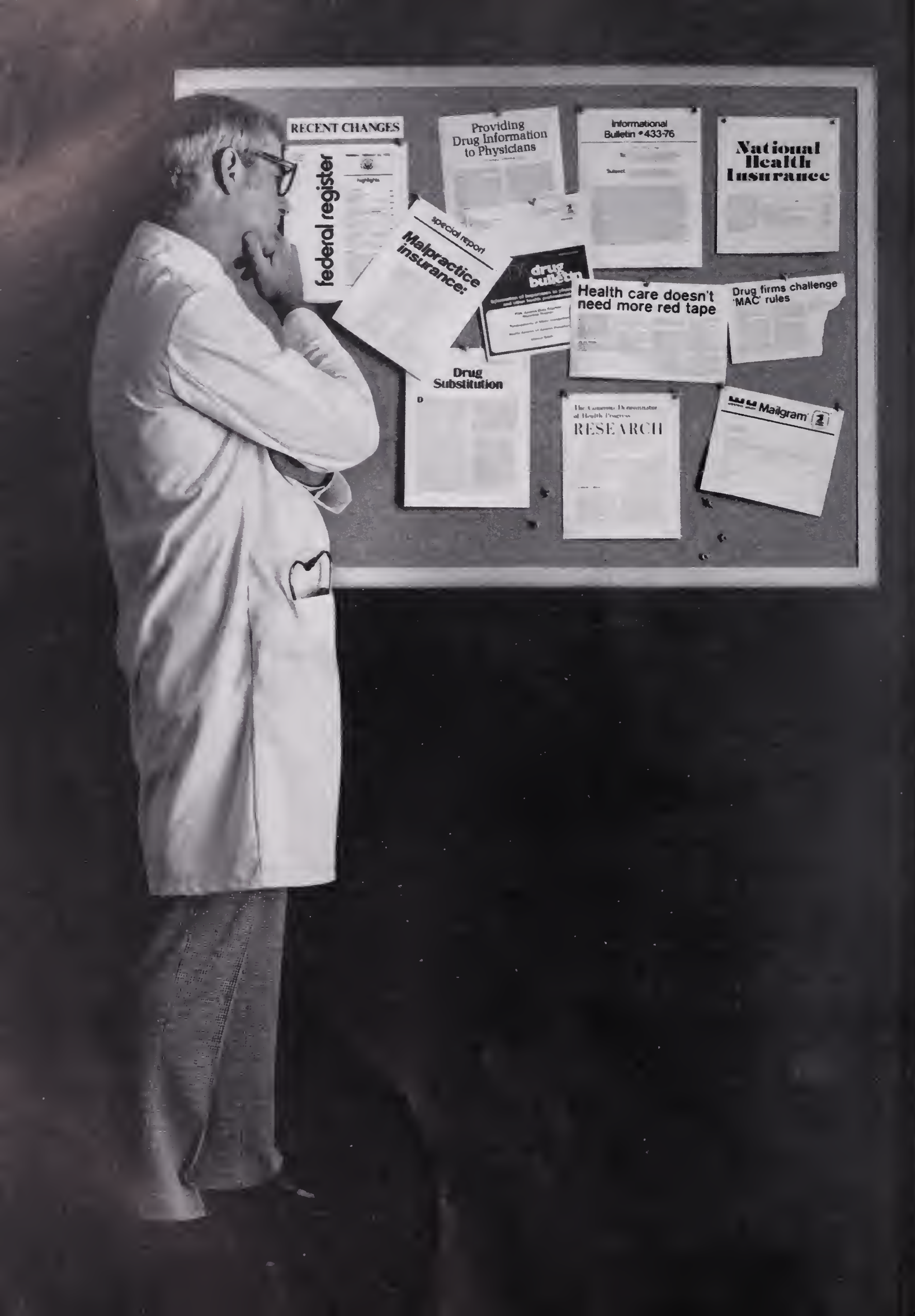
Highly effective
Single-dose convenience
Non-staining
Economical
Pleasant tasting

Antiminth®
(pyrantel pamoate)
equivalent to 50 mg pyrantel/ml
ORAL SUSPENSION

a drug of choice in pinworm infections

Please see brief summary of prescribing information on facing page.

©1977 LONE RANGER T.V., INC.


RECENT CHANGES
federal register
Providing Drug Information to Physicians
Informational Bulletin #433-76
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all
s of scrutiny. Your control over patient therapy is
g monitored, judged and occasionally abrogated,
etimes by unknown third parties.

The worry is that in the wake of this focus, the rela-
ship between you and your patient will be weakened,
out offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws,
lations or professional custom stipulate that your
generic prescriptions be filled with the precise prod-
you prescribe. But in the last five years, a dozen or
State laws have been changed, permitting the phar-
st in most cases to select a product of the same
ric drug to fill any prescription.

ronically, this dilution of physician control has
place against a background of growing evidence
purportedly equivalent drug products may be in-
valent, since neither present drug standards nor their
cement are optimal. In fact, the FDA itself says it
ot enforced the same standards for hundreds of
ow-on" products that it had applied to the original
approvals. Thus physician control over patient
py is being eroded with a risk that patients may be
sed to drugs of uncertain quality.

he major advertised claim for substitution is reduced
ription prices for consumers. Yet no documentation
y significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is
eral regulation designed to cut the Government's
bill by setting price ceilings for drugs dispensed to
care and Medicaid patients. Unless the prescriber
es on the prescription that a particular product is
cally necessary, the Government intends to pay only
e cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

LEO H. POLLOCK, M.I

Missouri Medicine in Review

FORTY YEARS AGO

The 80th Annual Session of the Missouri State Medical Association will convene in Cape Girardeau on May 10-12. All general meetings and sessions of the House will be held in the Southeast Missouri State Teachers' College. Guest speakers include Dr. Norman F. Miller, Ann Arbor, who will address the general meeting in addition to his discussion at the Maternal Welfare Dinner. Other speakers are Dr. A. E. Hertzler, Halstead, Kan.; Dr. Herman E. Pearse, Jr., Rochester, N.Y.; and Dr. W. W. Parker, Cape Girardeau, president of Southeast Missouri State Teachers' College.

The St. Louis Medical Society celebrated its 100th anniversary on April 5-7 with sessions at the St. Louis Medical Society Building on Monday and Tuesday evenings and a centennial dinner at the Jefferson Hotel on Wednesday evening. Dr. Curtis H. Lohr of St. Louis, president of the Society, opened the session on Monday. Dr. R. Emmet Kane was toastmaster at the dinner on April 7. Rabbi Ferdinand M. Isserman, St. Louis, gave the invocation.

The St. Louis Medical Society was organized in 1837 when physicians of St. Louis obtained a charter from the Missouri Legislature under the name of the Medical Society of the State of Missouri. The name was changed in 1850 when the state organization was formed.

TWENTY-FIVE YEARS AGO

The Missouri State Medical Association, which was founded in 1850, held its 94th Annual Session at Hotel Jefferson in St. Louis on March 30-April 2, 1952 with 1,552 persons registered for the meeting. More than 500 persons attended the Annu Banquet in honor of Past-Presidents on April Louis H. Bauer, M.D., President-Elect of t American Medical Association, pleased the au ence with his address on "The Status of Medic Education and the Supply of Physicians in Ame ca."

Dr. J. W. Thompson, St. Louis, was installed President of the MSMA. Officers elected were D E. Claude Bohrer, West Plains, President-Ele Clinton W. Lane of St. Louis, P. T. Bohan of Ka sas City and J. Will Fleming of Moberly, Vic Presidents; H. E. Peterson, St. Joseph, Secretar C. E. Hyndman, St. Louis, Treasurer; and Vict B. Buhler, Kansas City, Chairman of the Counc

On April 8, the Ozarks County Medical Socie held a dinner meeting at the Park Casino in Mon with the lawyers of the five counties which co pose the Society as guests. The attendance of lawyers and physicians and the favorable commen made by representatives of both groups exhibit ample proof of the reception of this meeting.

TEN YEARS AGO

Dr. R. Hart Donnell, Crystal City, has be elected to serve as chief of staff for a two-year ter at Jefferson Memorial Hospital. He succeeds D Roger H. Albee.—Dr. Garrett Pipkin, Kansas Cit is now chief of staff at St. Joseph Hospital.

Establishment of the Ralph A. Kinsella, Sr. Ce ter for Experimental Medicine as a memorial to t late Professor and Director Emeritus of the D partment of Internal Medicine at St. Louis Scho of Medicine has been announced. Its establishme was made possible by a gift from John E. a Adaline Simon who have long been interested the study and practice of medicine. Dr. Kinsella, physician in St. Louis for 55 years, died on Se tember 5. He was the personal physician to M and Mrs. Simon.

Dr. Edward E. Nixon, Gallatin, has been elect Grand High Priest of the Grand Chapter of Ro Arch Masons in Missouri.—Dr. John M. Haig Raytown, has been named "Family Practitioner the Year" by the Kansas City Academy of Gener Practice. A past-president of the Academy, D Haight is now vice-president of the Missouri Aca emy of General Practice.

ROCHE

For recurrent attacks of urinary tract infection in women

Bactrim™ DS Double Strength Tablets

ach tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

ust one tablet b.i.d. for 10 to 14 days

- Action at urinary/vaginal/lower bowel sites helps liminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum elps eradicate recurrent UTI
- Low incidence of bacterial resistance in community ractice
- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake; perform CBC's and urinalyses with microscopic examination.

efore prescribing, please consult complete product informa- n, a summary of which follows:

Indications and Usage: For the treatment of urinary tract fections due to susceptible strains of the following or- nisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus rabilis, Proteus vulgaris, Proteus morganii.* **It is recommended at initial episodes of uncomplicated urinary tract infections treated with a single effective antibacterial agent rather an the combination.** *Note:* The increasing frequency of resis- nt organisms limits the usefulness of all antibacterials, espe- lly in these urinary tract infections.

Also for the treatment of documented *Pneumocystis rinii* pneumonitis. To date, this drug has been tested only in tients 9 months to 16 years of age who were immunosup- essed by cancer therapy.

The recommended quantitative disc susceptibility method ederal Register, 37:20527-20529, 1972) may be used to esti- ate bacterial susceptibility to Bactrim. A laboratory report of usceptible to trimethoprim-sulfamethoxazole" indicates an infec- n likely to respond to Bactrim therapy. If infection is confined to urine, "Intermediate susceptibility" also indicates a likely re- onse. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sul- amides; pregnancy; nursing mothers; infants less than two nths of age.

Warnings: Deaths from hypersensitivity reactions, agran- cytosis, aplastic anemia and other blood dyscrasias have been sociated with sulfonamides. Experience with trimethoprim is ch more limited but occasional interference with hematopoiesis s been reported as well as an increased incidence of throm- oenia with purpura in elderly patients on certain diuretics, marily thiazides. Sore throat, fever, pallor, purpura or jaundice y be early signs of serious blood disorders. Frequent CBC's recommended; therapy should be discontinued if a signifi- ntly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal hepatic function, possible folate deficiency, severe allergy or nchial asthma. In patients with glucose-6-phosphate dehy- genase deficiency, hemolysis, frequently dose-related, may cur. During therapy, maintain adequate fluid intake and perform quent urinalyses, with careful microscopic examination, and al function tests, particularly where there is impaired renal ction.

Adverse Reactions: All major reactions to sulfonamides and nethoprim are included, even if not reported with Bactrim. *od dyscrasias:* Agranulocytosis, aplastic anemia, megaloblas- anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, oprothrombinemia and methemoglobinemia. *Allergic reac- s:* Erythema multiforme, Stevens-Johnson syndrome, neralized skin eruptions, epidermal necrolysis, urticaria, serum kness, pruritus, exfoliative dermatitis, anaphylactoid reactions, iorbital edema, conjunctival and scleral injection, photosensiti- on, arthralgia and allergic myocarditis. *Gastrointestinal reac- s:* Glossitis, stomatitis, nausea, emesis, abdominal pains, atitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see back cover.

f Philadelphia, Library
9 South 22nd Street
hiladelphia 3, Pa. 19103

Her *next* attack of cystitis may require

the Bactrim™ 3-system counteratta

ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of Bactrim diffuses into vaginal fluid in effective concer
trations, thus combating migration of pathogens into
the urethra.

Studies have shown that Bactrim acts against *Ent*
bacteriaceae in the bowel without the emergence of
tant organisms. Thus, Bactrim reduces the risk of in
colonization by fecal uropathogens. It has *no* signifi
cant effect on other normal, necessary intestinal flor

Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal tra

Please see reverse side for summary of product information.

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
JUN 30 1977

JUNE, 1977

VOLUME 74, NUMBER 6

Scientific Articles

TREATMENT OF TENSION AND MIGRAINE HEADACHES WITH BIOFEEDBACK TECHNIQUES, Frederick E. Fried, M.D., Joseph Lamberti, M.D. and Pamela Sneed 253

USE OF COMPUTERS IN RADIATION ONCOLOGY, Clifford W. Richter, Ph.D. and Nestor R. Canoy, M.D. 256

CARCINOMA OF THE VULVA, Darrell E. Zeller, M.D. and Robert L. Newman, M.D. 258

HALOTHANE HEPATITIS, Thomas L. Huffman, M.D. and E. A. Wilkinson, M.D. 261

Special Feature

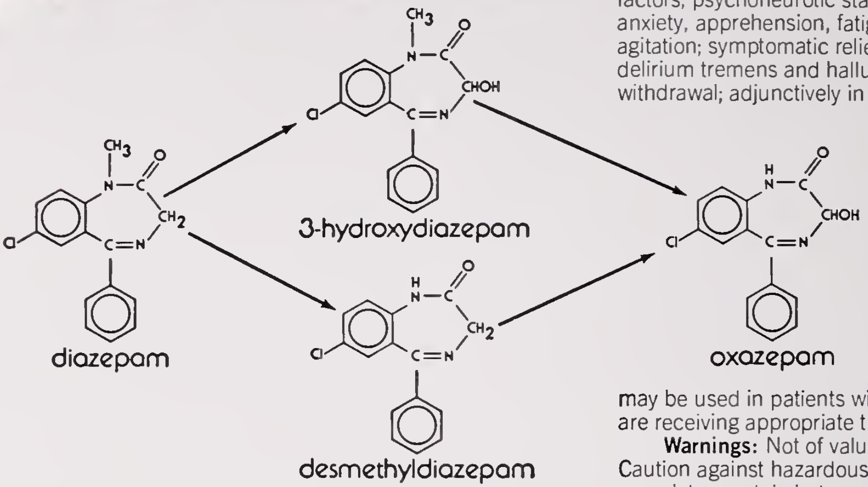
PHYSICIAN MANPOWER FOR MISSOURI: 1975, Mary Jean Remmert, Missouri Division of Health 239

Contents on page 237

120th MSMA Annual Session

April 13-16, 1978, Kansas City

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) Ⓒ IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

What's new at Bio-Science St. Louis?

lways the latest pecialized diagnostic tests.

hemistry
nti-convulsant group
admium in blood
arvon®
erritin in serum
ree erythrocyte protoporphyrins
yridoxal phosphate (B_6)
iboflavin (B_2)
uccinimides in serum
heophylline by HPLC
roporphyrinogen-1-synthetase

ndocrinology
ndrostenedione in serum
alcitonin
-peptide
striol in serum
acental Estriol in urine
CG-β- subunit
egnanetriol in urine (GLC)
olactin
-OH Progesterone in serum
hyroglobulin in serum

Immunochemistry
Anti-extractable nuclear antigen (Anti-ENA)
Beta 2-microglobulin
Fungus antibody group
Gentamicin
Intrinsic factor antibodies
Tobramycin
Anti-tissue antibodies

Bio-Science

Bio-Science Laboratories
St. Louis Branch
1530 Page Industrial Blvd.
St. Louis, MO 63132
(314) 426-3474

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Misso State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Missouri Medicine (Public tion No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201- Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 P Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in Missouri Medicine is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

resident, Howard J. McAlhany, M.D., Springfield
resident-Elect, John N. Martin, M.D., St. Joseph
ice-President, Stanley S. Peterson, M.D., Springfield
ice-President, Irving H. Clark, M.D., Kansas City
ice-President, Ernest Wadlow, M.D., St. Joseph
ecretary, John I. Matthews, M.D., Jefferson City
reasurer, James M. Stokes, M.D., St. Louis
peaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
ice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

st District, Richard C. Hedges, M.D., Excelsior Springs
Vice-Councilor, Gary Dyer, M.D., St. Joseph
nd District, John H. Walterscheid, M.D., Hannibal
Vice-Councilor, Patricio Avila, M.D., Hannibal
rd District, Richard V. Bradley, M.D., St. Louis
Vice-Councilor, Richard Fallon, M.D., St. Louis
th District, Louis P. Hetlage, M.D., Troy
Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
th District, H. Peter Ekern, M.D., Mexico
Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Water A. German, Jr., M.D., Springfield
Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*

Executive Secretary, Royal O. Cooper

ssistant Executive Secretary, C. C. Swarens
overnmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

---

ontents for June, 1977

cientific Articles:

reatment of Tension and Migraine Headaches With Biofeedback Techniques; Frederick E. Fried, M.D., Joseph Lamberti, M.D. and Pamela Sneed 253

se of Computers in Radiation Oncology; Clifford W. Richter, Ph.D. and Nestor R. Canoy, M.D. 256

arcinoma of the Vulva, *Case Report;* Darrell E. Zeller, M.D. and Robert L. Newman, M.D. 258

alothane Hepatitis, *Case Report;* Thomas L. Huffman, M.D. and E. A. Wilkinson, M.D. . 261

Special Features:

Physician Manpower for Missouri: 1975; Mary Jean Remmert 239

The State of the Nation's Health—No. 2; Richard E. Palmer, M.D. 244

News and Features:

MSMA News Round-Up . . . Insert (238-239)

In Brief 245

From the Medical Schools 247

Continuing Education Coming Events . . 251

President's Message 265

Woman's Auxiliary 266

County Society News 267

New Members 267

In Memoriam 270

Index to Advertisers 272

Missouri Medicine in Review 274

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

MSMA

NEWS ROUND - UP

June, 1977

Medicaid funding hike voted

An approximate 10% increase in Medicaid funds for physicians services has been approved by the General Assembly for the coming fiscal year as the current Session nears its close.

Although House Bill 6 has not been finally passed by he General Assembly, both houses have agreed to a budget figure of $23.4 million for physicians' services. The 1976 budget was approximately $20.8 million, but he Governor had requested a reduction in the coming ear to $18 million.

With just a few days remaining in the Session, everal health-related bills still have a chance for assage. SB 48, which would lower the age of consent or medical treatment to 18, has passed both houses in lightly different forms and a final decision should be ade soon.

Bills which have passed one house and quite possibly ould be finally considered before adjournment include: B 305, which provides loans for medical students who gree to practice in rural or hardship areas; HB 726, hich would allow coroners to harvest pituitary glands; IB 255, which provides for licensing of psychologists; IB 211, an optician licensing bill; SB 322, which reuires health insurance policies to cover hospitalizaion for alcoholism; and HB 341, which decriminalizes lcoholism.

Five bills which were opposed by the MSMA are all ead for this Session. These include bills which would ave allowed chiropractors to issue teacher's health ertificates, license physician assistants, require that rescriptions be written on numbered forms, expand he practice of chiropractic by giving their state board ore power, and allow optometrists to use topically aplied drugs.

Another bill opposed by the Association, HB 589, hich would place strict control over radiology, has aparently been derailed.

The three bills dealing with the medical malpractice tuation are also dead this year. These bills join everal attorney malpractice bills and product liability lls which were not favored by the Legislature. The oposed bills would have provided for payment of alpractice awards in installments rather than in a mp sum, deduct payments received by a patient from her sources from his malpractice award and require edical expert witnesses in malpractice cases to be om Missouri or a contiguous state.

Other bills which have been killed include: SB 50, which includes "brain death" as a definition of death; HB 235, a "Good Samaritan" bill; and HB 791, which would have established funding for residencies in family practice.

Two committees are expected to be named by the General Assembly to study specific issues during the summer and fall and prepare specific proposed bills. The Association will provide testimony before these committees on issues of interest to medicine.

Interim Session set for Nov. 2-3 in Springfield

Plans are under way for the Interim Session of the Missouri State Medical Association's House of Delegates, Nov. 2-3, 1977, in Springfield.

Following passage of a Constitutional change at the April Annual Session, the Interim Session will be held each Fall in future years. The Annual Session will remain a Spring meeting.

The Delegates accepted the invitation of the Greene County Medical Society to hold this Fall's Interim Session at the Howard Johnson's Motel complex in Springfield. As with the Annual Session, the site for the Interim Session will be selected each year by the Delegates.

County societies and members who wish to introduce Resolutions for inclusion in the Delegate's Handbook must have them in the MSMA Headquarters by Sept. 19. Handbooks will be mailed to Delegates around Oct. 1.

The schedule for the two-day meeting will be the same as last year. Delegate Registration will begin at 10 a.m., Wednesday, Nov. 2, with the Opening Session of the House set for 1 p.m. Reference Committees will meet at 2 p.m. and continue until testimony is completed. The Final Session of the House will begin at 7:30 a.m., Thursday, Nov. 3.

Further information and motel reservation cards will be mailed to MSMA members in late August. All members are invited to attend the Session and, if desired, testify before the Reference Committees.

Medical news in brief

Law Affects Doctors

A new HEW regulation, which went into effect June 3, 1977, applies to all programs receiving Federal Financial Assistance, including physicians who participate in Medicaid. The regulation has been called a "Civil Rights Law for the Handicapped" by HEW.

Anyone who provides a federally-funded service in inaccessible facilities is in effect discriminating against the handicapped, according to the regulation. The term, handicapped individual, is no longer related to employment only as a result of an amendment to the definition in the Rehabilitation Act of 1974. The Secretary of HEW is directed to enforce these regulations against physicians who are participants in the federal social programs.

The regulations require that either facilities are made accessible to the handicapped or the services conducted by the recipient of federal funds are made accessible. To comply, physicians may have to (1) redesign equipment; (2) reassign services to accessible buildings; (3) deliver health benefits at alternative accessible sites; or (4) alter existing facilities. The physician in a group of 15 or fewer employees may refer the handicapped to other physicians who comply with the regulation.

If modification of existing facilities is necessary, a "transition plan" must be developed by the recipient with the assistance and comment of interested handicapped persons or organizations representing handicapped persons.

Under the Tax Reform Act of 1976, a tax deduction of up to $25,000 is available for modifications made to existing structures to accommodate handicapped persons.

One of the more stringent requirements of the regulation is that participating physicians who employ 15 persons or more must provide auxiliary aids; Braille or taped material, interpreters or other aids, for persons with impaired hearing or vision.

The regulation is to be enforced as the Title VI Civil Rights Law is enforced. HEW has announced that it will rely largely on state Medicaid agencies for enforcement. A private right of action may exist as a result of some court decisions which could impose civil damages for denial of rights under this regulation.

Califano Apologizes

Department of Health, Education and Welfare Secretary Joseph Califano has expressed "deep regret" for the significant number of errors contained in the March listing of physicians who supposedly received $100,000 or more from Medicare in 1975.

In a letter to Dr. James H. Sammons, Executive Vice President of the AMA, Califano said he was distressed by the errors and "regrets any embarrassment that may have been caused to any of your members."

Califano said the matter will be reviewed and changes made to prevent similar situations in the future. He said a corrected list for 1975 will be released.

However, Califano added that future lists will not be limited to just those physicians who were paid at least $100,000 by Medicare.

Malpractice Study

MSMI, Inc., the corporation established by the MSMA to handle its professional liability insurance program, has announced plans to conduct a feasibility study on the malpractice situation in Missouri.

The study, to be completed by late July, will include actuarial and legal research into the various types of malpractice insurance programs the Association may consider sponsoring.

The MSMI Board is expected to report results of the survey to the MSMA Council in September. The report will then be submitted to the House of Delegates at the Interim Session in November.

Resolutions to AMA

Three Resolutions from Missouri will be considered b the AMA House of Delegates at the national meeting June 19-23, in San Francisco.

The Resolutions, adopted by the MSMA House i April, deal with:

(1) The addition of a physician or physicians to th AMA Department of Negotiations.

(2) The amendment of the Health Professions Educational Assistance Act of 1976 to prevent discrimination against students in U.S. two-yea medical schools in favor of U.S. students transferring from foreign medical schools.

(3) The re-evaluation of the FDA ban on sacchari with the proposal that the artificial sweetner b made available with proper information on label of products in which it is contained.

Renewal Notices

Registration renewal notices will be mailed to all Missouri Physicians in the near future. Once again, a questionnaire developed by the Missouri Center for Health Statistics will be included with the renewal notice.

The Board of Registration for the Healing Arts reminds physicians that completing or returning the questionnaire is not a requirement for registration.

Tour is Popular

Early response has been heavy to an MSMI-sponsore London Holiday, Oct. 31-Nov. 8, 1977. Departures ar from St. Louis and Chicago.

Some of the highlights of the trip include round-trip je transportation to London, luxury accommodations at th new Westmoreland Hotel or a similar hotel, continenta breakfasts, an orientation tour of the city from Parlimen to Piccadilly and more, a half-day at Windsor Castle, a gratuities and much more.

Cost of the tour is $458.85 per person based on doubl occupancy. For further information concerning the tri contact MSMA Headquarters, c/o London Holiday, P.C Box 1028, Jefferson City, MO 65101.

20/150 H

20/100 EAR

20/70 ING IS

AS PRECIOUS

AS SIGHT HAV

YOU HAD YOUR HE

TESTED LATELY A SI

COMFORTABLE HEARING

INVESTMENT OF A FEW MIN

Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING AID WILL HELP

250
230
210
190
170
150
130
90
Lidov

When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate
ssential hypertension should offer (1) long-term
ffectiveness, (2) patient comfort and compliance.

Zaroxolyn offers both.

n one long-term study[1] Zaroxolyn brought
noderately elevated (average 161/109 mm Hg)
lood pressure down to the range of normo-
ension—and held it there for a year or more.

he investigator noted, "Patient cooperation was
urprisingly good for a study of such duration
2½ years]. The once-daily dosage schedule with metolazone [Zaroxolyn] no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate.[2]

Zaroxolyn. For long-term control and comfortable compliance in mild to moderate hypertension.

ecommended initial dosage in mild to moderate essential hypertension–2½ to 5 mg once daily

Zaroxolyn®

(metolazone, Pennwalt)

2½-mg, 5-mg and 10-mg tablets

once-daily antihypertensive diuretic

efore prescribing, see complete prescribing
ormation in the package insert, or in PDR, or
ailable from your Pennwalt representative. The
lowing is a brief summary. **Indications:**
roxolyn (metolazone) is an antihypertensive
uretic indicated for the management of mild to
oderate essential hypertension as sole thera-
utic agent and in the more severe forms of
pertension in conjunction with other anti-
pertensive agents. Also, edema associated with
art failure and renal disease. **Contraindications:**
uria, hepatic coma or precoma; allergy or
nsitivity to Zaroxolyn. Or, as a routine in other-
se healthy pregnant women. **Warnings:** In
eory cross-allergy may occur in patients
rgic to sulfonamide-derived drugs, thiazides
quinethazone Hypokalemia may occur, and is
articular hazard in digitalized patients;
ngerous or fatal arrhythmias may occur.
otemia and hyperuricemia may be noted or
ecipitated. Considerable potentiation may
cur when given concurrently with furosemide.
en used concurrently with other antihyper-
sives, the dosage of the other agents should
reduced Use with potassium-sparing diuretics
y cause potassium retention and hyper-
emia Administration to women of childbearing age requires that potential benefits be weighed against possible hazards to the fetus Zaroxolyn appears in the breast milk. Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN, uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance. These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered. Patients treated with diuretics or corticosteroids are susceptible to potassium depletion. Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function. Hyperglycemia and glycosuria may occur in latent diabetes. Chloride deficit and hypochloremic alkalosis may occur. Orthostatic hypotension may occur. Dilutional hyponatremia may occur in edematous patients in hot weather. **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks. **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg; edema of cardiac failure—5 to 10 mg, edema of renal disease—5 to 20 mg Dosage adjustment may be necessary during the course of therapy **How Supplied:** Tablets, 2½, 5 and 10 mg

References:

1 Dornfeld L, Kane R: Metolazone in essential hypertension The long-term clinical efficacy of a new diuretic. *Curr Ther Res* **18:** 527-533, 1975
2 Data on file, Medical Department, Pennwalt Prescription Products

PENNWALT
Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester New York 14603

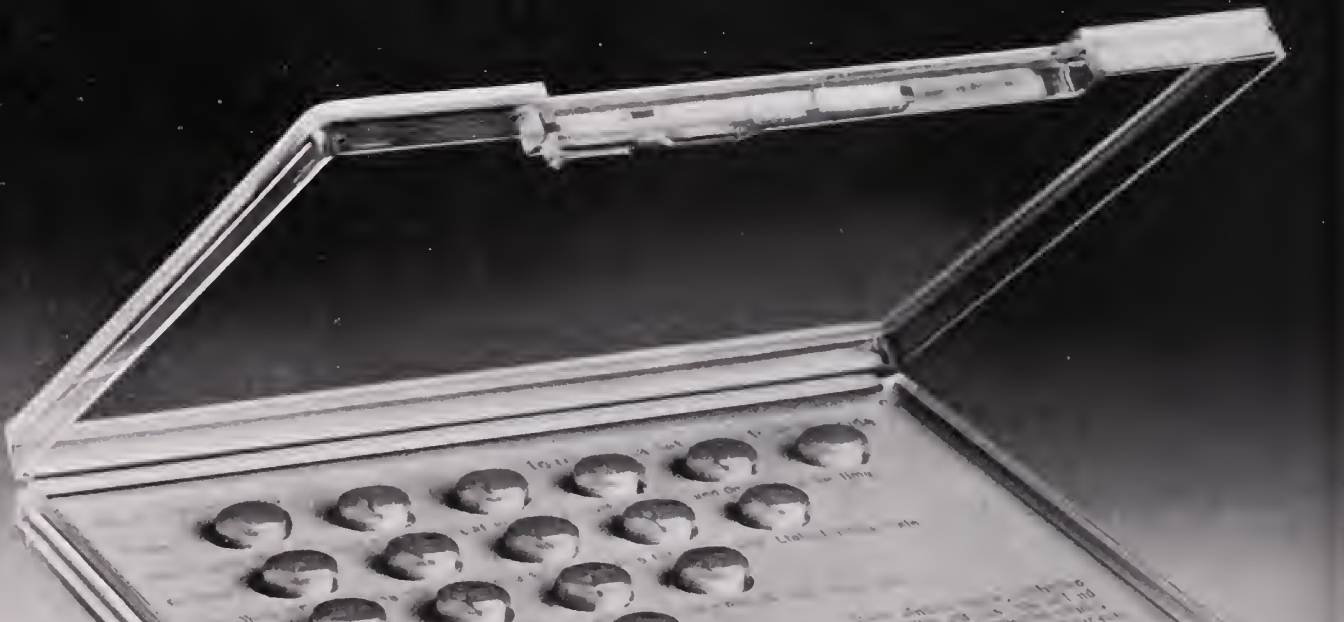
Upjohn

The Upjohn Company, Kalamazoo, Michigan 49001

Medrol® 4 mg Dosepak*

methylprednisolone, Upjohn

The explicit printed dosage instructions that accompany each Dosepak make it easy for the patient to understand and follow the dosage regimen.



*Trademark

J 5741-4

©1977 The Upjohn Company

Physician Manpower for Missouri: 1975

MARY JEAN REMMERT, Research Analyst III
Missouri Division of Health

THE SUPPLY of physician manpower in Missouri is increasing. Distributional problems still exist n many areas, but even these show some signs of nprovement. A recent report by the Missouri Diision of Health shows an increase in physician ipply from 1971 to 1973. Information tabulated rom a subsequent physician survey[1] in 1975 shows ie trend continuing both in metropolitan and nonietropolitan areas. The number of active physiians increased from 6,000 in 1973 to 6,461 in 1975, gain of nearly 8%. At this time, two major factors an be identified which seem to have the greatest npact on the increase.

The first major factor which seems to be signifiant to the increase in supply is the number of forign medical graduates (FMGs) licensed and praccing in Missouri. In the period of 1973 through 975, there were 850 new physicians licensed and racticing in Missouri. Of these, 170 or almost 20% f newly licensed physicians were educated in reign medical schools. Prior to 1970, U. S. citizenip was required for Missouri licensure and many ates also required FMGs to practice in supervised ositions for a period of time before they were alwed to take licensing examinations. Due to fedal court decisions and a subsequent Missouri ttorney General's opinion, U. S. citizenship is no nger required for licensure application. This has sulted in the increase in the numbers of foreign hysicians obtaining licenses and establishing pracces in Missouri.

Second, medical schools have been increasing ieir encouragement of direct patient care speciales. In past decades, these specialties have been on ie decline. The effect was felt hardest in the rural reas. As existing rural physicians retired, they ere not replaced. As the situation became more itical and of increasing public concern, changes ave been instituted which have contributed to the sired reversal in the trends of the past decades. irst, there has been a gradual redirection of traing attitudes in medical schools. Students are enuraged to enter a family-oriented practice. Secd, preceptorships in family practice are being panded. The third step has been the encourageent of small group practices in rural areas. The w data indicate these changes are having a posive effect. Since 1973, there has been an increase in the number of physicians indicating they devote all or a portion of their time to primary care categories. Many of these physicians are new licensees coming from schools in or near Missouri. Some are beginning to locate in the rural areas.

Foreign Medical Graduates (FMGs)

The impact of FMGs on Missouri is just beginning to be felt. A comparison with the total physician pool shows that 10% of Missouri's physicians are FMGs, with three fourths of them receiving licenses since 1970. In a state which had previously suffered from a shortage of physicians in most areas, this component of the supply has become important to improved availability of manpower.

The origin of FMGs is not evenly distributed across the continents. Asia is the greatest source, providing 37% of Missouri's foreign graduates. Australia and Oceania are next with 24%. Europe provides 17% and other North American countries 12%. South America provided 7% and Africa only 3% of the FMGs.

Ninety percent of Missouri's FMGs are located in the metropolitan Regional Planning Commission Areas. These individuals are helping provide several essential services. Twenty percent of the FMGs are employed by governmental employers and many are helping staff the state-operated medical institutions. Another 37% are employed by schools, clinics, nursing homes or hospitals. Only 27% are in private practice, as compared with 42% of all Missouri physicians.

Despite the substantial number of FMGs, the major source of manpower is still U. S. schools. Of those persons educated in the United States, 2,575 or 40% were educated in Missouri, 34% in states adjacent to Missouri and only 16% in the remaining states. These figures would suggest that recruitment efforts should be concentrated on students in Missouri or adjacent states rather than attempting to canvass the entire country. These data do not permit comparison between school of graduation and location of residency. Several recent studies[2] have indicated a high correlation between location of residency and final location of practice. However, the figures shown above would suggest a high correlation between school of graduation and general vicinity of location of practice.

This study represents the second major analysis of physician manpower data by the Missouri Center for Health Statistics. Information on physicians and other licensed health professionals is collected by the Center annually, with partial funding through the Cooperative Health Statistics System, National Center for Health Statistics.

In addition to recording an 8% gain in the number of active physicians, the study presents information regarding the distribution of physicians in Missouri.

MISSOURI GRADUATES

By incorporating the survey data with information provided by the Office of Health Manpower Planning,[3] a comparison was made of the number of Missouri graduates since 1970 by school in relation to the number currently practicing in Missouri. There is a sharp difference between state-supported schools and private schools. In the past five years, the state schools have had a retention rate of almost 30% while of the private school graduates, only 17% remained in Missouri. This is obviously related in part to the fact that private schools recruit and enroll many out-of-state students while state schools enroll predominantly Missouri residents.

The age of the active physician shows some correlation with practice location and school of graduation. The physicians who are 55 years or older show a much higher percentage, 70%, educated in or near Missouri than do the younger age groups. The increased mobility of the population in general would be a major influence in the trend. Of those physicians under 40, only 55% were educated in Missouri or adjacent states.

DISTRIBUTION

The 1975 survey showed 6,461 physicians who either indicated they were maintaining an active practice or did not respond to the activity status question and were determined from other sources to be active. The distribution of these physicians is similar to previous studies which have shown a preponderance of the manpower located in metropolitan areas. A total of 5,413 or 84% are practicing in the five metropolitan regions, which contain 70% of the state's population. Conversely, 16% of the physicians are serving 30% of the population. This apparent malapportionment, of course, reflects the location in the metropolitan areas of the major referral centers. However, the distribution in th rural areas does not meet public expectations and as will be seen using federal definitions, is no equal. Some Missouri rural areas are critically underserved.

Distributional changes can be identified by various methods with the effectiveness of the interpretation often dependent on the population size o the area. In 1975, there were 5,516 active M.D. and 945 active D.O.s. This represents a ratio o 13.6 physicians per 10,000 population. Since th 1973 ratio was 12.3, this means that on the average there is a little more than one additional physicia for every 10,000 persons. From 1971 to 1973, ther was an overall increase of 10% in active physician From 1973 to 1975, the increase was 8%. Table shows how these increases are reflected in the Regional Planning Commission Areas as both metropolitan and nonmetropolitan regions showed a overall increase. Eight individual RPCs showed decreases, but most were minimal.

Physician-to-population ratios are more meaningful when compared to a standard. Shortage area are defined by the federal Department of Healt Education and Welfare to be any area which ha fewer than 6.7 physicians per 10,000 populatio This federal ratio is based on the assumption tha no physician should be expected to provide car for more than 1,500 persons. In Missouri, there ar 72 counties which fall short of the minimum number of physicians. That is more than half the counties in Missouri and includes 28% of the state's population. By looking at RPCs, some of the individua county shortages should be balanced by nearb county surpluses. However, there are seven RPC which fall within the shortage area definition.

The data indicates 12 counties which are th most seriously underserved areas in the state. B the HEW definition, they have less than half o the minimum supply of physicians. In additio many are situated in areas which are not easily accessible to major care centers.

Individual county trends also were studie Taking into consideration only the numbers of physicians, there are 47 counties which have gaine physicians in the two-year period and 23 whic have remained unchanged. Forty-five counties experienced a loss of manpower.

Using current population estimates, the suppl as it is affected by fluctuations in population can b estimated. Fifty-one counties have a net increase i their physician supply, either through additiona manpower moving into the area or through loss opulation. The population flux has also resulted n 58 counties effectively losing manpower reources, and six remained unchanged. The RPCs, n the whole, have shown consistent increases. hree of the five metropolitan RPCs have shown inreases in numbers of physicians. Mo-Kan Bi-State st one physician but a concurrent decline in poplation in the region kept the ratio constant. An inrease in population in the Lakes Country RPC as caused a slight decline in physician to populaon ratio even though there is an increase in phycians. In the nonmetropolitan RPCs, six have exerienced losses. They include Northeast Missouri, reen Hills, Missouri Valley, Boonslick, Bootheel nd Ozark Gateway. Three regions—Mark Twain, leramec, and South Central Ozark—have not hanged, and the remaining six RPCs have shown icreases in manpower and ratios. However, as oted earlier, the number of physicians in the nonietropolitan areas has increased. Physician and opulation relocations have caused the minimal dereases in specific regions.

GE DISTRIBUTION

A study of age distribution shows a real disparity etween FMGs and the rest of the physician file. ne half of the FMGs are less than 40 years old, hile only 34% of the total file are less than 40. This ge discrepancy will probably level off in the future, since FMGs have only recently been peritted to practice in Missouri.

A significant statistic for future planning of reources is the other end of the age distribution ale. Thirty percent of the actively practicing phycians are 55 or older. Many physicians will no nger be in practice after age 65. This attrition ust be compensated by new licensees and the creasing population will require new physicians provide the additional services needed. Of those ysicians currently practicing, 45% received their ense within the last ten years. If these trends ntinue, by 1985 Missouri will have lost 30% of the ysicians to attrition and added 45% through new ensees. According to present figures, an addition- 7% will be lost in the age brackets moving from to 55 years of age. This gives a net gain of 8%. nce the population is predicted to increase by ly 4%, Missouri should be able to maintain and rhaps, somewhat improve the status quo, but it ill not see dramatic improvement.

ECIALTY DISTRIBUTION

There has been essentially no change in the fourar period in the overall distribution of specialists in Missouri. In 1973, 78% of the primary care physicians were located in the metropolitan areas and 22% in the nonmetropolitan areas. Included within the primary care categories are family or general practice, internal medicine, pediatrics, general surgery, OB/GYN and psychiatry.

TABLE 1

PHYSICIAN TO POPULATION RATIOS BY REGIONAL PLANNING COMMISSIONS (RPC)

Rate per 10,000 Population
1973 and 1975

Region	*Physicians* 1973	*Physicians* 1975	*Ratios* 1973	*Ratios* 1975
Metropolitan RPCs				
East-West Gateway	2,738	3,059	15.2	17.0
Mid-America	1,290	1,354	14.7	15.5
Lakes Country	343	345	11.0	10.8
Mid-Missouri	469	538	20.0	22.4
Mo-Kan Bi-State	118	117	9.7	9.6
Nonmetropolitan RPCs				
Northwest Missouri	23	22	4.4	4.5
Green Hills	64	59	7.2	6.7
Missouri Valley	36	28	7.7	6.0
Northeast Missouri	90	82	18.6	16.9
Mark Twain	96	98	8.1	8.1
Boonslick	22	20	5.3	4.6
Ozark Gateway	132	127	9.2	8.8
Kaysinger Basin	65	70	7.2	7.6
Show-Me	77	83	7.7	8.5
South Central Ozarks	38	38	3.9	3.9
Meramec	47	47	4.9	4.9
Lake of the Ozarks	57	68	5.5	6.4
Southeast Missouri	136	144	9.2	9.7
Bootheel	98	90	5.9	5.5
Ozark Foothills	63	72	9.1	10.4
HSA 1 (Mid-America)	1,290	1,354	14.7	15.5
HSA 2 (Central Missouri)	1,115	1,185	10.6	11.2
HSA 3 (East-West Gateway)	2,738	3,059	15.2	17.0
HSA 4 (Southwest Missouri)	513	510	9.3	9.1
HSA 5 (Southeast Missouri)	344	353	7.2	7.4
Metropolitan RPCs	4,956	5,413	14.6	16.1
Nonmetropolitan RPCs	1,044	1,048	6.8	7.4
STATE TOTAL	6,000	6,461	12.3	13.6

One additional desirable trend worth noting is the gradual appearance of specialists in other than primary care categories in the nonmetropolitan areas. In 1971, only 17% of the nonmetropolitan physicians were specialists in fields other than primary care, and in 1975, it rose to 23%. Although this survey was not designed to determine reasons for change, several factors could be surmised, such as more sophisticated facilities being built in nonmetropolitan areas, formation of group practice that can support a specialist and specialty overcrowding in the metropolitan areas decreasing the possibility of an adequate patient base.

SUMMARY

In summary, there has been an increase in active physician manpower in Missouri from 6,000 in 1973 to 6,461 in 1975. New graduates continue to be the major source of manpower, but the recent influx of foreign medical graduates has made a significant impact on Missouri's physician supply. Direct patient care specialties have exhibited a slight increase in numbers. Distribution has remained the same in the metropolitan versus nonmetropolitan areas, which still leaves many nonmetropolitan areas apparently underserved. There is a reversal of the longstanding trend of reduction of physicians in rural areas, but the increase is not sufficient to keep up with replacement needs for retiring physicians. Based on the changes seen from 1971 to 1975, Missouri is producing and acquiring enough physicians to improve service to the population on a statewide basis, but distributional problems still remain.

REFERENCES

1. 1975 survey of health manpower licensed in Missouri, funded by the state of Missouri and Cooperative Health Statistics System of National Center for Health Statistics.

2. Studies include the following:

Fahs, Ivan J. and Peterson, Osler L.: Towns Without Physicians and Towns With Only One—A Study of Four States in the Upper Midwest, 1965. Am. J. Public Health 58:1200-11, July 1968.

Held, Philip J.: The Migration of the 1955-65 Graduates of American Medical Schools. Ford Foundation Program for Research in University Administration, Ford Grant No. 680-0267A, Paper P-35, Berkeley, California: University of California, 1973.

Weiskotten, Herman G., Wiggins, Walter S., Altenderfer, Marion E., Gooch, Marorie and Tipner, Anne: Trends in Medical Practice: An Analysis of the Distribution and Characteristics of Medical College Graduates, 1915-1950. J. Med. Edu. 35:1071-95, December 1960.

3. Fox, Lyn: Enrollment Report, Health Manpower Planning, Office of Comprehensive Health Planning, Jefferson City, Missouri, January 14, 1975.

Due to current space limitations, accompanying tables and figures are not included with this report. They are included with reprints available from The State Center for Health Statistics, Bureau of Health Resources Statistics, P.O. Box 570, Jefferson City, Missouri 65101.—ED.

WHERE ARE YOU?

Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

All oral bronchodilators are pretty much the same. Right? Wrong!

he difference is in their action—both before and after ymptoms begin. That's the reason for TEDRAL®.

☐ effective and prolonged bronchodilation from the synergistic effect of ephedrine and theophylline
☐ β-ADRENERGIC ACTION RELAXES BRONCHIAL SMOOTH MUSCLE
☐ α-ADRENERGIC ACTION REDUCES BRONCHIAL EDEMA AND SECRETIONS
☐ dosage forms to meet individual patient needs

or proven performance...

edral®/Tedral® SA/Tedral® Elixir

ch tablet contains 130 mg
ophylline, 24 mg ephedrine
lrochloride, and 8 mg
nobarbital.

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer), 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer), and 25 mg phenobarbital in the immediate release layer.

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital, the alcohol content is 15%.

See next page for brief summary.

W|C **WARNER/CHILCOTT**
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-72-B/W

The State of the Nation's Health—No. 2

By

Richard E. Palmer, M.D.

President, American Medical Association

CHICAGO—Americans, overall, are healthy. And we're getting steadily healthier.

A previous article discussed some of the adverse aspects of the state of the nation's health. The cancer death rate is rising. The number of "slow down" days and days of bed illness per person per year have risen slightly.

But there most definitely is a bright side to the nation's health picture. Some of the pluses achieved in recent years have been little short of spectacular.

Maternal deaths were reduced by 26% in just one year. Infant deaths have declined by 20% in five years. Of the leading causes of death in 1970, rates for all but one—cancer—have been substantially reduced. Life expectancy has been increased by a year and a half since 1970.

From 1970 to 1975, deaths from heart disease dropped 6.4%. Deaths from stroke in the same years declined by 9.9%. Accidents as cause of death dropped by 15.6%. Deaths from influenza and pneumonia declined by 12.6%, and so on for the other leading causes of death.

In fact, fewer Americans are dying each year p 100,000 population. This ratio dropped by 5.2% fro 1970 to 1975. The category of bronchitis, emphys ma and asthma is no longer among the top ten kil ers. Its place was taken over by suicide.

Life expectancy at birth for all Americans i 1970 was 70.9 years. By 1975, the figure was up t 72.4 years. Since the turn of the century whe average life expectancy was 47.3 years, more tha half a lifetime has been added.

Conspicuous gains against maternal deaths an deaths of infants have been reported in recent year Maternal deaths per 100,000 live births droppe from 83.3 in 1950 to 10.8 in 1975. In the sam quarter century, infant deaths (below the age one year) dropped from 29.2 to 16.1 per 1,000 li births. Preliminary figures for 1976 indicate th the infant death rate has declined even more or t 15.2.

Americans are a healthy race, and they're gettin healthier year by year.

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Bargmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

in Brief

A summary of AMA, medical & health news

merican Medical Association/535 North Dearborn Street/Chicago, Illinois 60610/Phone (312) 527-1500/TWX 910-221-0300

AMA DUES-PAYING membership totaled 172,830 ast year, exceeding expectations in the first year f a major dues increase. Because of the new dues tructure, the AMA based its 1976 budget on a aid membership of 144,500 (excluding residents nd students). This full-dues membership figure eached 152,160 last year. Resident membership as 10,506: medical students numbered 10,164. otal AMA membership, including dues-exempt hysicians and affiliate members, was 203,584 in 976.

THE AVERAGE age of AMA dues-paying physiian members last year was 48.9, according to the MA's Center for Health Services Research and evelopment. The average age of all U. S. physians was 46.3.

AN AMA survey shows a 64.9% error rate in the EW list released two months ago of physicians pposedly receiving $100,000 or more from Medire in 1975. The AMA sent HEW a copy of the rvey, together with a letter calling on the agency apologize to the physicians who were wrongly ted and to the public. The AMA survey covered 8 of the 409 physicians listed by HEW. Of those, 2 were incorrectly listed as solo practitioners, nine d incorrect amounts attributed paid to them and other 24 reported both errors. Only 73 said the inrmation was correct. The AMA said it would do hat it can be set the record straight, "but it truly is cumbent on HEW to clear the names of these ysicians."

THE AMA urged Congressional leaders to increase propriations for several health programs. The sociation said it was recommending increases in esident Carter's budget proposals for only "those ograms that have the greatest promise for prevenn and cost effectiveness to patients. . . ." The AMA commended increases for: National Institutes of ealth, health professions education, maternal and ild health, family planning, National Health Sere Corps, emergency medical service, immunizan, venereal disease, lead based paint poisoning evention, occupational health, mental health, alcolism, Programs for Older Americans, Food and ug Administration and Indian Health Service.

IN A BULLETIN to all physicians and hospital administrators, the Food and Drug Administration said, "No worthless drug is without harm." The agency, referring to the so-called cancer drug, laetrile, termed the evidence of the drug's efficacy entirely hearsay and said both the FDA and the National Cancer Institute have "failed to find evidence of therapeutic effect." The AMA had prevoiusly submitted a statement to the FDA noting that "it is clear that laetrile is not generally recognized by experts . . . as safe and effective."

THE AMA is offering, as a public service, a new health education service to weekly newspapers throughout the country. A packet of four or five short articles is sent to weekly editors each month. The subject matter will be basic health information.

EVERY DOLLAR contributed to the American Medical Association Education and Research Foundation medical student loan guarantee program provides $12.50 in loans from a participating bank to medical students and physicians-in-training. Last year, AMA-ERF supported $7.8 million in loans. Since 1962, it has supported loans of $77 million. The program depends upon the generosity of the medical profession for funding.

AVAILABLE FROM AMA: *Allied Medical Education Directory,* OP 392, lists more than 2,700 educational programs accredited by the AMA. Cost is $8 per copy . . . *Defined-Formula Diets for Medical Purposes,* OP 137, is a compilation of papers given during a conference of the same name. Cost is $7 ea. for 1-10 copies; $6.30 ea. for 11-49 copies; and $5.60 ea. for 50 or more. Cost is $7.50 per book in foreign countries . . . *Directory of Self-Assessment Programs for Physicians,* OP 414, third edition, covers 24 programs sponsored and distributed by medical organizations. Cost is $1.25 ea. for 1-10 copies; $1 ea. for 11-49 copies; and 50¢ ea. for 50 or more. Cost in foreign countries is $1.50 per copy. For all of the above write Order Department, AMA Headquarters . . . *The AMA Book of Skin and Hair Care,* is a revision and expansion of the earlier volume, *The Look You Like.* Cost is $4.95 per paperback copy. Write the publisher, J. B. Lippincott Co., 521 Fifth Ave., New York, N. Y. 10017.

Compliments

of

MUNNS MEDICAL

SUPPLY

MUNNS
MEDICAL
SUPPLY

OVER 30 YEARS SERVICE

TOPEKA • K.C. • WICHITA

ST. LOUIS • TULSA

DOCTORS ARE TALKING ABOUT THE PRACTICAL WAY TO LOWER CHOLESTEROL

Choloxin®
(Sodium Dextrothyroxine)

And for good reasons. Diet alone doesn't always work. CHOLOXIN® (sodium dextrothyroxine) has proved itself to be an effective cholesterol lowering adjunct to diet in euthyroid, non-cardiac patients. It has undergone ten years of clinical trials and eight years of practice. The clinical trials consisted of 337 clinical studies involving over 3,000 hypercholesterolemic non-cardiac patients. It is among the most thoroughly evaluated drugs ever presented to physicians.

Practical, too, is the one-tablet-a-day dosage regimen. It encourages patient cooperation, and it's economical for long-term therapy.

CHOLOXIN (sodium dextrothyroxine) lowers cholesterol 15% to 35%, and keeps it down with most patients. *(Data on file, Flint Laboratories).*

Interested in receiving more information about lipid lowering? Write us or contact your Flint representative. We'll be glad to supply you with a complete product portfolio and samples for your evaluation.

NOTE: See following page for full prescribing information.

AN IMPORTANT NOTE:
It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

Choloxin® (Sodium Dextrothyroxine)

Effectively Lowers Elevated Cholesterol With Convenient Once-A-Day Dosage

Four strengths 1, 2, 4, and 6 mg are available making the scored tablet regimen a flexible dosage system. And, for most patients, CHOLOXIN tablets offer once-a-day dosage.

CHOLOXIN® (sodium dextrothyroxine) Single-Tablet-A-Day Dosage Schedules

See prescribing information in package insert reproduced below.

	Starting Dosage	Increased Monthly by	Usual Maintenance	Maximal Recommended
Adult Hypercholesterolemic	1.0-2.0 mg.	1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
Pediatric Hypercholesterolemic	0.05 mg./kg. body weight	0.05 mg./kg.	0.1 mg./kg. body weight	4.0 mg.
Hypothyroid Cardiac	1.0 mg.	1.0 mg.	4.0 mg.	4.0 mg.

Choloxin®
(Sodium Dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN (sodium dextrothyroxine) stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN (sodium dextrothyroxine) is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively, in patients with significant myocardial impairment. CHOLOXIN (sodium dextrothyroxine) dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN (sodium dextrothyroxine) is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN (sodium dextrothyroxine) is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN (sodium dextrothyroxine). As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN (sodium dextrothyroxine) than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN (sodium dextrothyroxine) in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may not be advisable or possible to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN (sodium dextrothyroxine) therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN (sodium dextrothyroxine) therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN (sodium dextrothyroxine); a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN (sodium dextrothyroxine) potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

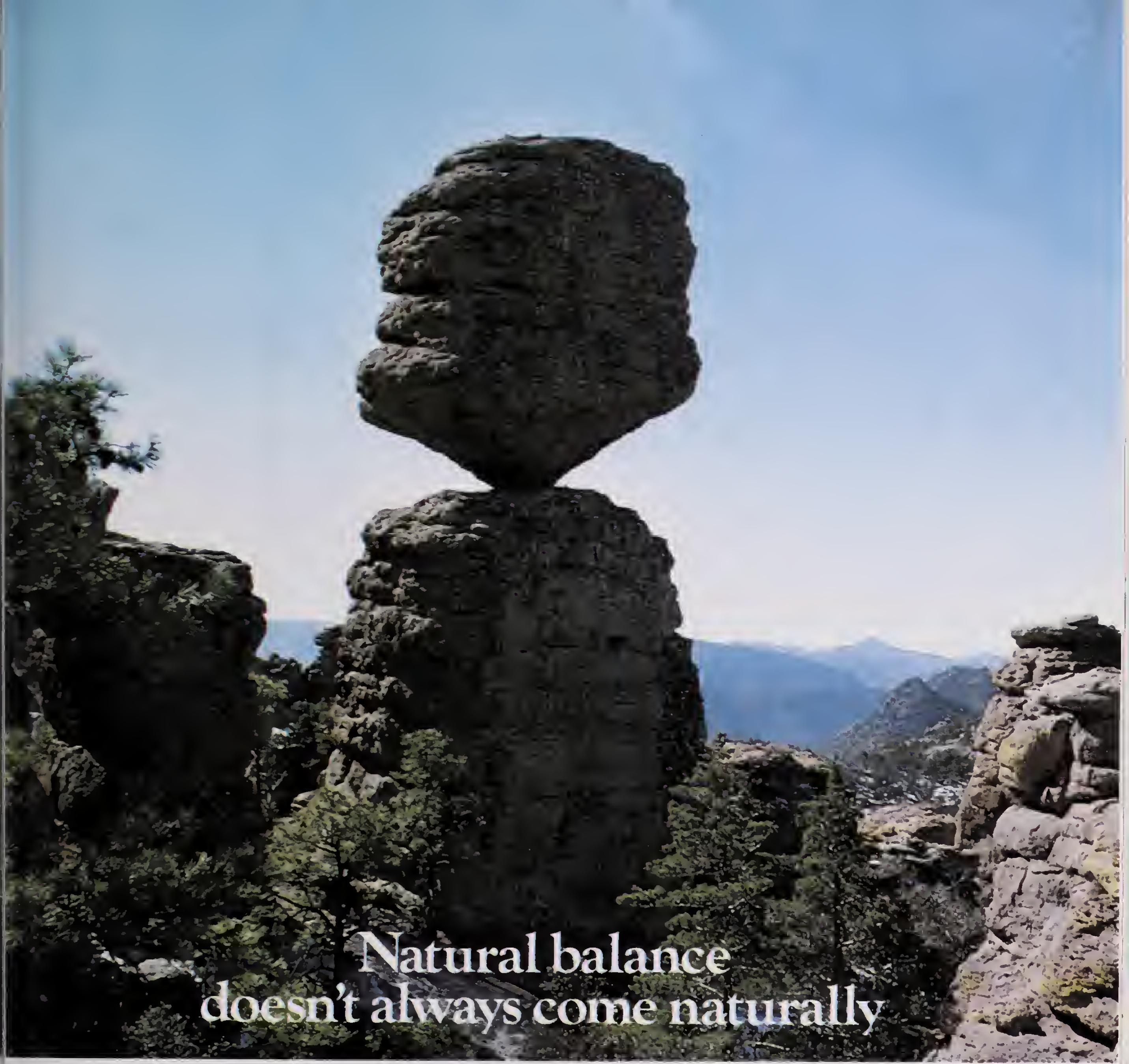
For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is approximately 0.1 mg (100 mcg) per kilogram. The initial daily dosage should be approximately 0.05 mg (50 mcg) per kilogram to be increased in up to 0.05 mg (50 mcg) per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015



Big Balanced Rock, Chiricahua Mountains, Arizona (approx. 1,000 tons)

- **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.
- **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo.*
- **Dosage for Vertigo***—The usual adult dosage for Antivert/25 is one tablet t.i.d.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children. Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

Trademark

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* WARNING

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes (see Warnings).

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K+ frequently; both can cause K+ retention and elevated serum K+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

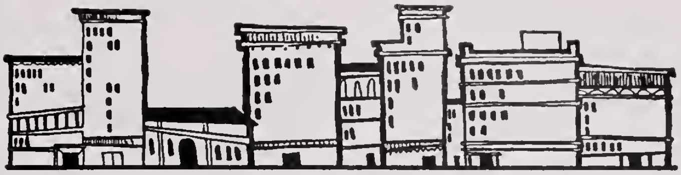
Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

From the Medical Schools



JNIVERSITY OF MISSOURI-COLUMBIA

Donald L. Cordes will take over duties as asistant dean for medical student affairs on July 1. Ie will share the work handled by *Dr. Jerry A. Ioyer* the past two years, allowing Dr. Royer to ontinue his clinical work in the Family Medical 'are Center.

During 1976-1977, Cordes was associate director f Continuing Medical Education at the Medical 'ollege of Virginia. He was assistant director for ıe two previous years. He received his Ph.D. deree in adult and continuing education from the 'niversity of Nebraska in 1974.

Dr. David Baltimore, Nobel Laureate in mediine and physiology in 1975, was the guest lecturer r the annual Jefferson Club dinner. During his vo-day stay in Columbia, the MIT biologist ounded a persistent warning against heavy-handed overnmental interference in the controversial research in recombinant DNA. In addition to speakıg at the dinner, he appeared on a panel with sevral physicians and biological scientists including *'ean Charles Lobeck, Dr. Donald Lindberg* and *'r. John Yarbro* of the Medical School. He also 'as available for medical and graduate students ı the biosciences for discussions and questions.

The Microbiology Department was honored with ıvitations for 14 faculty members and graduate udents to present papers at the American Society r Microbiology meeting in New Orleans in May. even research projects were presented, ranging om suppression of rubella replication to treatment r herpes virus simplex type 2 infections. *Dr. 'erbert Goldberg* cochaired a seminar on anaerobic acteria when *Dr. James Barrett* and *Dr. David 'entges* presented talks. Dr. Hentges, acting chairan of the department, also spoke at a seminar ealing with intestinal flora and cancer of the olon.

Carol Blair Loeppky and *Matthew N. Stein* ıared honors at the Medical School's Pre-Comencement Program in receiving the Missouri ate Medical Association honors graduate award. *ouglas Lynn Wood* received the Dean's Award r outstanding achievement in academic and clinal proficiency.

They were among the 116 who received the M.D. degree in May, the largest class to graduate from UMC. *Dean Charles Lobeck* addressed the class at the Pre-Commencement Program. *Dr. Mitchell J. Rosenholtz*, who has been on sabbatical leave this year at the University of Minnesota, was invited to be the speaker for the senior banquet.

UNIVERSITY OF MISSOURI-KANSAS CITY

Richardson K. Noback, M.D., dean of the School of Medicine, has announced the addition of the following five faculty members:

Benjamin D. Fremming, D.V.M., M.P.H., is director of the Laboratory Animal Center at UMKC and professor in the schools of medicine and pharmacy. Dr. Fremming is from the University of Texas Health Science Center at San Antonio, where he was professor of Laboratory Animal Medicine and professor, Department of Obstetrics and Gynecology. He has served as president of the American College of Laboratory Animal Medicine.

In July, *Naim Kassar*, M.D., will join the faculty as an assistant professor and member of the Department of Obstetrics and Gynecology at Truman Medical Center where he is now chief resident. His special interest is in perinatology.

Willie Oliver McLemore, M.D., Ph.D., will join the faculty as a docent and assistant professor in July. He is now completing his residency in internal medicine at Howard University Hospital in Washington, D. C. Prior to receiving his M.D. degree at Howard University in 1974, Dr. McLemore was director of clinical biochemistry at Freedman Hospital in Washington, D. C. and an assistant professor of biochemistry at Howard University. He earned the Ph.D. in biochemistry at Iowa State University in 1964.

Arnold L. Medearis, M.D., will join the faculty as an assistant professor and member of the Department of Obstetrics and Gynecology at the Truman Medical Center in August. Dr. Medearis received his M.D. degree at the University of Missouri-Columbia School of Medicine in 1973 and is completing his residency in obstetrics/gynecology there. His special interest is in perinatology.

Frank Jerry Volenec, Ph.D., is an associate professor and director, Surgical Bacteriology and Immunology. Dr. Volenec was previously on the faculty of the Kansas University Medical Center, where he was director of surgical bacteriology and assistant professor. He received his Ph.D. in 1969 at Cornell University.

Dr. Loren J. Humphrey, director of surgical oncology at the Truman Medical Center and clinical professor, UMKC School of Medicine, was awarded a National Institute of Health Research Grant in the amount of $43,256 to continue studies on the impact of surgery or trauma on infections and infectious complications.

Marvin R. Levitt, M.D., director of nephrology, Mount Sinai School of Medicine in New York, was a visiting docent at the medical school on May 23-25. Dr. Levitt presented lectures for the Renal Unit of the Basic Sciences in Clinical Medicine program. He also participated in rounds and conferences with the students on the Docent Units.

On May 13, the UMKC School of Medicine presented the first "Dorothy Lee Ross Distinguished Lectureship." The speaker was *Alfred P. Fishman,* M.D., William Maul Measey Professor of Medicine and Director of the Cardiovascular-Pulmonary Division at the University of Pennsylvania School of Medicine. Dr. Fishman's lecture was entitled "Pulmonary Edema" and was well attended by the Kansas City medical community. This Distinguished Lectureship has been created by Mr. W. W. Ross, III in honor of his mother.

On May 14 *President James C. Olson* conferred the medical degree on 31 graduates. The Hippocratic Oath was administered by Richardson K. Noback, M.D., dean.

SAINT LOUIS UNIVERSITY

A faculty member, 14 seniors and six junior medical students of the School of Medicine were initiated into the University's chapter of Alpha Omega Alpha, national honor medical society.

Leonard F. Laskowski, M.D., professor of pathology, is the faculty member who was honored by Alpha Omega Alpha.

Senior initiates were *Daniel J. Bauer, Kenneth A. Boatright, Michael J. Brischetto, William J. Grisaitis, Douglas L. Mallory, David J. Meiners, John M. Robertson, Frank W. Shagets, John I. Umekubo, Stephen G. Wassilak, Franz J. Wipplod* and *William G. Woolery.*

Juniors inducted into the society were *William T. Garvey, Richard H. Hopf, D. Mark Robirds, Michael S. Sprague, Thomas C. White* and *David H. Wuellner.*

Conferral of keys was by *Vallee L. Willman,* M.D., professor and chairman of the Department of Surgery at the School of Medicine.

Robert G. Petersdorf, M.D., professor and chair man, Department of Medicine, University of Wash ington School of Medicine and physician-in-chief University of Washington Hospital in Seattle, wa the 1977 Alpha Omega Alpha Visiting Professor a the School of Medicine.

Dr. Petersdorf delivered the keynote address a a banquet honoring new initiates of the Alph Omega Alpha. He also presented a series of fou lectures to medical students and faculty of th School of Medicine.

"Controlling the Coronary Epidemic" was th topic of the 32nd annual Hanau W. Loeb Me morial Lecture presented by *Jeremiah Stammler* M.D. in the Margaret McCormick Doisy Learning Resources Center of the Medical Center. The lec ture was sponsored by the Alpha Pi Chapter o Phi Delta Epsilon Fraternity of the School of Medi cine and the School's Department of Internal Medi cine.

Dr. Stammler, who is professor and chairman o the Department of Community Health and Pre ventive Medicine and Dingman Professor of Cardi ology at Northwestern University Medical Schoo in Chicago, is a pioneer in coronary heart diseas in the United States and has written three book on this subject.

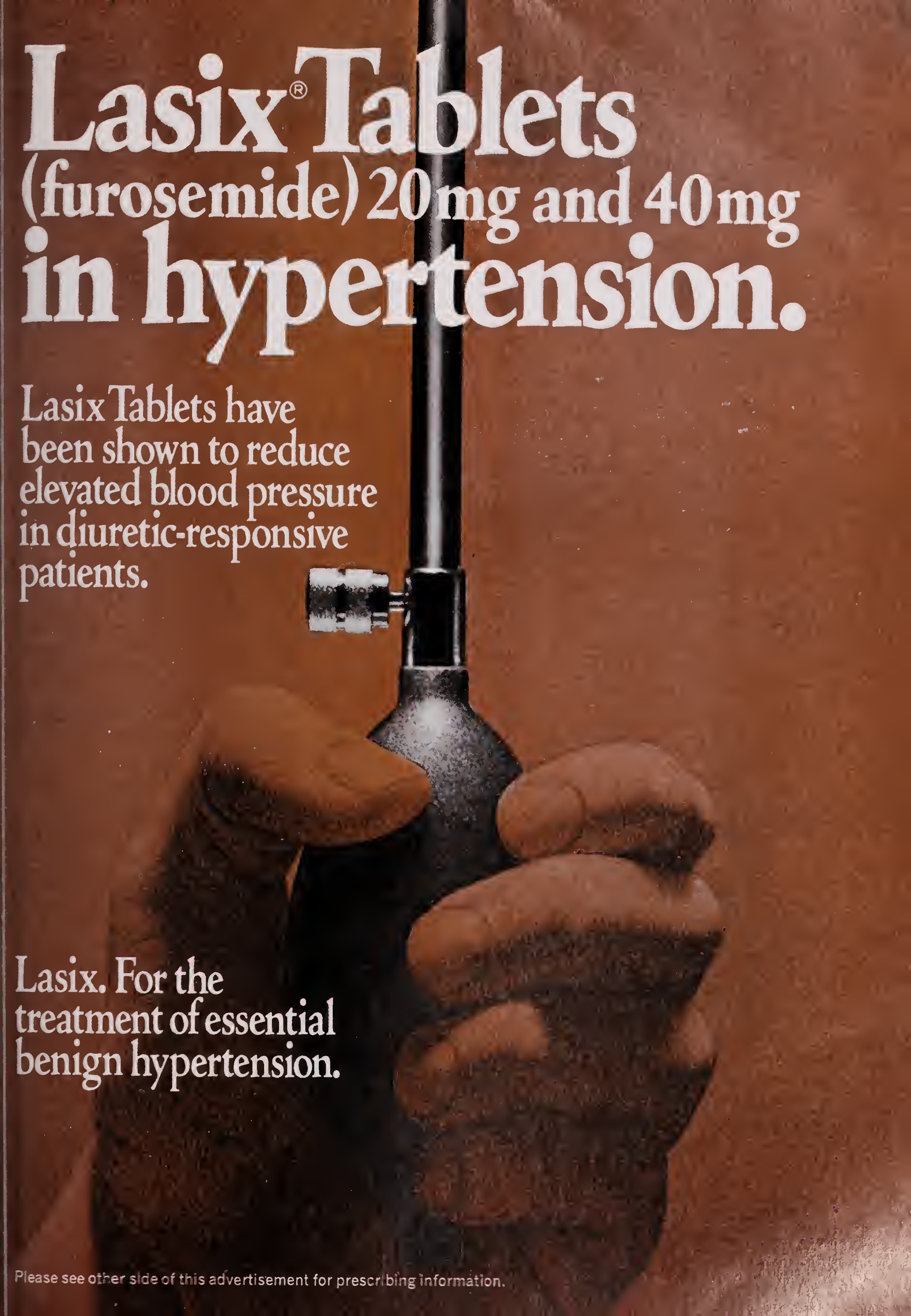
David D. Sabatini, M.D., delivered the ninth Wendell H. Griffith Memorial Lecture at the Medi cal Center on May 3. Dr. Sabatini spoke on "Studie on the Structure and Function of the Rough Endo plasmic Reticulum." The lecture was sponsored by the Edward A. Doisy Department of Biochemistry of the School of Medicine.

Dr. Sabatini is chairman of the Cell Biology De partment of the New York University College o Medicine. He is a pioneer in the use of aldehyd for fixatives in electron microscopy and recently has been instrumental in developing concepts o protein synthesis on membrane bound ribosomes.

Rene Wegria, M.D., professor and chairman, De partment of Pharmacology, recently delivered lecture on the physiology and paraphysiology o the coronary circulation at the University of Ne braska School of Medicine in Omaha.

Robert E. Ryan, M.D., clinical professor o otolaryngology, presented a course, "Headache," a the Continuing Education in Pathogenesis an Treatment of Headache in Adults and Children Conference held in San Diego.

Henry E. Oppenheimer, M.D., associate clinica professor of Internal Medicine, recently attende the postgraduate course of the American Diabete Association in Los Angeles.



Lasix® Tablets (furosemide) 20 mg and 40 mg in hypertension.

Lasix Tablets have been shown to reduce elevated blood pressure in diuretic-responsive patients.

Lasix. For the treatment of essential benign hypertension.

Please see other side of this advertisement for prescribing information.

Lasix® Tablets (furosemide) 20 mg and 40 mg in hypertension.

A brief summary of the Prescribing Information for

Lasix® (furosemide) Tablets 20 mg and 40 mg

WARNING—Lasix (furosemide) is a potent diuretic which if given in excessive amounts can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dose schedule have to be adjusted to the individual patient's needs. (See under "Dosage and Administration.")

Indications—Lasix (furosemide) is indicated for the treatment of the edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome.

Hypertension—Lasix (furosemide) may be used for the treatment of hypertension alone or in combination with other antihypertensive drugs. Hypertensive patients who cannot be adequately controlled with thiazides will probably also not be adequately controllable with Lasix (furosemide) alone.

CONTRAINDICATIONS—Because animal reproductive studies have shown that Lasix (furosemide) may cause fetal abnormalities, the drug is contraindicated in women of childbearing potential. (See "Additional Information.")

Lasix (furosemide) is contraindicated in anuria. If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, the drug should be discontinued. In hepatic coma and in states of electrolyte depletion, therapy should not be instituted until the basic condition is improved or corrected. Lasix (furosemide) is contraindicated in patients with a history of hypersensitivity to this compound.

Warnings—Excessive diuresis may result in dehydration and reduction in blood volume, with circulatory collapse and with the possibility of vascular thrombosis and embolism, particularly in elderly patients. Excessive loss of potassium in patients receiving digitalis glycosides may precipitate digitalis toxicity. Care should also be exercised in patients receiving potassium depleting steroids.

Frequent serum electrolyte, CO_2 and BUN determinations should be performed during the first few months of therapy and periodically thereafter, and abnormalities corrected or the drug temporarily withdrawn.

In patients with hepatic cirrhosis and ascites, initiation of therapy with Lasix (furosemide) is best carried out in the hospital. Sudden alterations of fluid and electrolyte balance in patients with cirrhosis may precipitate hepatic coma; therefore, strict observation is necessary during the period of diuresis. Supplemental potassium chloride and, if required, an aldosterone antagonist are helpful in preventing hypokalemia and metabolic alkalosis.

Patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic reactions.

In those instances where potassium supplementation is required, an oral liquid preparation should be used rather than enteric-coated potassium salts.

There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated thiazides with potassium salts. These lesions may occur with enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides, or certain other oral diuretics.

These small-bowel lesions have caused obstruction, hemorrhage, and perforation. Surgery was frequently required, and deaths have occurred.

Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Patients with known sulfonamide sensitivity may show allergic reactions to Lasix (furosemide).

Precautions—As with any potent diuretic, electrolyte depletion may occur during therapy with Lasix (furosemide), especially in patients receiving higher doses and a restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting, and/or mental confusion.

Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen. These have been observed in association with dehydration, which should be avoided, particularly in patients with renal insufficiency.

When parenteral use of Lasix (furosemide) precedes its oral use, it should be kept in mind that cases of tinnitus and reversible hearing impairment have been reported. There have also been some reports of cases in which irreversible hearing impairment occurred. Usually, ototoxicity has been reported when Lasix (furosemide) was injected rapidly in patients with severe impairment of renal function at doses exceeding several times the usual recommended dose and in whom other drugs known to be ototoxic were often given. If the physician elects to use high dose parenteral therapy in patients with severely impaired renal function, controlled intravenous infusion is advisable (for adults, it has been reported that an infusion rate not exceeding 4 mg Lasix [furosemide] per minute has been used).

Increases in blood glucose, and alterations in glucose tolerance tests with abnormalities of the fasting and two-hour postprandial sugar have been observed, and rare cases of precipitation of diabetes mellitus have been reported.

Lasix (furosemide) may lower serum calcium levels, and rare cases of tetany have been reported.

Patients receiving high doses of salicylates, in conjunction with Lasix (furosemide) may experience salicylate toxicity at lower doses because of competitive renal excretory sites.

Diuretics such as furosemide may enhance the nephrotoxicity of cephaloridine. Therefore, Lasix (furosemide) and cephaloridine should not be administered simultaneously.

Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effect of tubocurarine. Great caution should be exercised in administering curare or its derivatives to patients undergoing therapy with Lasix (furosemide), and advisable to discontinue Lasix (furosemide) for one week prior t elective surgery.

Adverse Reactions—Various forms of dermatitis, including urt and rare forms of exfoliative dermatitis, erythema multiforme, pru paresthesia, blurring of vision, postural hypotension, nausea, vomitir diarrhea.

Anemia, leukopenia, aplastic anemia, and thrombocytopenia purpura). Rare cases of agranulocytosis which responded to treatmen

In addition, the following rare adverse reactions have been rep however, relationship to the drug has not been established with cert sweet taste, oral and gastric burning, paradoxical swelling, head jaundice, thrombophlebitis and emboli and acute pancreatitis.

Lasix (furosemide)-induced diuresis may be accompanied by ness, fatigue, lightheadedness or dizziness, muscle cramps, thirs creased perspiration, urinary bladder spasm, and symptoms of ur frequency.

Dosage and Administration

ADULTS

The usual adult dose of Lasix (furosemide) is 20 to 80 mg given single dose.

If the diuretic response with a single dose of 20 to 80 mg is not factory, the following schedule should be used: Increase this dose crements of 20 or 40 mg not sooner than 6 to 8 hours after the pre dose until the desired diuretic effect has been obtained. This indivi determined single dose should then be given once or twice daily. The of Lasix (furosemide) may be carefully titrated up to 600 mg per d those patients with severe clinical edematous states.

With doses exceeding 80 mg/day and given for prolonged pe careful clinical and laboratory observations are particularly advisable.

Hypertension—The usual dose of Lasix (furosemide) is 40 mg daily both for initiation of therapy and for maintenance. Careful obs tions for changes in blood pressure must be made when this compou used with other antihypertensive drugs, especially during initial the The dosage of other agents must be reduced by at least 50 perce soon as Lasix (furosemide) is added to the regimen to prevent exce drop in blood pressure. As the blood pressure falls under the potenti effect of Lasix (furosemide), a further reduction in dosage, or even di tinuation, of other antihypertensive drugs may be necessary. It is fu recommended, if 40 mg twice daily does not lead to a clinically sat tory response, to add other hypotensive agents, e.g., reserpine, rather to increase the dose of Lasix (furosemide).

INFANTS AND CHILDREN

Pediatric Administration: The usual initial dose of oral Lasix in in and children is 2 mg/kg body weight, given as a single dose. If the di response is not satisfactory after the initial dose, dosage may be incr by 1 or 2 mg/kg not sooner than 6 to 8 hours after the previous Doses greater than 6 mg/kg body weight are not recommended.

For maintenance therapy in infants and children, the dose shou adjusted to the minimum effective level.

How Supplied—Lasix Tablets 40 mg (furosemide) supplied as round, monogrammed, scored tablets.

Lasix Tablets 20 mg (furosemide) supplied as white, oval, grammed tablets.

Note: Dispense in dark containers. Exposure to light may cause discoloration which, however, does not alter potency.

Additional Information

Toxicology

The acute toxicity of Lasix (furosemide) has been determined in rats, and dogs. In all three animal species, the oral LD_{50} of Lasix semide) exceeded 1000 mg/kg of body weight, while the intravenous ranged from 300 to 680 mg/kg. Intragastric injection of the drug in born rats resulted in an LD_{50} of 380 mg/kg.

The acute toxicity of high doses of Lasix (furosemide) was char ized by convulsions, paralysis, and collapse. Surviving animals ofte came dehydrated and depleted of electrolytes due to the diuresis inc by Lasix (furosemide). In the newborn rats, intragastric injection drug caused hyperactivity and anorexia.

Chronic toxicity studies with Lasix (furosemide) were done ir and dogs. In a one-year study in rats, renal tubular degeneration occ with all doses higher than 50 mg/kg (4 times the maximal recomme human dose of 600 mg per day). A six-month study in dogs reveale cification and scarring of the renal parenchyma at all doses abo mg/kg (83 percent of the maximal recommended human dose of 6 per day).

Reproductive Studies

The effects of Lasix (furosemide) on embryonic and fetal de ment and on pregnant dams were studied in mice, rats, and rabbits.

Lasix (furosemide) caused unexplained maternal deaths and tions in the rabbit when 50 mg/kg (4 times the maximal recomme human dose of 600 mg per day) was administered between days 12 of gestation. In a previous study the lowest dose of only 25 mg/kg (2 the maximal recommended human dose of 600 mg per day) cause ternal deaths and abortions. In a third study, none of the pregnant r survived a dose of 100 mg/kg. Data from the above studies indicat lethality which can precede maternal deaths.

The results of the mouse study and one of the three rabbit s also showed an increased incidence of hydronephrosis (distention renal pelvis and, in some cases, of the ureters) in fetuses derived treated dams as compared to the incidence in fetuses from the c group.

HOECHST-ROUSSEL
PHARMACEUTICALS INCORPORATED
SOMERVILLE, NEW JERSEY 08876

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in MISSOURI MEDICINE. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

d Bixby Institute for Postgraduate Education

Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132

ug. 3	Critical Care
ct. 5	Medical and Surgical Coronary Artery Disease—Third Annual Seminar
ec. 7	Infectious Diseases

reene County Medical Society

223 Professional Bldg., Springfield 65806
(417) 869-2531
Contact: James E. Thompson, Jr., Executive Director

ct. 21	Paul Carrick Arthritic Symposium

ashington University School of Medicine

Continuing Medical Education
Box 8063
660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
Contact: Loretta Giacoletto

ne 9	Perinatal Medicine

niversity of Missouri-Columbia

M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

ov. 4-5	19th Annual M.D. Day

he Edward Mallinckrodt Institute of Radiology

510 S. Kingshighway, St. Louis 63110
(314) 454-2291
Contact: Ronald G. Evens, M.D.

pt. 12	Sixth Annual Wendell G. Scott Memorial Lecture—Dr. Frank J. Rauscher, Lecturer

Do you have patients with Paget's Disease of Bone?

You can get updated information on the disease and on effective treatment for its symptoms of bone pain, skeletal deformities, and neurologic deficits.

Just send the coupon below.

Armour Pharmaceutical Company
Greyhound Tower
111 West Clarendon Avenue
Phoenix, Arizona 85077

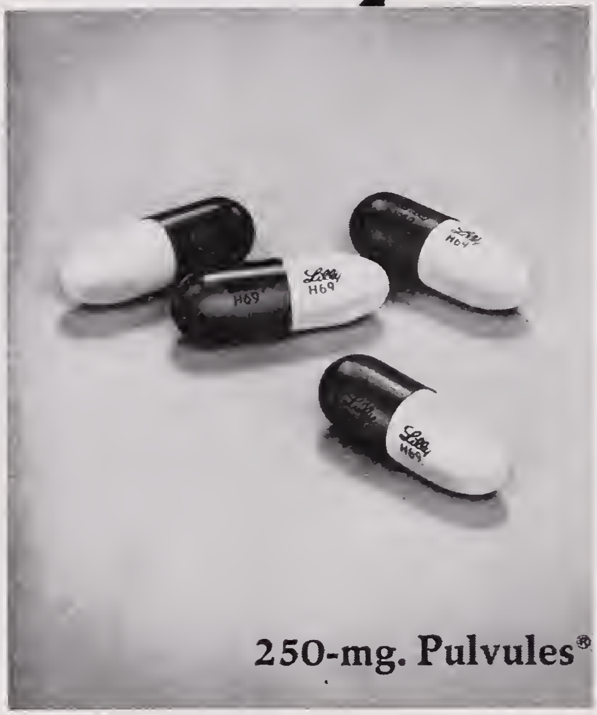
☐ Send latest information on Paget's Disease of Bone.
☐ Have your representative call on me.

Dr. ____________

Address ____________

City ______ State ______ Zip ______

easy to take



250-mg. Pulvules®

Oral Suspension
250 mg./5 ml.
100 and 200-ml.
sizes

125 mg./5 ml.
60, 100, and
200-ml. sizes

Pediatric Drops
100 mg./ml.
10-ml. size

Keflex®
cephalexin

Lilly
500738

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 74, Number 6—June, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

FREDERICK E. FRIED, M.D., JOSEPH LAMBERTI, M.D.
and **PAMELA SNEED,** *Columbia*

Treatment of Tension and Migraine Headaches With Biofeedback Techniques

HE HISTORY OF MEDICINE dating from early Greek nd Roman manuscripts testifies to the fact that eadache has been and is today a primary comlaint of many patients. The modern physician as a substantial armamentarium of drugs capable f providing relief for headache sufferers. Neverheless, there continues to be a definite need for urther therapeutic advances to treat patients with ongstanding, repetitive and severely disabling head ain recalcitrant to current psychopharmacological herapies.

Biofeedback is the autoregulation of physiologic isceral processes through behavioral conditioning nd electronic monitoring of internal states.[1, 2] This echnique offers new and challenging therapeutic erspectives by means of voluntary control over nconscious (autonomic) functions.[3, 4] Indeed, a ide variety of visceral responses are directly modiable by contingent reinforcement.[5-7] However, here is a need for further study of the relationship nd therapeutic value of programs based on clascal and instrumental paradigms. Comparison of iofeedback with alternative therapies and the aboration of laws governing this new type of arning situation are confounded by powerful acebo effects, spontaneous fluctuations and indidual response pattern.

Biofeedback training may not be a psychosomatic anacea. However, much has been written in recent years on the therapeutic value of biofeedback ediated electromyographic (EMG) relaxation training in alleviating musculo-skeletal tension headaches. A second biofeedback method of therapeutic import involves simultaneous management of somatic and mental functions by a technique introduced by Sargent *et al*[4] called autogenic bioelectric feedback. Using a biofeedback monitor in conjunction with procedures developed by Schultz and Luthe,[8] a patient can learn to control and reinforce autonomic nervous system functions previously assumed to be beyond the realm of conscious control.

Particular attention is directed here to the application of biofeedback training to the management of tension and migraine headaches. This paper reports results of treating patients suffering from three common types of stress-related headaches: the musculo-skeletal or tension headache, the typical migrane or vascular headache and the mixed vascular tension headache.

Using principles of contingent reinforcement, patients learn by operant conditioning to respond to myoelectric signals and, thus, to modify muscular activities in such a fashion as to reduce musculo-skeletal tension. The EMG unit employed utilizes the latest operational amplifier technology to provide accurate description of extremely low levels of EMG activity which occur during deep muscle relaxation. Audible feedback is provided to the patient in the form of a pulsating tone whose repetition rate decreases with a decrease in muscular activity.

Clinical applications of bioelectric information feedback systems are described by the authors who cite a definite need for further therapeutic methods to treat patients with repetitive and disabling head pain. Dr. Lamberti and Ms. Sneed are from the Department of Psychiatry, University of Missouri School of Medicine. Formerly from that Department, Dr. Fried is now in the private practice of psychiatry in Medford, Ore.

Although the origin of migraine attacks remains unknown, accumulated evidence supports the view that migrainous symptoms are, at least in part, related to disturbance in cerebral vascular circulation. It is postulated that focal symptoms of migraine are produced by vasoconstriction of the intracranial circulation while migrainous headache results from vasoconstriction and subsequent vasodilation of extracranial blood vessels.[9-18] Using a biofeedback monitor called a temperature trainer, patients learn to control or reinforce changes in peripheral blood flow. Temperature trainers are electronic instruments designed to detect minute changes in skin temperature that result from changes in vascular flow. They give the patient information feedback when there is an increase in his blood flow to the hands. This feedback is in two forms: a digital display of the absolute temperature at the site being monitored and an audible tone which decreases in frequency as the temperature rises. Based on the studies of Sargent *et al*,[4] temperature regulation of the hands seems a useful adjunct in the treatment of migrainous headaches.

METHODS AND MATERIALS

In this paper, we report on six female patients referred to the University of Missouri Medical Center (UMMC) Department of Psychiatry Biofeedback Training Center for treatment of long-standing disabling headaches that did not respond to medical or psychiatric treatment or both. All six patients had undergone intensive differential studies which included careful, systematic medical history and thorough physical and neurological examinations, including selected laboratory tests and psychological evaluation when appropriate.

Biofeedback treatment was offered as an adjunct to the primary physicians' prescribed treatment and not as an alternate or substitute form of therapy. At UMMC, a combination of biofeedback mediated electromyographical relaxation[19] and autogenic feedback[20] training are employed to assist patients suffering from tension and migraine headache One patient was diagnosed by the referring physician as suffering from tension headache, thre from vascular headaches and two from mixed vascular tension headaches. Each patient was inte viewed by a psychiatrist who obtained additiona biographical and clinical data and classified the patient's headache type.[21] Each patient was give data collection sheets to keep in her possession i order to monitor the frequency and duration o headaches for two weeks prior to the commencement of treatment. Patients were instructed to continue monitoring the frequency and duration o headaches over the treatment period, which extended according to each patient's needs from on month to one year.

During the initial sessions, the psychiatrist explained the philosophy and rationale of biofeedback training to the patients who were encourage to take an active role in the process of promotin their own health. A resting EMG level was established for each patient, and each was given a relaxation tape containing autogenic phrases to practice relaxation while listening at home two time daily. At the end of two weeks, another EMG leve was obtained for comparison to the previous baseline. The patients then were provided with temperature trainers and audio tapes to facilitate dail practice at home and were encouraged to use th biofeedback training center facilities on at least weekly basis. Individual responses to biofeedbac adjunctive therapy are listed in Table 1. Very littl or questionable benefit is defined as 1+ relief; bette than 50% improvement is defined as 2+ relief; an greater than 75% improvement is defined as 3+ relief. Clinical judgment of each patient's success o failure was compared with subjective judgment made by the patients and plotted along regressio lines of three scales: (1) severity of headaches, (2 drug potency and (3) number of drugs used t control the headache pain. Each clinician's globa assessment of failure or success was reviewed by a independent rater.

Results are reported in Table 1.

DISCUSSION

An examination of some of the common problem encountered in the management of headache patients discloses that we are not able to predict ho well a given patient will respond to biofeedbac treatment prior to a trial of therapy. Patient # was a quiet, reserved housewife who did not appear especially motivated. Before treatment, sh complained of daily nagging headaches. Althoug she was not expected to respond well to biofeed

TABLE 1

TREATMENT RESULTS

			Improvement‡	
Patient	*Headache Type*	*Age*	HEADACHE INTERFERENCE*	ANALGESIC POTENCY†
#1	Tension, migraine	41	3+	3+
#2	Tension, migraine	47	1+	2+
#3	Tension	31	3+	3+
#4	Migraine	34	1+	1+
#5	Migraine	46	1+	3+
#6	Migraine	31	3+	2+

* Headache interference is measured daily. The rating is tabulated on a scale where 0 represents no interference with daily activities, 1—Interference with activities, 2—Requires bed rest, 3—Treatment at doctor's office or emergency room, 4—Needs to be hospitalized.

† Analgesic Potency is a score representing the total number of individual units of medication multiplied by the rating of analgesic strength assigned to each drug.

‡ Results are tabulated on a scale where 1 represents little or questionable improvement, 2—50-75% improvement, and 3—greater than 75% improvement.

$$\frac{\text{Pre-treatment Score—Post-treatment Score}}{\text{Pre-treatment Score}} \times 100 = \%\ \text{Improvement}$$

back, she turned out to be one of our greater successes.

Patient #4 was extremely competitive. The excessive demands she made upon herself to do better than anyone else seemed to interfere with any progress. After ten weeks, she terminated treatment.

Literature relating to the psychotherapy of individuals suffering from chronic, debilitating, long-term headaches is often nihilistic and reflects attitudes which anticipate failure. Patients are often felt to be lacking the motivation necessary to profit from psychological intervention. Home practice appears to be important to success in biofeedback treatment. Therefore, patients' willingness to devote time and effort to regular home practice sessions may influence outcome. However, attempts to measure motivation for change as a predictor of success or failure in biofeedback-mediated treatment is not warranted and diverts our interest from the more trenchant questions concerning an individual's psychophysiological capacity to change.

Patients suffering from tension and migraine headaches can be helped with biofeedback techniques judiciously administered as an adjunct to ongoing medical therapy. Although biofeedback training may result in fewer headaches and less severe ones, it is not a positive cure for migraine headaches nor does it preclude the need for aggressive clinical investigation and treatment of the patient presenting with chronic headache.

REFERENCES

1. Green, E. E., Green, A. M. and Walters, E. D.: Voluntary Control of Internal States: Psychological and Physiological, in Biofeedback and Self-Control. Edited by Barber, T. X. *et al.* Chicago, Aldine-Atherton, Inc., 1971.

2. Budzynski, T., Stoyva, J. and Adler, C.: Feedback-Induced Muscle Relaxation: Application to Tension Headache, in Biofeedback and Self-Control. Edited by Barber, T. X. *et al.* Chicago, Aldine-Atherton, Inc., 1971.

3. Sargent, J. D., Green, E. E. and Walters, E. D.: Preliminary Report on the Use of Autogenic Feedback Training in a Pilot Study of Migraine and Tension Headaches. Headache 12:120-124, 1972.

4. Sargent, J. D., Green, E. E. and Walters, E. D.: Preliminary Report on the Use of Autogenic Feedback Training in the Treatment of Migraine and Tension Headaches. Psychosom. Medicine 35:129-135, 1973.

5. Schwartz, G. E., Shapiro, D. and Tursky, B.: Learned Control of Cardiovascular Integration in Man Through Operant Conditioning. Psychosom. Medicine 33:57-62, 1971.

6. Engel, B. T. and Melmon, K. L.: Operant Conditioning of Heart Rate in Patients With Cardiac Arrhythmias. Cond. Reflex. 3:130, 1968.

7. Kamiya, J.: Operant Control of the EEG Alpha Rhythm and Some of Its Reported Effects on Consciousness, in Altered States of Consciousness: A Book of Readings: Edited by Tart, C. T., New York, Wiley, 1969.

8. Schultz, J. H. and Luthe, W.: Autogenic Therapy (Vol. 1). New York, Grune and Stratton, Inc., 1959.

9. Lance, J. W., Anthony, M. and Hinterberger, H.: The control of Cranial Arteries by Humoral Mechanisms and Its Relations to the Migraine Syndrome. Headache 7:93, 1967.

10. Ostfeld, A. M., Reis, D. J. and Wolff, H. G.: Studies on Headache: Bulbar Conjunctival Ischemia and Muscle Contraction Headache. Arch. Neurol. and Psy. 77:113, 1957.

11. Tunis, M. M. and Wolff, H. C.: Studies on Headache: Cranial Artery Vasoconstriction and Muscle Contraction Headache. Arch. Neurol. and Psy. 71:425, 1954.

12. Kety, S. S.: Quantitative Measurement of Regional Circulation by the Clearance of Na^{24}. Am. J. Science 214:352, 1948.

13. Semple, R., McDonald, L. and Ekins, R. P.: Radioactive Sodium (Na^{24}) in the Measurement of Local Blood Flow. Am. Heart J. 41:803, 1951.

14. Graham, J. R. and Wolff, H. G.: The Mechanism of the Migraine Headache and the Action of Ergotamine Tartrate. Arch. Neurol. Psy. 39:737, 1938.

15. O'Brien, M. D.: The Relationship Between Aura Symptoms and Cerebral Blood Fow Changes in the Prodrome of Migraine, in Proceedings of the International Headache Symposium, May 16-18, 1971. Edited by Dalessio, D. J., Dalsgaard-Nielsen, T. and Diamond, D. Elsinore, Denmark, Basle, Switzerland, Sandoz, Ltd., 1971.

16. Ray, B. S. and Wolff, H. G.: Experimental Studies on Headache: Pain Sensitive Structures of the Head and Their Significance in Migraine Type. Arch. Neurol. Psy. 41:813, 1940.

17. Elkind, A. H., Friedman, A. P. and Grossman, J.: Skin Blood Flow Studies in Vascular Headache of the Migraine Type. Trans. Amer. Neurol. Assoc. 87:154, 1962.

18. Wolff, H. G.: The Cerebral Blood Vessels—Anatomical Principles. Proc. Assn. Res. Nerv. & Ment. Dis. 18:29, 1937.

19. Budzynski, T. H. and Stoyva, J. M.: An Instrument for Producing Deep Muscle Relaxation by Means of Analog Information Feedback. J. Appl. Behav. Anal. 2:231-237, 1969.

20. Luthe, W.: Autogenic Training: Method, Research, and Application in Medicine, in Biofeedback and Self-Control. Edited by Barber, T. X. *et al.* Chicago, Aldine-Atherton, Inc., 1971.

21. Ad Hoc Committee on Classification of Headache: Classification of Headaches. J.A.M.A. 179:717-718, 1962.

Reprints: *Frederick G. Fried, M.D.*
2951 Doctors' Park Dr.
Medford, Ore. 97501

CLIFFORD W. RICHTER, Ph.D. *and*
NESTOR R. CANOY, M.D., *Columbia*

Use of Computers in Radiation Oncology

The Ellis Fischel State Cancer Hospital purchased a graphic interactive digital computer in the fall of 1972. The basic "programmed console" (PC) was developed and applied to radiation oncology by the Biomedical Computer Laboratory at Washington University School of Medicine in St. Louis in the late 1960s.

Since this first introduction, the PC concept has been tried with many large and small computing systems. Actually, the PC is designed so that information may be given or received rapidly and easily. Even a person with little knowledge about computers may learn to use it. The operator's training period is short.

Several companies now make these highly interactive graphic computing systems. Costs range from $25,000 to $80,000, depending upon operations and versatility.

These computers provide the radiation oncologist with a convenient alternative to the time-consuming manual dosimetry without the cost and complexity of a large multi-user facility. Naturally, professional supervision in the deviation of treatment plans must be provided.

A. *Implant Dosimetry*

Originally, large computers were used in radiation therapy for in-house calculations required for brachytherapy. These calculations were extremely difficult by hand. The time period from giving the plan to the physicist and his returning numbers or isodose patterns to the therapist was generally 24 hours.

This system provided more information regarding dose at critical sites, but it did not give the radiation therapist the information needed to alter his application, if necessary. With the mini-computer system, x-rays of tandems and ovoids (unloaded) are taken after packing in surgery to check for proper placement and to give the radiation therapist and physicist a chance to compute and decide upon a proper loading. This process takes 30 to 45 minutes, depending on the number of plans.

Radiation oncologists are successfully using small computers to increase the individualized care of the patient. Dr. Richter is Chief, Department of Medical Physics and Dr. Canoy is Chief, Department of Radiation Oncology at Ellis Fischel State Cancer Hospital. This investigation was supported in part by Biomedical Research Support Grant RR-05618 from the National Institutes of Health.

By using these so-called afterloading devices, the sources that will give the best radiation distribution are then loaded. This extra hour gives the patient an individually tailored intracavitary application. Also, with applications that are of short duration, the isodose patterns are at hand before the applicators are removed. Naturally, the computer will calculate interstitial implants of needles and seeds.

We consider this to be a highly advantageous system that allows more versatility in radiation treatment of cervical cancer and other lesions treated with intracavitary, interstitial or mould therapy.

B. *Irregular Fields*

The calculation of dose distributions in the large, irregularly shaped field, such as those encountered in the treatment of Hodgkin's disease, presents a unique problem. The problem of accurate dose calculation is complex. The methodology involves either clinical approximations that are based on phantom measurements (small, medium or large patients) or complex hand calculations based on the work of Clarkson[1] and Johns and Cunningham.[2]

The basic problem is that these fields often cover in excess of 40 cm x 40 cm on the surface of the patient with varied blocked areas (such as the lung). The areas of interest (supraclavicular, mid-mediastinum, both axillae and neck for the upper mantle technique) are at different distances and depths from the radiation source. The problem is that the scatter contribution is difficult to assess at points in the field. Calculations on individual patients can take two to three hours and must be done to assure proper dosage to these critical areas.

At the various places on the body, the mini-computer system allows a thickness measurement which is entered into the computer on a tracing taken from the mantle field. Calculation depths are then specified for each calculation point. The calculation time is 10 seconds. The dose and dose rate at each critical area are displayed by the computer. The total time requirement for measuring the body's contour to having the patient ready to start treatment is usually ten to 15 minutes.

Due to the speed and ease of calculation, more points are checked in the field than with the hand calculations. The output is printed out and becomes a part of the patient's record.

C. *External Beam Treatment Planning*

This is probably the most used function of the graphic interactive computer system. Basically, a contour is taken of the patient's body in the treatment position and the areas of interest are scaled in from x-rays or ultrasound. This information is entered into the computer with a tracing device. The computer has various beams stored in it or it can calculate needed beam-from-beam generation programs.

Once the contour is entered and a beam or beams are decided upon, various trial-and-error movements show the radiation interaction (isodose) pattern at a glance. This allows precise control of the isodose patterns in the body.

The hand calculation involved in wedged pairs was so time consuming that only one plan was used, and its workability depended on the physicist's experience. With the computer, numerous plans can be presented on the screen, allowing the radiation oncologist to choose the best plan of treatment.

The computer will allow for and correct heterogeneity changes in the contour. This is useful near the lung.

D. *Computer Aided Dosimetry (CAD)*

This system employs specific dosimetry equipment that is made by the basic computer company or made compatible for the computer. It receives and processes raw data and stores the results.

The systems employed are an isodensitometer and a water phantom. The isodensitometer is used to study dosimetry films. These films can be used to characterize radiation fields. By exposing a film perpendicular to the beam, flatness or uniformity of the radiation field becomes evident. Films exposed in phantom parallel to the beam can be used to determine depth dose.

The computer-driven water phantom is used to determine the depth dose of the radiation beam. Scan and reference probes send the computer data on beam parameters and location. These beam profiles are then processed and stored by the computer. Such functions are used to rapidly and completely characterize radiation beams on linear accelerators.

Information on radiation beams from both the isodensitometer and water phantom may be stored in the computer for use in actual patient treatment as described in the section on external beam treatment planning.

E. *Utility Subsystems*

This data management system allows for the formation of a tumor registry for the radiation therapy department of the hospital. It is a quick and positive way to keep track of types and numbers of treatments in radiation therapy.

A short coded form is filled out in the treatment planning conference, and these data are entered into the computer. Less than one hour per week should be spent in entering coded forms for a department with 600 new patients per year. The information can be added daily or weekly as time permits.

We consider this tumor registry function to be a simple system allowing us to receive patients' names, hospital numbers and information about the patients' diseases quickly and to obtain a group of patients' charts for more detailed study. This simple system should in no way be confused with a hospital-based or statewide tumor registry. The minicomputer system would have to be used full time for such an operation, but it is adaptable to such use.

Another available data system is called resource management and scheduling. This system permits patient scheduling. The scheduling includes use of equipment and examination rooms and confirmation of date and personnel. This system also informs all personnel of their schedules, updating and changing when needed.

Programs to calculate Nominal Standard Dose (NSD) are also available. Fortran programming also can be done for research projects.

Those who utilize certain brands of computers made for and used in radiation oncology have formed user groups who write, interchange and update programs in addition to the programs that are developed and sold by the computer manufacturers.

Use of the programmed console computer system in radiation oncology has increased both the amount and accuracy of work that can be done and individualized care that the patient receives.

(Continued on page 260)

DARRELL E. ZELLER, M.D. *and*
ROBERT L. NEWMAN, M.D., *Kansas City*

Carcinoma of the Vulva

Case Report

Cancer of the vulva constitutes approximately 3% to 4% of all primary malignancies of the genital tract. This disease is recognizable and amenable to treatment, so a careful inspection of the vulva should be done by every physician performing a pelvic examination. Squamous cell carcinoma is the most frequent and important malignancy of the vulva.

Thirty-one cases of vulvar cancer have been entered in the St. Luke's Hospital Tumor Registry from 1967 to 1975. The average time that elapsed from initial symptoms to treatment was about four and one-third years in the 17 instances in which those data were recorded. That delay in diagnosis was in accord with data from other institutions.[1, 2]

In an excellent article published in 1972, Franklin reviewed the requirements for the successful clinical staging of carcinoma of the vulva.[3] The International Federation of Obstetricians and Gynecologists (FIGO) staging was applied retrospectively to a series of 164 patients with invasive epidermoid carcinoma of the vulva. Dr. Franklin concluded that the FIGO staging adequately defined the patient population with respect to prognosis and reflected problems in successful treatment of the advanced lesion, most notably the lesion extending beyond the vulva, and the patient with clinically suspicious or positive inguinal lymph nodes.

Retrospectively, clinical staging was performed in 12 out of 31 cases in the St. Luke's Tumor Registry. The 19 unstaged cases had no mention in the chart of lesion size or groin examination.

Table 1 demonstrates the primary treatment given to those 12 patients.

A report of a case of carcinoma of the vulva is presented with a review of the literature and a study of the vulvar malignancies in the Tumor Registry at St. Luke's Hospital of Kansas City. Drs. Zeller and Newman are from the Department of Obstetrics and Gynecology at the Hospital. This work was supported by the St. Luke's Hospital Foundation for Medical Education and Research.

Of the five patients with Stage I disease, only two had bilateral groin dissections. Nodes were negative. The patient, who underwent a simple vulvectomy in 1962 followed by an anterior and posterior resection in 1972 had positive nodes in 1972.

One patient with Stage II disease had bilateral groin dissection. No positive nodes were found.

Three of the five patients with Stage III disease had positive nodes.

A great deal has been written about the staging of vulvar carcinoma. For example, the FIGO scheme gives no consideration to in situ cancer. Others have criticized that scheme for utilizing an arbitrary 2 cm-size lesion and palpable or suspicious groin nodes.[4] Franklin, as mentioned above, believes there is a good clinical basis for following the FIGO scheme at present.[3]

Table 2 demonstrates the specific treatment given to the 31 patients in the Tumor Registry.

Dr. Krain reviewed carcinoma of the vulva in California from 1942 to 1969. He stated that the increased percentage of in situ lesions was due to a marked increase in detection. Carcinoma in situ lesions are currently listed as 23% of all lesions from a previous 7%.[5]

When first treated, the average age of the patients in the St. Luke's Hospital Tumor Registry was 65 years. Six patients were below age 46. Those six patients had carcinoma in situ. Four of the six are alive and disease free and the other two were

TABLE 1

PRIMARY TREATMENT OF SQUAMOUS CARCINOMA OF THE VULVA, 12 PATIENTS

	Stage I	*Stage II*	*Stage III*	*Stage IV*
Partial vulvectomy	1	0	0	0
Simple vulvectomy	2*	1	0	0
Modified radical vulvectomy with left inguinal node resection	0	0	1	0
Radical vulvectomy with bilateral groin dissection	2	1	4†	0

* One patient had a simple vulvectomy in 1962, then an A & P resection in 1971.

† One patient had a radical vulvectomy with bilateral groin dissection in 1974 followed in 6 months by an A & P resection.

TABLE 2

VULVAR CANCER (31 CASES)

Radical vulvectomy with node dissection	15
Partial vulvectomy	4
Simple vulvectomy	6
Local excision	5
Anterior and posterior resection	3
Radium needles	1

Two anterior and posterior resections and one partial vulvectomy were performed for recurrence following less radical surgery.

The overall survival following treatment was 28 months. Seven patients were lost to follow-up. Seven patients died and three of those had disease present.

TABLE 3

VULVAR CANCER (31 CASES)

Squamous cell carcinoma, invasive	8
Well differentiated squamous cell carcinoma, invasive	7
Carcinoma in situ	9
Moderately differentiated squamous cell carcinoma, invasive	1
Epidermoid carcinoma, superficial	2
Adenocarcinoma of vaginal vault with extension to labia	1
Vulvar melanoma	1
Well differentiated mucin producing papillary adenocarcinoma of B.G.*	1
Adenocarcinoma of B.G.*	1

* Bartholin's gland.

lost to follow-up.

Eight of the 31 patients in the Registry had recurrence of their disease following initial treatment. Three of those eight patients had an initial treatment consisting of radical vulvectomy with bilateral inguinal node dissection. The remaining five patients had either repeated local excisions or what was termed a partial vulvectomy.

Case Report

A 69-year-old gravida 4, para 2, abortion 2, white woman was first seen at a local hospital on June 1, 1975. One month earlier, she had noticed an area to the right of the urethral orifice which developed some stinging on urination. The lesion became progressively pruritic. A biopsy demonstrated "early squamous cell carcinoma." She was transferred to St. Luke's Hospital for definitive therapy.

The pertinent past medical history was as follows: The patient had had a supracervical abdominal hysterectomy 40 years prior to the present illness for uncontrolled vaginal bleeding. Diabetes mellitus was detected 20 years prior to the present admission and was presently under poor control with diet and oral hypoglycemics. Nine years previously, she had a cholecystectomy and two myocardial infarctions. Five years previously, she had an abnormal Papanicolaou smear and was subsequently diagnosed as having carcinoma in situ of the cervical stump which was treated with external cobalt radiation. Three years prior to admission, the diagnosis of intermittent claudication was made and a saphenous vein graft from the femoral artery to the popliteal artery was performed.

Pelvic examination revealed a 2 cm x 1 cm lesion on the right upper labia majoris adjacent to the clitoris. No other vulvar lesions were noted (Fig. 1). Scarring in the upper vagina precluded visualization of the cervix.

No inguinal nodes were palpated, and note was made of the scar from the femoral triangle to the medial aspect of the knee on the lower extremity.

The patient was evaluated by the medical service and insulin therapy was started. Heparin therapy was started preoperatively.

X-rays of the upper gastrointestinal tract, barium enema, intravenous pyelogram and chest x-ray studies were normal. A 24-hour lymphangiogram demonstrated no abnormalities in the aortic chain. There was a questionable filling defect in the nodes in the upper left

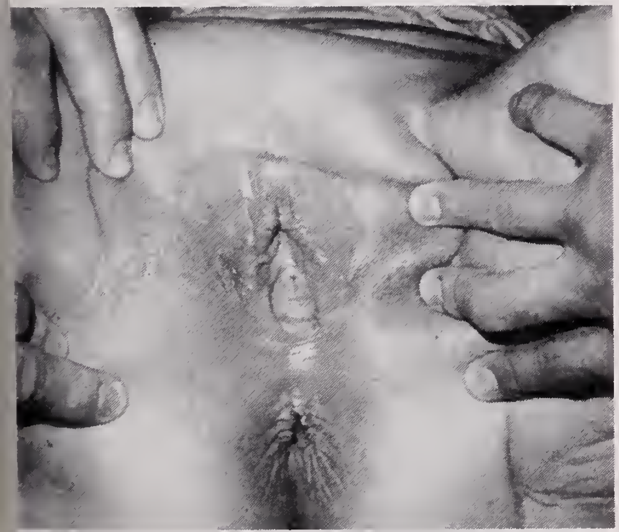


Fig. 1 Gross vulvar lesion to the right of the clitoris.

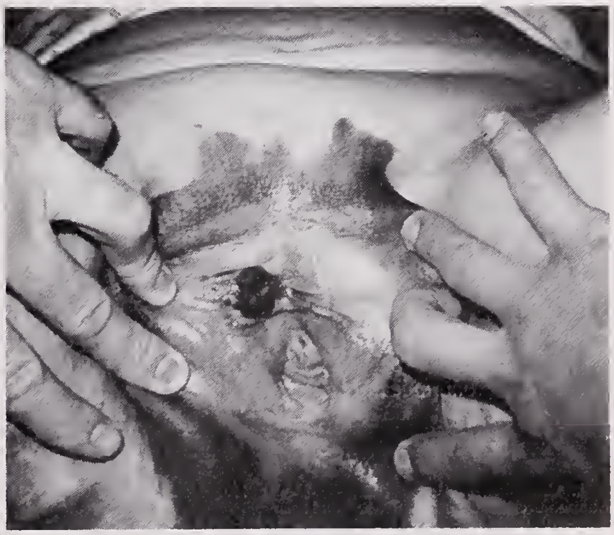


Fig. 2 The vulva after staining.

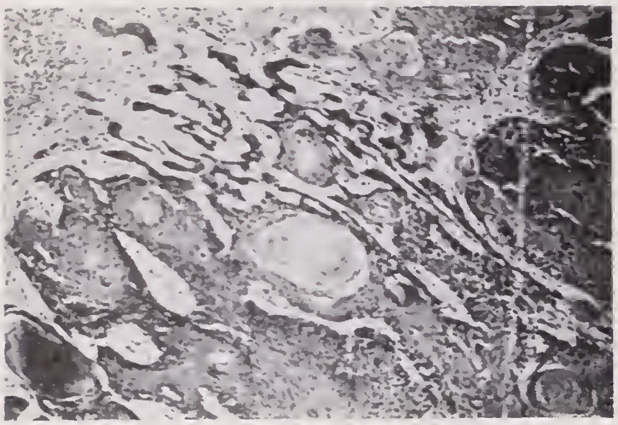


Fig. 3 Squamous cell carcinoma of the vulva.

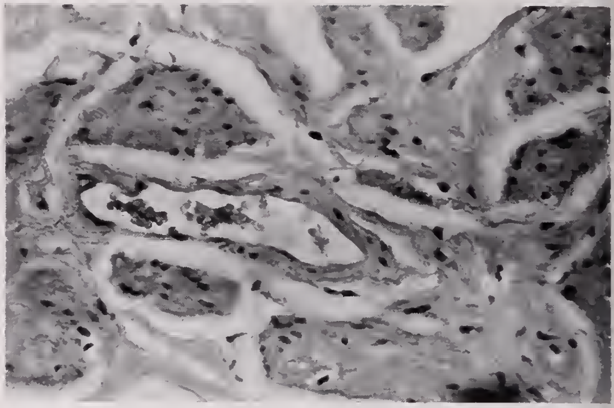


Fig. 4 Vascular Hemangioma.

inguinal area. A bone scan was normal.

On June 19, the patient underwent a radical vulvectomy without groin dissection. Photographs were taken after appropriate staining (Fig. 2). Immediate postoperative films also were taken.

The vulvectomy specimen demonstrated papillary squamous cell carcinoma of the vulva with superficial submucosal invasion (Fig. 3). A vascular haemangioma involved the submucosal tissue beneath the tumor (Fig. 4). Postoperatively, the wound disrupted. Proteus mirabilis and E. Coli were cultured and treated with ampicillin. The patient was transferred to another facility on her 25th postoperative day.

She was readmitted to St. Luke's Hospital on October 18 with pain in her right hip on movement of her right leg. The operative site was healed except for two 3 mm draining areas at the upper edges of the incision. The drainage was a clear serosanguineous fluid. The urine was cultured for E. Coli, which was treated with cephalothin sodium (Keflin). The draining areas were cauterized with silver nitrate, after which a purulent drainage was produced. Culture of this material produced enterococcus sensitive to ampicillin and bacteroides sensitive to cleocin.

A repeat intravenous pyelogram showed slight extrinsic obstruction of the right lower ureter. Notice was made of degenerative changes in the symphysis pubis since the prior film in June. A consultation by the orthopedic service was obtained. A diagnosis of osteomyelitis was made. She is presently receiving antibiotics and hyperbaric oxygen. Hyperbaric oxygen treatment is frequently used in situations involving an anaerobic organism, such as bacteriodes. The second consideration in using hyperbaric oxygen treatment is the location of the infection site. Deep tissue infections, such as a pelvic abscess, would not be expected to respond to this treatment. In this case, however, it was felt that the infection was relatively superficial.

This patient demonstrated the rather extreme complications which can occur in the treatment of this type of malignancy in this age group.

References

1. Daly, J. W. and Bord, D. S.: Carcinoma of the Vulva. J. Fla. Med. Assoc. 59:38, 1972.
2. Rutledge, F. N. *et al:* Carcinoma of the Vulva. Am. J. Obstet. Gynecol. 106:1117, 1970.
3. Franklin, E. W.: Clinical Staging of Carcinoma of the Vulva. J. Obstet. Gynecol. 40:277, 1972.
4. Krupp, P. J., *et al:* Prognostic Parameters and Clinical Staging Criteria in Epidermoid Carcinoma of the Vulva. J. Obstet. Gynecol. 46:84, 1975.
5. Krain, L. S.: Carcinoma of the Vulva in California 1942-1969. Oncology 28:110, 1973.

Reprints: *Robert L. Newman, M.D.*
St. Luke's Hospital
Wornall at 44th St.
Kansas City, Mo. 64111

Computers in Radiation Oncology

(Continued from page 257)

References

1. Clarkson, J. R.: A Note on Depth Doses in Fields of Irregular Shape. Br. J. Radiol. 14:265, 1941.
2. Johns, H. E. and Cunningham, J. R.: The Interaction of X and Y-Rays With a Scattering Medium. In The Physics of Radiology. Springfield, Ill., Charles C Thomas, 1969, p. 311.

Reprints: *Clifford W. Richter*
Ellis Fischel State Cancer Hospital
Business 60 & Garth Ave.
Columbia, Mo. 65201

THOMAS L. HUFFMAN, M.D. *and*
E. A. WILKINSON, M.D., ***Branson***

Halothane Hepatitis

Case Report

Halothane is alleged to be the cause of jaundice. This case report of jaundice after anesthesia is evidence that halothane hepatitis is a true medical entity. The authors are from the staff of Bates County Memorial Hospital.

Halothane hepatitis is a poorly understood state characterized by various degrees of acute liver failure. Although some doubt its very existence,[1-2] it becomes more commonly reported as widespread use of halogenated hydrocarbons as anesthetic gases increases. The exact incidence is unclear and probably will always remain so since many anicteric and mildly icteric cases are not recognized and many others undoubtedly are confused with post-transfusion hepatitis occurring in those patients having both blood transfusions and general anesthesia.

The hallmarks[2, 3] of the syndrome are as follows:

1. A history of recent exposure to halothane (or similar agent) followed by another exposure. It is thought that the first dose produces sensitization and the second dose produces disease.
2. Eosinophilia, low grade fever and moderate leukocytosis are common.
3. Jaundice first seen on the third to tenth day after second exposure.
4. Arthralgia, fever and rash are common systemic complaints.
5. Varying degrees of hepatocellular damage with liver enzymes characteristic for nonobstructing jaundice, specifically minimal elevation of alkaline phosphatase. This as opposed to the fairly common obstructive jaundice associated with such drugs as chlorpromazine (Thorazine).
6. A high level of mortality, which is thought by some to be 40% of those with severe liver involvement.

Fortunately, our patient has made a complete recovery, but inadverent timing of a laboratory examination made the cause of our patient's disease clear.

Case Report

For this patient, this was a first admission to Bates County Hospital on June 13, 1974 preoperatively for dilation and curettage (D & C) and pelvic examination performed with the patient under anesthesia after routine examination in the office which was prompted by eight months of severe menometrorrhagia. "Pap" smears were class II, but a pelvic examination revealed multiple uterine masses, a questionable ovarian mass and a grossly enlarged uterus. On the morning after her admission, a D & C was performed without complications except that curetting over a submucosal fibroid produced remarkably free bleeding.

The anesthesia for the D & C was accomplished by thiopental sodium (Pentothal), N20 and halothane (Fluothane) with the anesthesia begun at 12:45 PM and ended at 1:23 PM. The postoperative course was benign. The highest recorded temperature was 98.6 F at 8 PM on June 14, the day of the operation. The patient was discharged on a regimen of hormonal therapy one day after operation.

About two weeks later, the patient was seen in the office again with profuse vaginal hemorrhage. She was seen as an outpatient in the hospital with surgical consultation about four weeks after the D & C. The result of the pelvic examination was still quite abnormal, revealing a markedly enlarged uterus. Vaginal bleeding had never stopped, except for a few days immediately after the operation. The patient was obese and was felt to be a very poor candidate for any type of long-term hormonal therapy; medical treatment up to this point had failed. At this time, arrangements were made for her admission to the hospital on July 30 for an elective hysterectomy and bilateral salpingo-oophorectomy to be performed on July 31, which was six weeks and five days after the previous operation.

A Mark 17 (similar to SMA 12/60), which includes bilirubin, alkaline phosphatase, serum glutamic-oxaloacetic transaminase (SGOT), serum glutamic-pyruvic transaminase (SGPT), lactic acid dehydrogenase (LDH) and CPK, was drawn during the first admission and results were entirely normal.

A repeat examination was not ordered prior to the second operation. Through a clerical error, however, it was drawn and run anyway. The results also were entirely within normal limits. A preoperative urine analysis showed 2+ albumin, but a catheterized urine specimen was obtained just before the operation and failed to confirm this finding.

The operation was performed with the findings of grossly multiple uterine fibroids and histologically acute

RES

	Admission for D&C 6/13/74	Admission for Hyst. 7/30/74	*Inpatient* 8-5	8-6	8-7	8-8	8-9	8-10
Hemoglobin	14.9	14.8				13.4		
Total bilirubin *(ULN-1.5)	0.9	1.0	7.4	8.8	11.0	10.6	10.7	10.6
Direct bilirubin			4.0		6.5	6.9	6.7	6.6
Indirect bilirubin					4.5			
Protime								
CPK *(ULN-52)	48	45		35			75	
SGOT *(ULN-45)	30	45		THTR†			THTR†	
SKPT *(ULN-49)	45	44		THTR†			THTR†	
LDH *(ULN-122)	62	100		THTR†			200	
Alkaline phosphatase *(ULN-35)	21	25		27			29	
Urine bile	neg	neg				3+		Moderate
Urobilinogen	0.2+	neg				1		neg
Daily IV dose of Decadron								

* ULN—Upper limits of normal.
† THTR—Too high to read.

cervicitis, endocervicitis and squamous metaplasia of the endocervical mucosa. During the course of the operation, the liver and gallbladder were felt and found to be entirely normal.

The postoperative course was generally benign until the sixth day. On the second postoperative day, the patient's temperature was 100.2 F and 100.6 F on consecutive afternoon and evening readings. This was considered to be consistent with the degree of atelectasis found on the physical examination that day. On August 5, the sixth postoperative day, consideration was given to discharging the patient when she was noted to be jaundiced. She had reestablished good oral intake. Her drains and catheter had been removed and she was ambulatory prior to this finding. Her temperature had been no higher than 99.6 F with peaks occurring in the afternoon and evening. The wound was healing adequately.

Medications had included only Empirin #3, Cleocin, Demerol, Vistaril, aspirin, Dalmane and Dulcolax suppositories. All but Cleocin had been given on an "as needed" basis and, surprisingly, small amounts of these medicines had been necessary. The only laboratory data were the hemoglobin and hematocrit levels and were about 1 gm/3% below preoperative levels. No blood or blood products had been transfused during either hospitalization nor at any time in the past.

The patient developed progressive degrees of jaundice with increasing levels of bilirubin from August 11 through August 19. During this period, her bilirubin values appeared to be level (Table 1). Clinically, she became progressively anorexic and complained of general malaise. No hepatomegaly or hepatic tenderness was ever appreciated. HAA antigens were negative. In desperation, we administered dexamethasone (Decadron) intravenously on August 11. Although the Decadron response was quickly gratifying in terms of the patient's improved spirits, appetite and decreased malaise, laboratory values were little affected. Improvement in laboratory values was gradual and the patient was clinically ready for discharge long before results of laboratory tests were considered acceptable. It was finally elected to discharge her and observe her closely as an outpatient.

After discharge, the patient returned to her home. Her level of function gradually increased. Two weeks after discharge, she had resumed all normal activities despite the continued abnormal chemistries. She was fitted with a medical-warning charm which states "allergic to halothane, Penothane and similar halogenated gases."

DISCUSSION

Although the illness did not totally fit the classical syndrome of halothane hepatitis, its onset and the presence of totally normal liver function the day of surgery suggest its onset is related to the surgical procedure or anesthesia. A lack of other drug insults prior to onset plus the lack of any other reasonable explanation do much to cement the diagnosis. Consideration was given to dislodgment of gallstones during palpation of the gallbladder during surgery, but the liver enzymes were far from characteristic for obstructive jaundice.

The prothrombin time is said to be a most important prognostic sign in this disease. It is reported by some that when the prothrombin time reaches a level of 18/13 to 20/13, the death of the patient usually occurs eventually from the disease. Our woman's prothrombin time reached 16/13.

If one accepts the diagnosis, then several peculiar things were noted during this patient's course

ORY TESTS

No Laboratory Tests Done on Aug. 15, 1974

Inpatient							*Outpatient*					
8-13	8-14	8-16	8-17	8-18	8-19	8-20	8-21	8-23	8-26	9-3	9-18	10-9
14.3	12.5	13.3	13.2	12	12.4	10.6	10	8	6	3.2	1.5	0.8
10.0	8.7	10.1	8.5		7.5	6.3						
4.0	3.8	3.2	4.7		4.9	4.3						
/13	15/13	13/13		14/14			13½/13½	13/13	12½/12½	14/14		
				132	126							
				THTR†	THTR†						68	40
				THTR†	258						69	30
				88	90						220	
				68	70					NL<85	NL<85	
										115	75	
cc		1 cc	½ cc	½ cc		1 cc						

which have not been described previously. The alkaline phosphatase remained low until the recovery phase of the illness, at which point it became elevated. The degree of jaundice seemed greater and it remained longer, considering the enzyme elevation when compared to other types of iver dysfunction. The fever and eosinophilia never occurred in our patient. Questions could have been raised about whether the corticosteroids influenced he course of disease or whether her recovery would have occurred at the same rate. However, he desperate state of the patient and the anxiety of her physician doing nothing produced a therapeutic trial which seems to have had no detrimental effect.

Reprints: *Thomas L. Huffman, M.D.*
427 Cahill Rd.
Branson, Mo. 64730

REFERENCES

1. Simpson, B. R., Strunin, L. and Walton, B.: The Halothane Dilemma: A Case for the Defense. Brit. Med. J. 4:96-100, 1971.
2. Francoise, M. T., Carney, M. B., VanDyke, Russell A.: Halothane Hepatitis: A Critical Review. Anesthesia and Analgesia Current Researches Vol. 51, No. 1, Jan.-Feb., 1972.
3. Dykes, M. H. M., Gilbert, J. P. and McPeek, B.: Halothane in the United States. Brit. J. Anaes. 44:925, 1972.

The 37th Annual AMA Congress on Occupational Health will be held this year on September 19-20 at Stauffer's Riverfront Towers in St. Louis.

This two-day meeting, co-sponsored by the National Institute for Occupational Safety and Health, is open to all health professionals and is of particular interest and help to part-time occupational physicians. Concurrent sessions will cover health programs for special employee groups, work stress and job performance, the vital role of the occupational health nurse, toxic substances in industry, emergency medical/disaster planning and many other topics. Registration fee for the Congress is $40.00.

The Congress provides 12 hours Category I credit toward AMA Physician's Recognition Award. For further information, please write to the Department of Environmental, Public, and Occupational Health, American Medical Association, 535 North Dearborn, Chicago, Ill. 60610 or call (312) 751-6526.

AMA Challenges in the Courts

One of the professions's major concerns today is government's mounting pressure for increasing regulation of medicine. In response to these challenges, the AMA has taken a new position of advocacy for physicians and the public which has resulted in the AMA's very first lawsuits against the government.

In March 1975, the AMA took HEW to court over its Utilization Review Regulations which required review of all Medicare and Medicaid hospitalizations within 24 hours. The AMA contended the regulations constituted unlawful interference with the rights of physicians and patients. The AMA won its case and HEW withdrew the regulations.

The AMA also initiated legal action against HEW's Maximum Allowable Cost Rule, charging that the rule, which would govern the prescription of drugs for Medicare and Medicaid patients, intrudes on clinical decisions made by physicians. The case is now pending.

The AMA has also joined with co-plaintiffs, the state of North Carolina, the state of Nebraska and the North Carolina Medical Society, in a suit against the Health Planning Act of 1974 which gives the Secretary of HEW sweeping powers over nearly every aspect of health care.

These are just some of the many actions the AMA has taken to protect your rights and interests and the rights and interests of your patients. With your support, it can be even more effective.

Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name ______________________

Address ______________________

City/State/Zip ______________________

President's Message

In January, 1975, it became apparent that our professional liability insurance problem was approaching crisis proportions. At that time, many physicians found their premiums tripled; some policies were cancelled outright and without provocation in many instances; and coverage was not available for new physicians.

In April, 1975, the House of Delegates approved the development of MSMI, Inc. Obviously, this was a stopgap measure. It has not solved our problem, but it has afforded availability of coverage to those physicians who could not secure insurance. The MSMI will continue to expand and offer additional proposals to help alleviate this problem. Within the last month, members of the MSMI board have met with officials of other insurance companies in an attempt to develop acceptable alternatives to our present program. Hopefully, within the next three months, the MSMI will be able to present these proposals to the MSMA for consideration.

Regardless of how many insurance companies we own, I do not believe we will find relief from this problem until legislative reforms have been enacted to alter the tort liability system. This can be achieved only through political action. We have waited too long for other groups to accomplish these goals. Too many physicians believe that paying dues and attending an occasional meeting are the only requirements for membership.

Howard J. McAlhany, M.D.

The MSMA is forming a special committee to study the medical liability situation and, hopefully, to come up with possible solutions to our problems in this vital area. It will not be an easy task, as we have learned in past experiences, but we must continue our efforts to find reasonable answers.

Now is the time to activate our *Key Person* Committees, meet with our legislators and make our views known to them. They are anxious to hear from us. If we wait until tomorrow, it may be too late.

FOUNDED 1924
WOMAN'S AUXILIARY TO THE MISSOURI STATE MEDICAL ASSN.

Woman's Auxiliary

A LETTER TO 3,360 MEMBERS OF THE MSMA!

Dear Doctors:

It has been brought to our attention recently that the wives of many MSMA members have not joined the MSMA Auxiliary. As a member of the Medical Association, you surely realize that more can be accomplished through a "united front."

The Auxiliary, which is the "right arm" of the MSMA, provides just that in affording physicians' wives the opportunity to be well informed on today's problems confronting the medical profession through our meetings and our state and national auxiliary publications. Some of these problems relate to professional liability, legislation, aid to medical schools and community health. As a member, your wife can count on the expertise of her fellow state members and the AMA Auxiliary to help her in planning programs for her own community, whether they require one member or 100.

The Auxiliary member is the best public relations representative the physician can have. And, in these days when the physician is being assaulted from every side, he needs all the qualified help he can get.

The MSMA Auxiliary hopes that you will convince your wife that *we* need her and *you* need her as an Auxilian and that her auxiliary dues money can be the best investment she can make. Dues are only $11 for membership in both the MSMA and AMA auxiliaries—plus local county auxiliary dues. If there is not an organized auxiliary in your county, we will be delighted to welcome your wife as a Member-at-Large.

Mrs. W. Jack Stelmach
President

To all the other 1,646 MSMA members whose wives belong to the Auxiliary, CONGRATULATIONS!

Sincerely,

Your MSMA Auxiliary

County Society News

FIRST DISTRICT

COUNCILOR
JOHN N. MARTIN, M.D., ST. JOSEPH

Buchanan County Medical Society

For the 25th consecutive year, members of the Buchanan County Medical Society and the Northwest Dental Society met jointly for a dinner and scientific program. The "silver anniversary" event was held at the St. Joseph Country Club on May 11.

Seventy-two local and area physicians and dentists attended the event.

Presiding jointly were the sons of a physician and a dentist, each of whom has followed in his father's professional footsteps and in society leadership. Dr. Richard O. Craig is President of the Medical Society. His father, Dr. Owen W. D. Craig held this position in 1970-1971. The Dental Society president is Dr. H. W. Fricke, Jr., whose father, Dr. Fricke, Sr., headed the group in 1960-1961.

Speaker for the event was Dr. Nicola Y. Katf, psychiatrist and chief of medicine at the Western Missouri Mental Health Center in Kansas City.

He is a native of Egypt. Dr. Katf spoke on "Stress" and how it pertains to the two professions.

Introducing the speaker was the Medical Society Program Chairman, Dr. Wallace McDonald, whose professional heritage covers both professions. His father, Dr. Wilbur P. McDonald is a surgeon and his grandfather, Dr. Lee McDonald, was a dentist in St. Joseph. His great grandfather was Dr. Silas McDonald, the first physician to settle in Buchanan County.

Charles N. Mullican, M.D., *Secretary*

SECOND DISTRICT

COUNCILOR
J. RUSSELL COMER, M.D., NEW LONDON

Chariton-Macon-Monroe-Randolph County Medical Society

The regular monthly meeting of the Chariton-Macon-Monroe-Randolph County Medical Society was held in the Library Conference Room of Woodland Hospital in Moberly on May 12.

The program was presented by Dr. Eugene M. Bricker, surgeon, from the Ellis Fischel State Cancer Hospital in Columbia who was introduced by Dr. Roger L. Bautista.

Dr. Bricker spoke on "The Current Status and Program of the Cancer Hospital."

Attending the meeting were Drs. Ruel Miciano, Antonio Aguilera, D. C. Yang, Jose Hori, R. V. Tompson, T. S. Fleming, J. Will Fleming, Jr., R. L. Bautista, W. D. Chute, C. C. Cohrs, Josephine Baker, C. H. Lin, L. E. Huber, G. R. Hudson and H. T. Lin of Moberly; J. E. Campbell of Macon; P. V. Dreyer of Huntsville; and F. A. Barnett of Paris.

G. R. Hudson, M.D., *Secretary*

New Members

Frank J. Albani, M.D., 17221 E. 23rd, Independence 64057, has become a member of Jackson County Medical Society. Dr. Albani is a native of La Salle, Ill., received his preliminary education at St. Louis College of Pharmacy and his M.D. degree at Creighton University in 1970. He specializes in urology.

Saa M. Al-Shathir, M.D., 2727 McClelland, Joplin 64801, has become a member of Jasper County Medical Society. Dr. Al-Shathir is a native of Baghdad, Iraq, received his preliminary education at the University of Baghdad and his M.D. degree at the University of Baghdad in 1967. He specializes in physical medicine and rehabilitation.

Arthur A. Allen, II, M.D., 751 East 63rd, Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Allen is a native of Kansas City, received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1968. He specializes in neurology.

Tomas Aquino, M.D., 615 South New Ballas Rd., St. Louis 63141, has become a member of St. Louis Medical Society. Dr. Aquino is a native of Cuba, received his preliminary education at Sta. Clara Institute and his M.D. degree at the University of Havana in 1957. He specializes in pathology.

John Anstey, M.D., 615 South New Ballas Rd., St. Louis 63141, has become a member of St. Louis Medical Society. Dr. Anstey is a native of St. Louis, received his preliminary education at St. Louis University and his M.D. degree at St. Louis University in 1973. He specializes in obstetrics and gynecology.

Colin E. Atterbury, M.D., Medical Service, VA Hospital, Columbia 65201, has become a member of Boone County Medical Society. Dr. Atterbury is a native of Webb City, received his preliminary education at Yale University and his M.D. degree at the University of Missouri in 1969. He specializes in internal medicine and gastroenterology.

Charles E. Bare, II, M.D., 39th & Rainbow, Kansas City, Kan. 66103, has become a member of Jackson County Medical Society. Dr. Bare is a native of Wichita, Kan., received his preliminary education at Kansas University and his M.D. degree at Kansas University in 1969. He specializes in urology.

Bruce Barter, M.D., 373 West 101st Terr., Kansas City 64114, has become a member of Jackson County Medical Society. Dr. Barter is a native of Denver, Colo., received his preliminary education at Washington University and his M.D. degree at the University of Colorado in 1971. He specializes in pediatrics.

Barbara Bates, M.D., 2411 Holmes, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Bates is a native of Syracuse, N.Y., received her preliminary education at Smith College and her M.D. degree at Cornell University in 1953. She specializes in internal medicine.

John W. Beeks, M.D., 1103 Grand Ave., Kansas City, 64106, has become a member of Jackson County Medical Society. Dr. Beeks is a native of Kansas City, received his preliminary education at Baker University and his M.D. degree at the University of Kansas in 1965. He specializes in occupational medicine.

Daniel R. Biello, M.D., 510 S. Kingshighway, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Biello is a native of Ohio, received his preliminary education at Ohio Wesleyan University and his M.D. degree at Case Western Reserve School of Medicine in 1973. He specializes in radiology.

Gary Bodenhausen, M.D., 6601 Rockhill Rd., Kansas City 64131, has become a member of Jackson County Medical Society. Dr. Bodenhausen is a native of Smithville, received his preliminary education at Central Missouri State University and his M.D. degree at the University of Missouri in 1974. He is in family practice.

Stanley N. Brand, M.D., 601 East 63rd, Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Brand is a native of New York, N. Y., received his preliminary education at Union College and his M.D. degree at Jefferson Medical College in 1969. He specializes in internal medicine.

Philip W. Caster, M.D., Harwood Clinic, Lebanon 65536, has become a member of Mid-Missouri Medical Society. Dr. Caster is a native of Princeton, received his preliminary education at the University of Missouri and his M.D. degree at the University of Missouri in 1968. He is in family practice.

Tai-Mao Chiu, M.D., 6420 Clayton Rd., St. Louis 63117, has become a member of St. Louis Medical Society. Dr. Chiu is a native of China, received his preliminary education at Kaohsiung Medical College and his M.D. degree at Kaohsiung Medical College in 1969. He specializes in anesthesiology.

Gerhard W. Cibis, M.D., 4620 J. C. Nichols Parkway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Cibis is a native of Germany, received his preliminary education at Washington University and his M.D. degree at Washington University in 1968. He specializes in ophthalmology.

Harold Collins, M.D., 1716 Kenmont Rd., St. Louis 63124, has become a member of St. Louis Medical Society. Dr. Collins is a native of West Virginia, received his preliminary education at West Virginia University and his M.D. degree at John Hopkins University in 1951. He specializes in thoracic and cardiovascular surgery.

Alan L. Cowles, M.D., 807 Stadium, Columbia 65201, has become a member of Boone County Medical Society. Dr. Cowles is a native of Houston, Tex., received his preliminary education at Oberlin College and his M.D. degree at the University of Rochester in 1969. He is in family medicine.

Judy Destouet, M.D., 4989 Barnes Hospital, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Destouet is a native of Louisiana, received her preliminary education at the University of Southwestern and her M.D. degree at Baylor College in 1975. She specializes in radiology.

Herbert K. Dixon, M.D., 1416 Joplin, Joplin 64801, has become a member of Jasper County Medical Society. Dr. Dixon is a native of Dodge City, Kan., received his preliminary education at

Kansas University and his M.D. degree at Kansas University in 1965. He specializes in ophthalmology.

Richard L. Eddy, M.D., 807 Stadium, Columbia 65201, has become a member of Boone County Medical Society. Dr. Eddy is a native of Franklin, N. J., received his preliminary education at Oberlin College and his M.D. degree at Jefferson Medical College in 1961. He specializes in internal medicine.

Donald R. Forgue, M.D., 24th & Gillham, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Forgue is a native of Rooks County, Kan., received his preliminary education at Fort Hays Kansas State College and his M.D. degree at the Kansas University in 1972. He specializes in pediatrics.

Floyd J. Freiden, M.D., 6700 Troost, Kansas City 64131, has become a member of Jackson County Medical Society. Dr. Freiden is a native of Omaha, Neb., received his preliminary education at Northwestern University and his M.D. degree at the University of Iowa in 1972. He specializes in urology.

Marjuerite D. French, M.D., 2310 E. Linwood, Kansas City 64109, has become a member of Jackson County Medical Society. Dr. French is a native of Wewaha, Okla., received her preliminary education at St. Mary's College and her M.D. degree at Howard University in 1966. She specializes in pediatrics.

David F. Gates, M.D., 1502 E. Broadway, Columbia 65201, has become a member of Boone County Medical Society. Dr. Gates is a native of Carlisle, Pa., received his preliminary education at Tulane University and his M.D. degree at Tulane University in 1966. He specializes in urology.

Premlall Gukhool, M.D., 510 S. Kingshighway, t. Louis 6311, has become a member of St. Louis Medical Society. Dr. Gukhool is a native of Africa, received her preliminary education at St. Andrews chool and her M.D. degree at Glasgow University in 1971. She specializes in radiology.

Helmut Haibach, M.D., VA Hospital, Columbia 65201, has become a member of Boone County Medical Society. Dr. Haibach is a native of Germany, received his preliminary education at Alfred rupp Schule and his M.D. degree at the University of Dusseldorf in 1959. He is in nuclear medicine.

William Hart, M.D., 660 S. Euclid, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Hart is a native of Mississippi, received his preliminary education at Dartmouth College and his M.D. degree at the University of Maryland in 1970. He specializes in ophthalmology.

Ramarao Kaza, M.D., 2601 N. Whittier, St. Louis 63113, has become a member of St. Louis Medical Society. Dr. Kaza is a native of India. He received his M.D. degree at Andhra University in 1971. He specializes in urology.

James W. Kessel, M.D., Barnes Hospital, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Kessel is a native of Illinois, received his preliminary education at the University of Michigan and his M.D. degree at the University of Chicago in 1975. He specializes in obstetrics and gynecology.

David M. Klachko, M.D., 807 Stadium, Columbia 65201, has become a member of Boone County Medical Society. Dr. Klachko is a native of Africa, received his preliminary education at the University of the Witwatersrand and his M.D. degree at the University of Southern California in 1974. He specializes in internal medicine.

Robert E. Koehler, M.D., 510 S. Kingshighway, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Koehler is a native of Pennsylvania, received his preliminary education at Johns Hopkins University and his M.D. degree at Cornell University in 1968. He specializes in diagnostic radiology.

William C. Koury, M.D., 4320 Wornall Rd., Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Koury is a native of Cleveland, Ohio, received his preliminary education at University of Notre Dame and his M.D. degree at the University of Kansas in 1970. He specializes in radiology.

Sook-La Lee, M.D., 309 N. Rollins, Macon 63552, has become a member of Chariton-Macon-Monroe-Randolph County Medical Society. Dr. Lee is a native of Korea, received her preliminary education at Ewha Women's University and her M.D. degree at Ewha Women's University in 1969. She specializes in anesthesiology.

Fei Tung Leu, M.D., 500 S. Kingshighway, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Leu is a native of Taiwan. He received his M.D. degree at Taipei Medical College in 1970. He specializes in pediatrics.

(Continued on page 272)

In Memoriam

Herbert C. Kimberlin, M.D., 1707 Lakeside Terrace, Trenton 64683, a graduate of Ensworth Medical College, 1911; member Grand River Medical Society; age 87; died April 23, 1977.

Thomas A. Wayland, M.D., P.O. Box 155, Linn Creek 65052, a graduate of the University of Illinois, 1915; member Cole County Medical Society; age 86; died April 27, 1977.

Winfred L. Post, M.D., 2630 E. 15th, Joplin 64801, a graduate of Washington University, 1922; member Jasper County Medical Society; age 79; died April 28, 1977.

George M. Brother, M.D., 3021 Countryside Blvd., Clearwater, Fla. 33519, a graduate of Indiana University, 1934; member St. Louis County Medical Society; age 69; died May 5, 1977.

Thomas H. Burford, M.D., Barnes Hospital Plaza, St. Louis 63110, a graduate of Yale University, 1936; member St. Louis Medical Society; age 69; died May 17, 1977.

Max J. Goldenson, M.D., 8631 Delmar Blvd., St. Louis 63124, a graduate of the University of Illinois, 1922; member St. Louis Medical Society; age 80; died May 28, 1977.

Matthew W. Weis, M.D., Rt. 2, Box 81, Villa Ridge 63089, a graduate of St. Louis University, 1924; member St. Louis Medical Society; age 76; died June 7, 1977.

HANLEY 14 x 17 Vertical X-Ray and Medical Record Cabinets are used in most hospitals in America.
Special new ultrasonic, $399. Physio Therapy—Complete Examining and Reception Room Furniture—Traction Equipment—Hospital Beds—Wheelchairs—Jacuzzi Whirlpools—Oxygen. SOLD & RENTED.

HANLEY MEDICAL EQUIPMENT
5614 S. Grand St. Louis, Mo. 63111 314-351-3359

The Missouri State Medical Foundation was created by the Missouri State Medical Association for the express purpose of giving financial assistance to deserving young Missourians who will be tomorrow's doctors. Send your contribution today!

Missouri State
Medical Foundation

113 Madison, Jefferson City, Mo. 65101

BRIEF SUMMARY OF
PRESCRIBING INFORMATION

ANTIMINTH® (pyrantel pamoate)
ORAL SUSPENSION

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against *Enterobius vermicularis* (pinworm) and *Ascaris lumbricoides* (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13 μg/ml) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. *Usage in Pregnancy:* Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefit/risk should be considered.

Precautions: Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with preexisting liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. *Children and Adults:* Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 ml of Antiminth per 10 lb. of body weight. (One teaspoonful=5 ml.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

When you're good people recognize you.

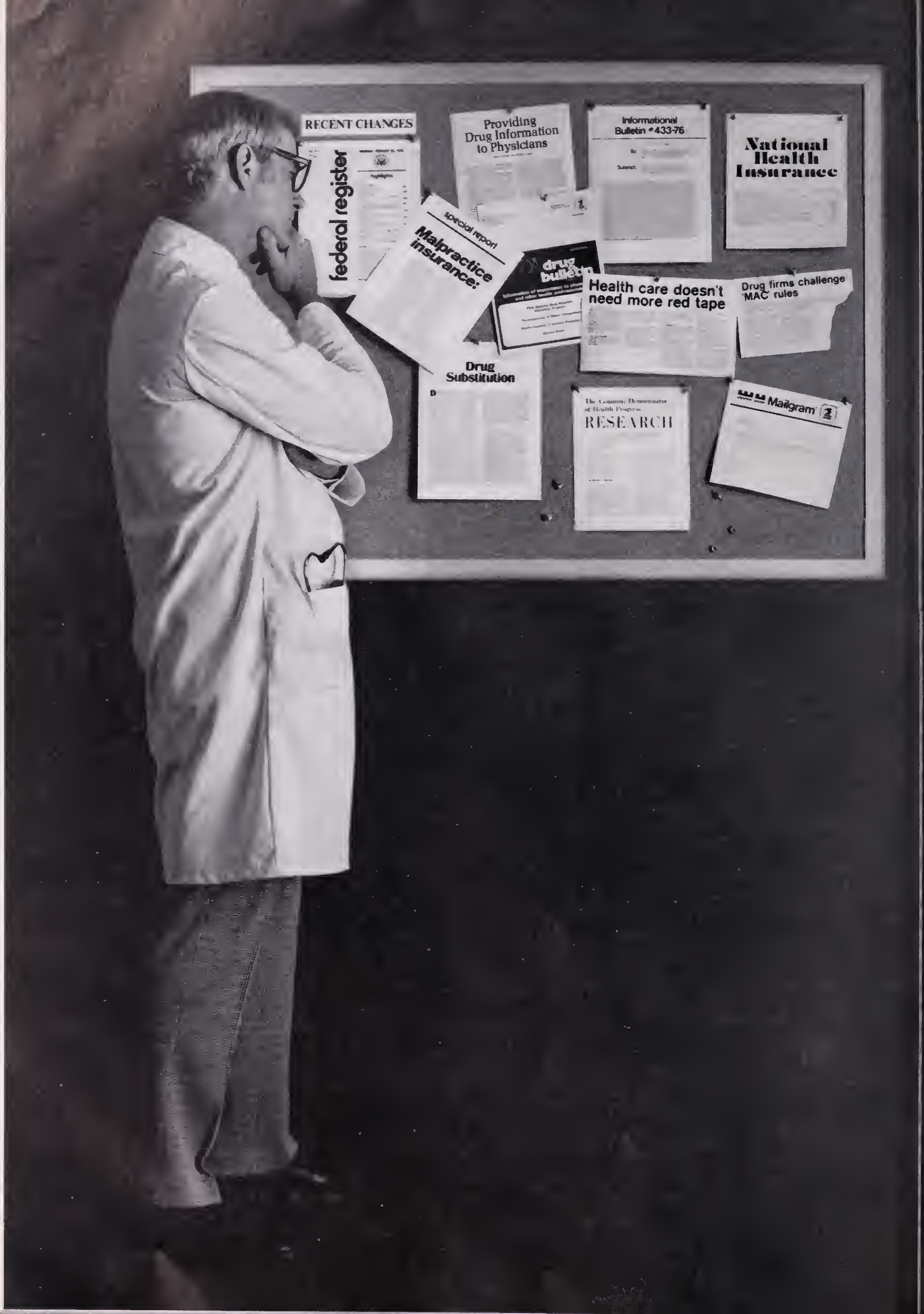
Highly effective
Single-dose convenience
Non-staining
Economical
Pleasant tasting

Antiminth®
(pyrantel pamoate)
equivalent to 50 mg pyrantel/ml
ORAL SUSPENSION

a drug of choice in pinworm infections

Please see brief summary of prescribing information on facing page.

©1977 LONE RANGER T.V., IN


RECENT CHANGES
federal register
Providing Drug Information to Physicians
Informational Bulletin #433-76
To:
Subject:
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
The Common Denominator of Health Progress
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all
ls of scrutiny. Your control over patient therapy is
g monitored, judged and occasionally abrogated,
etimes by unknown third parties.

The worry is that in the wake of this focus, the rela-
ship between you and your patient will be weakened,
out offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws,
lations or professional custom stipulate that your
generic prescriptions be filled with the precise prod-
you prescribe. But in the last five years, a dozen or
State laws have been changed, permitting the phar-
st in most cases to select a product of the same
ric drug to fill any prescription.

ronically, this dilution of physician control has
place against a background of growing evidence
ourportedly equivalent drug products may be in-
alent, since neither present drug standards nor their
cement are optimal. In fact, the FDA itself says it
ot enforced the same standards for hundreds of
w-on" products that it had applied to the original
approvals. Thus physician control over patient
py is being eroded with a risk that patients may be
ed to drugs of uncertain quality.

he major advertised claim for substitution is reduced
iption prices for consumers. Yet no documentation
y significant savings has been produced.

AC Maximum Allowable Cost, MAC for short, is
eral regulation designed to cut the Government's
bill by setting price ceilings for drugs dispensed to
care and Medicaid patients. Unless the prescriber
es on the prescription that a particular product is
ally necessary, the Government intends to pay only
cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

INDEX TO ADVERTISERS

They Help Make Missouri Medicine *Possible*

Armour Pharmaceutical Company	251
Beltone Electronics Corp.	Insert (238-239)
Bio-Science Laboratories, St. Louis	235
Classified Ads	273
Flint Laboratories	Insert (246-247)
Hanley Medical Equipment	270
Hoechst-Roussel	249, 250
Fred S. James & Co. of Missouri, Inc.	238
Eli Lilly & Company	252
Medical Protective Company	2
Munns Medical Supply	2
Pennwalt Corporation	Insert (238-23
Pharmaceutical Manufacturers Association	Insert (270-271), 2
Roche Laboratories	234, 275, 2
Roerig	Insert (246-247), 270, Insert (270-27
Smith Kline & French	Insert (246-24
The Upjohn Company	Insert (238-23
Warner-Chilcott	242 & 2

New Members

(Continued from page 269)

Michael R. McFadden, M.D., St. Louis University Hospital, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. McFadden is a native of Idaho, received his preliminary education at Boise State College and his M.D. degree at the University of Utah in 1969. He specializes in urology.

David M. Margolis, M.D., Barnes Hospital, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Margolis is a native of Canada, received his preliminary education at the University of Manitoba and his M.D. degree at the University of Manitoba in 1971. He specializes in internal medicine and gastroenterology.

Camille S. Matta, M.D., 807 Stadium, Columbia 65201, has become a member of Boone County Medical Society. Dr. Matta is a native of Bhamdoun-Lebanon, received his preliminary education at American University of Beirut and his M.D. degree at American University of Beirut in 1950. He specializes in ophthalmology.

Wayne W. Meyer, M.D., 1207 Pinyon Dr., Manchester 63011, has become a member of St. Louis Medical Society. Dr. Meyer is a native of St. Louis, received his preliminary education at Depauw University and his M.D. degree at Northwestern in 1965. He specializes in general surgery.

James A. Murphy, M.D., 1321 Village Dr., St. Joseph 64501, has become a member of Buchanan County Medical Society. Dr. Murphy is a native of Watertown, S. D., received his preliminary education at Creighton University and his M.D. degree at Creighton University in 1969. He specializes in ophthalmology.

Timothy O'Connell, M.D., 443 Ashford Cou St. Louis 63129, has become a member of St. Lou Medical Society. Dr. O'Connell is a native of S Louis, received his preliminary education at S Louis University and his M.D. degree at St. Lou University in 1971. He specializes in plastic surger

Lloyd C. Olson, M.D., 24th & Gillham Rd., Ka sas City 64108, has become a member of Jackso County Medical Society. Dr. Olson is a native Spokane, Wash., received his preliminary educ tion at Reed College and his M.D. degree Harvard University in 1961. He specializes in ped atrics.

Russell H. Palmer, M.D., 706 S. Dickerson, Pa myra 63461, has become a member of Marion-Rall Shelby County Medical Society. Dr. Palmer is native of Napannee, Ind., received his prelimina education at Indiana University and his M.D. d gree at Indiana University in 1943. He is in famil practice.

Joseph R. Payne, M.D., 31st & Wyandotte, Ka sas City 64108, has become a member of Jackso County Medical Society. Dr. Payne is a native Boulder, Colo., received his preliminary educatio at the University of Kansas and his M.D. degr at the University of Kansas in 1966. He speciali in emergency medicine.

Edward G. Peskin, M.D., 4911 Barnes Hospit Plaza, St. Louis 63110, has become a member St. Louis Medical Society. Dr. Peskin is a nati of New York, received his preliminary educatio at the University of Wisconsin and his M.D. degr at Washington University in 1974. He specializes obstetrics and gynecology.

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

EALTH DIRECTOR—For rapidly growing Class II Coun-
of 123,000 located adjacent to St. Louis. Modern health
nter in operation for 24 years with interesting and excel-
nt opportunity for progress and program development. Pro-
am responsibility includes all aspects of generalized pub-
c health. Must be eligible for license in state of Missouri.
lary negotiable and commensurate with experience. Send
sume to Ray E. Weible, D.D.S., Chairman, Board of Trust-
s, P.O. Box 337, Hillsboro, Missouri 63050.

NESTHESIOLOGIST—M.D., Missouri license. Needed to
ad department in 132-bed JCAH-approved, medical-sur-
cal hospital located in metropolitan area. No maternity or
diatrics. Write to Box 427, Missouri State Medical Associa-
on, 113 Madison, Jefferson City, Mo. 65101.

NTERNIST & FAMILY PRACTITIONER—To join 11-
an multi-specialty group; city of 20,000 with a population
raw of 60,000. Incorporated, offering excellent salary, fringe
enefits and retirement plan. Liberal vacation and study
olicy. Opportunity to pursue special interest in this prac-
ce setting. Clinic presently expanding facilities and is in
oximity of Hannibal's two accredited hospitals. Mark
wain's home town is an ideal place to raise a family. Call
write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or
ale J. Anderson, Administrator, at (314) 221-5250, The
annibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri
401.

ONFERENCES FOR MEDICAL PROFESSIONALS—
calendar listing of over 500 national/international meet-
gs, conferences and seminars in the medical sciences for
77. All medical specialties included. Send a $10.00 check
money order payable to Professional Calendars, P.O. Box
083, Washington, D. C. 20016.

HYSICIANS NEEDED—M.D.'s or D.O.'s-G.P.'s or Spe-
alists. New five-man clinic or solo practice. Modern hos-
tal. Rural community. Crime rate nonexistent. No drug
oblems. Reasonable malpractice. Plenty hunting and fish-
g. Northwest Missouri. Call collect—(816) 726-5221 or
16) 726-5228.

JEFFERSON CITY, MO.—Full-time Emergency Department Physician. Monday-Friday, no nights or weekends. Excellent compensation and benefits. Contact Dr. Thomas P. Cooper, 7701 Forsythe Boulevard, #490, St. Louis, Missouri 63105. (314) 727-1213. Out-of-state call toll-free 1-800-325-3982.

WANTED—House physician, general surgical service, 200-bed JCAH-approved, acute-care hospital. Some surgical training desirable. Contact Administrator, Missouri Pacific Hospital, 1755 South Grand, St. Louis, Missouri 63104.

EMERGENCY ROOM PHYSICIANS—To join three full-time physicians in busy Emergency Room—36,000 visits per year. Rotating shifts, liberal compensation, paid vacation and educational leave. Insurance provided. Suburban living in Greater St. Louis area at St. Joseph Hospital, St. Charles, Missouri 63301. Contact G. J. Duling, M.D. (314) 946-6811.

PHYSICIAN TO ASSIST AT SURGERY—500-bed, JCAH-accredited hospital. Missouri license required. Attractive salary and fringe benefits, including malpractice insurance. Contact Department of Medical Education, Lutheran Medical Center, 2639 Miami St., St. Louis, Missouri 63118. (314) 772-1456, Station 320.

HOUSE PHYSICIAN—500-bed, JCAH accredited hospital. Missouri license required. Attractive salary. Contact: Department of Medical Education, Lutheran Medical Center, 2639 Miami Street, St. Louis, Missouri 63118. (314) 772-1456, Station 320.

MSMA MEMBERS—Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

FOR SALE—Medical furniture for three treatment rooms: Valentine-type tables. Also, Secretary L-shaped desk and chair. Call 314/456-8727 between 6 PM and 7 PM.

EMERGENCY ROOM PHYSICIAN
MISSOURI, ST. LOUIS

Full-time career Emergency Room Physicians needed July 1, 1977 for a modern, fully-equipped 409 bed hospital in St. Louis County. Very active emergency room, fully-equipped, including telemetry.

Very lucrative remuneration with liberal fringe benefits. Two (2) to three (3) Emergency Room Physicians on duty at all times. 40 to 48 hours work week.

Prefer physicians eligible for Emergency Medicine Certification. Will consider applicants having completed three (3) years of approved General Surgery training plus emergency room experience.

Contact: George P. Casey, Executive Vice President, St. Anthony's Medical Center, St. Louis, Missouri. Phone: 842-5600, ext: 4602.

LEO H. POLLOCK, M.

Missouri Medicine in Review

FORTY YEARS AGO

Four members of the St. Louis Medical College class of 1881 met for an annual dinner at the Missouri Athletic Association in St. Louis on March 3. Members attending were Drs. James A. Dickson, Willis Hall, Amand Ravold and Max C. Starkloff of St. Louis. Dr. William A. James of Chester, Ill. and Dr. A. S. Gregg of Fayetteville, Ark. were unable to attend. Dr. Joseph Grindon of St. Louis, a member of the class of 1879 and the oldest living graduate of the School, was a guest at the dinner.

Dr. Ernest Sachs, St. Louis, was honored upon completion of 25 years of continuous teaching of neurological surgery in the Washington University School of Medicine at a dinner at the Jefferson Hotel on March 20. Dr. Sachs was the first professor of neurological surgery in any American University. The professorship at Washington University was created for him in 1919. Maj. Philip Green, U. S. Army, Hot Springs National Park, made the presentation. He was one of the 20 graduate fellows whom Dr. Sachs has trained. Dr. Leonard T. Furlow, St. Louis, who is another of that group of 20, presided at the dinner.

The 21st annual session of the American College of Physicians on April 19-23 brought many noted clinicians to St. Louis. Dr. Logan Clendening, Kansas City, delivered an address on "American Medical Shrines" at the annual banquet.

TWENTY-FIVE YEARS AGO

E. Claude Bohrer, M.D., West Plains, was elected President-Elect of the Missouri State Medical Association at the 94th Annual Session held in St. Louis on March 30-April 2. Dr. Bohrer is a member of the American Academy of General Practic American Trudeau Society and American Colle of Chest Physicians. He is a member of Phi Be Kappa, Sigma Xi and Alpha Omega Alpha. His ho bies are color photography and music.

At the April meeting of the Ozarks Medical Soc ety, the lawyers of the five counties comprising t Society were invited guests. A fellowship hour i tiated the evening's festivities. A bountiful dinn gave further aid to the production of a most plea ant atmosphere. W. S. Sewell, M.D., Springfiel Eighth District Councilor, was called upon by t Society to discuss mutual problems of the profe sions from the viewpoint of the doctors.

An evening dinner-meeting of the Ninth Counci or District was held in Rolla on April 24. The a tivities began at 4:30 PM with a social hour at t Edwin Long Hotel. After dinner, the group move to the Chemistry Building on the Campus of t State School of Mines for a unique demonstration o "Fires and Explosion Hazards in Hospitals," whic was presented by representatives of the Unite States Bureau of Mines under the direction of M R. G. Knickerbocker, chief of the Bureau of Min at Rolla.

TEN YEARS AGO

Grants totalling $30,000 were made to Missouri three medical schools by the Education and R search Foundation of the AMA at a luncheon in S Louis recently. Dr. David N. Kerr of St. Loui President-Elect of the MSMA, presented the check to Dr. John C. Herwig, Associate Dean, represen ing Washington University School of Medicin ($12,218); Dr. Robert H. Felix, Dean, St. Lou University School of Medicine ($14,075); and D Jack M. Colwill, Assistant Dean, Missouri Unive sity School of Medicine ($4,586). The gifts we made from a total of $1,051,933 contributed to th Foundation by physicians, their families and allie groups in 1966.

The Grand River Medical Society and Auxiliar held their regular monthly meeting in Chillicothe o March 9 with 39 members and guests in attendanc The Society and community were saddened by th death of Dr. Edgar J. Mairs on March 12. Dr. Mai had practiced in the Trenton area for many year

THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® ©IV

chlordiazepoxide HCl/Roche

5mg, 10mg, 25mg capsules

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.

ore prescribing, please consult com- e product information, a summary of ch follows:
cations: Relief of anxiety and tension urring alone or accompanying various ase states.
traindications: Patients with known ersensitivity to the drug.
nings: Caution patients about pos- e combined effects with alcohol and r CNS depressants. As with all CNS- ng drugs, caution patients against rdous occupations requiring com- e mental alertness (*e.g.*, operating hinery, driving). Though physical and hological dependence have rarely reported on recommended doses, caution in administering to addiction- e individuals or those who might in- se dosage; withdrawal symptoms uding convulsions), following discon- ation of the drug and similar to those with barbiturates, have been reported.

sage *in Pregnancy:* Use of minor anquilizers during first trimester hould almost always be avoided cause of increased risk of con- nital malformations as suggested several studies. Consider possi- lity of pregnancy when instituting erapy; advise patients to discuss erapy if they intend to or do come pregnant.

autions: In the elderly and debilitated, in children over six, limit to smallest tive dosage (initially 10 mg or less per to preclude ataxia or oversedation, easing gradually as needed and toler- Not recommended in children under hough generally not recommended, if bination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.
Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.;* severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)
Supplied: Librium® (chlordiazepoxide HCl) *Capsules,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see following page.

THE ANXIETY-SPECIFI

Since its discovery in the research laboratories at Roche, L
has been the object of ongoing pharmacologic and clinical investig

The published record on Librium is enormous. So large, in
put it into a computer literature retrieval system to make it more acc
in answering your inquiries.*

It's a record that reveals a consistent pattern of patient resp
A highly favorable benefits-to-risk ratio. And minimal interference
many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® Ⓒⅳ
chlordiazepoxide HCl/Roche

ROCHE

*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page
for a summary of
product information.

Philadelphia, Library
19 South 22nd Street
Philadelphia 3, Pa. 19103

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

JULY, 1977
VOLUME 74, NUMBER 7

Special Report:

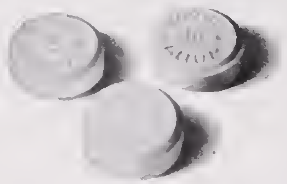
ACTIONS and EVENTS
of the
Missouri State Medical Association

119th
ANNUAL SESSION

See Contents on Page 281

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
10 1977

120th MSMA Annual Session
April 13-16, 1978, Kansas City



A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) Ⓘⓥ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

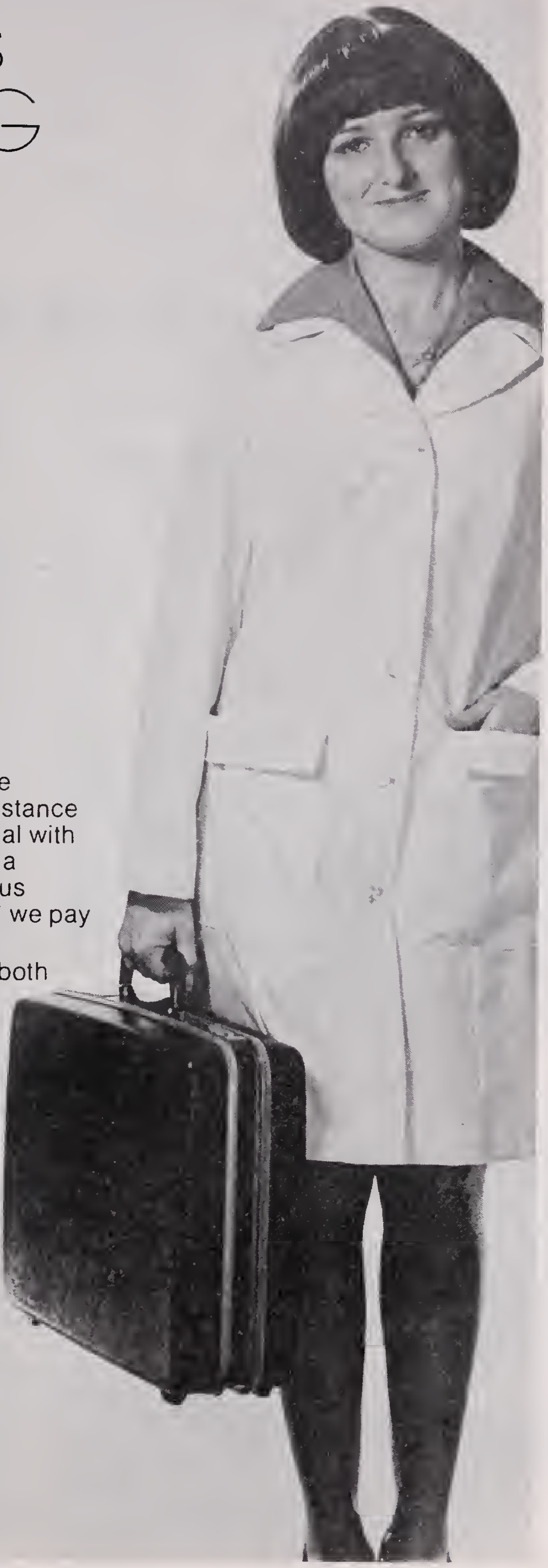
***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



Your hospital's complete EEG laboratory!

Daneman Laboratories' space-age electronics technology and two long-distance telephone calls will provide your hospital with same-day EEG and ECHO readings by a qualified neurologist. Even instantaneous reports can be provided if needed. And we pay for the phone calls!

This service has wide benefits for both hospital and patient:

- Fully effective
- Safe and comfortable
- Professionally-administered
- Easily performed
- Inexpensive
- Fail-safe reporting procedures
- Already in operation nationwide

For a copy of our easy-to-understand, no-obligation proposal, please call or write Business Manager Jean Murphy.

Daneman
Laboratories
P.O. Drawer 152, Gambier, OH 43022
Telephone: 614-427-4577

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missou State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. MISSOURI MEDICINE (Publication No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-0 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Pe Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper
Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Elliso
Field Secretary, Don Wilso

MSMA

NEWS ROUND - UP

July, 1977

Legislation: "We didn't get hurt!"

In what might otherwise be termed a lackluster Missouri Legislative Session, a few bills of importance nd several of interest to physicians were passed in the waning days.

Dr. John I. Matthews, Chairman of the MSMA Committee on Legislative Affairs, probably best described he recently adjourned Session when he said, "we don't ave too much to brag about concerning the recent General Assembly, except maybe the most important hing of all . . . we didn't get hurt!"

As noted last month, the Legislature passed a bill alling for a 10% increase in Medicaid funds for physiian services. The final figure of $23.4 million for the oming fiscal year is more than $5 million more than equested by the Governor, who has since signed the ill.

Two bills strongly endorsed by the MSMA passed ring the last week of the Session. HB 726 will allow roners to harvest pituitary glands for use in research, edical education and therapy. SB 48 lowers the age of nsent for medical care from 21 to 18. Neither bill has en signed by the Governor to date.

Several other bills which received MSMA support lso passed. HB 255 provides for the licensing of psyhologists; HB 341 decriminalizes public drunkenness; nd SB 322 requires all insurance policies to provide ospital treatment coverage for alcoholism.

Six bills opposed by the MSMA during the Session ailed to gain passage. These include bills which would ave allowed chiropractors to issue teacher's health ertificates, license physician assistants, require that rescriptions be written on numbered forms, expand, he practice of chiropractic by giving their state board ore power, allow optometrists to use topically applied rugs, and place strict controls over radiology.

Some bills of interest to physicians which did pass is Session were HB 378, which allows county hospils to hire legal counsel to represent the hospital ther than use the prosecuting attorney; HB 562, hich provides immunity for pharmacists who act as embers of review committees; SB 12, the "White ane" law, which provides the blind with the same ghts as others in the use of public facilities; SB 245, hich allows mutual medical malpractice insurance companies to sell general liability insurance; SB 334, which provides public asssistance medical payments for prosthetics, including eyeglasses, dentures, hearing aids and wheelchairs; and SB 458, which would allow physicians and others at the state cancer hospital to receive compensation for providing care other than the compensation paid by the state.

The MSMA Legislative Committee plans to meet soon to begin formulating proposals to be submitted to the Council prior to the next Missouri General Assembly.

BULLETIN

Following the meeting explained below, the Missouri Division of Family Services indicated plans to increase payments a flat 10% on the 75 most common procedures billed under Medicaid.

Mr. Ed Singleton of the Division said it is possible that another 10% increase might be added about January, 1978.

MSMA spokesmen discuss higher Medicaid Fees

Representatives of the MSMA are meeting with the Missouri Division of Family Services this week to present recommendations for implementation of a new physician fee schedule under the state's Medicaid program.

Dr. Stanley Peterson, Springfield, Chairman of the MSMA Medicaid Fee Committee, and Royal O. Cooper, MSMA Executive Secretary, will discuss recently passed legislation with the Division's new director, Ms. Phyllis Reser.

The 1977 General Assembly called for an increase in funds for physician fees under Medicaid by 10% to $23 million for the coming fiscal year. In doing so, the Legislature declined to agree with the Governor's suggested budget figure which would have sliced the appropriation for physician fees from $20.4 million to $18 million.

In addition, the General Assembly established physician fees as a "line item" in the budget. That means the $23 million can only be used to pay for physician services and cannot be placed in general revenue.

Dr. Peterson and Mr. Cooper will offer suggestions for fee increases in the various procedures paid for by Medicaid.

MSMA resolutions 'partially adopted' by AMA

Two resolutions submitted to the AMA House of Delegates from the Missouri State Medical Association received partial acceptance during the national organization's meeting in San Francisco. The resolutions dealt with adding a physician to the AMA Department of Negotiations and another called for the U.S. Food and Drug Administration to re-evaluate its ban of saccharin and permit its sale if properly labeled.

The AMA House of Delegates urged the AMA to hire a physician part-time in the Association's Department of Negotiations, over the strong objections of the board chairman and the executive vice president.

The Missouri delegation had introduced a measure calling for the AMA to hire a physician full-time in the negotiations department, but later modified it to part-time only, paid on a per-diem basis.

Board Chairman Raymond T. Holden, M.D., voiced strong opposition to the resolution, saying that hiring of staff members should be entirely under the control of Executive Vice President James H. Sammons, M.D. Such an action by the house would be disruptive to effective management of the AMA staff, he said.

The house modified the measure to say that the AMA "may" hire a part-time physician for the negotiations department, and passed it as amended — leaving the situation, as Trustee Joseph Boyle, M.D., commented, "pretty much the way it was before we started."

Dr. Sammons, after the house action, warned strongly that house instrusion into staff policy would be detrimental to the AMA. He explained that the resolution had been offered after the Missouri delegation had suggested an unnamed Missouri physician be hired on the staff. The physician in question would be considered, Dr. Sammons said, if the AMA decided that a physician was needed in the negotiations department.

The final draft of the AMA resolution dealing with the ban on saccharin included much of the wording proposed by the MSMA. The resolution reads:

> *RESOLVED, That the American Medical Association support the passage of legislation that would amend the Food Additive Act to require evidence based upon scientifically reproducible studies of the association of food additives with an increased incidence of cancer in animals or humans before removal from the market; and be it further*
>
> *RESOLVED, That pending enactment of an acceptable amendment to the Food Additive Act, that the American Medical Association support legislative or regulatory measures that will permit the marketing or saccharin as a food additive or an over-the-counter product with labeling warning of the potential increase in the incidence of cancer in animals and humans based on the currently available evidence.*

Another resolution from Missouri was referred to the AMA Board of Trustees for study and report. The resolution sought AMA support for amendment to the Health Professions Educational Assistance Act of 1976. The MSMA stated that the act permits government intrusion into the operation of medical schools through admissions requirements. The Board will report on the matter at the Fall Session.

Details of all the issues considered at the AMA meeting were published in the July 20-27 edition of AM News.

Legislative group to hear generic formulary plan

A special Joint Legislative Committee on Rules and Regulations will hold a hearing July 11 concerning recent edicts issued by the Missouri Division of Family Services and the Missouri Board of Chiropractic.

The Committee, established by the General Assembly to oversee regulations proposed by state government agencies, will listen to testimony relating to the Division of Family Services' plans to switch the Medicaid drug program to a generic formulary. The Division's plan statis that Medicaid will pay only for the lowest priced generic drug in most cases, regardless of whether or not a physician specified a name brand drug.

Also to be reviewed by the Committee are the rules and regulations dealing with the Chiropractice Practice Act which were announced by the Board. The regulations would allow chiropractors to describe themselves as "physicians" and would allow them to use "accepted adjunctive procedures" in their practice. Currently, the practice of chiropractice is limited to manual adjustment of the spine.

The MSMA was instrumental in gaining Legislative hearings on these regulations and the Association plans to offer testimony on both subjects on July 11.

MSMA concern draws response from H.E.W.

A spokesman of the Department of Health, Education and Welfare said the government is concerned with certain aspects of the Health Professions Assistance Act of 1976. The concern was expressed in response to a resolution adopted by the MSMA House of Delegates last spring.

The resolution pointed out that under the medical schools capitation regulations in the act, U.S. citizens in foreign medical schools would have to be accepted in U.S. medical schools in their third year as determined by the Secretary of H.E.W. It was felt this provision discriminated against those medical students attending two-year medical schools in the U.S.

"We share your concern that students completing two-year medical school and other special programs in the United States that prepare students to enter the third year of medical schools not be discriminated against as a result of the operation of the requirement that places be reserved for U.S. students transferring from foreign medical schools," stated Dr. Robert F. Knouss, director of H.E.W.'s Division of Medicine.

Dr. Knouss said both the U.S. House and Senate have adopted amendments to the capitation grant authority to protect the interests of the two-year U.S. students. He added that further comment by physicians and medical educators will be considered in developing final regulations for the act.

Committee to study possible re-districting of State Association

Subjects which could change the internal makeup of the MSMA were discussed and referred to committees during the June meeting of the Council.

A resolution introduced by Dr. Max S. Franklin, St. Louis, Immediate Past President, called for a creation of a special committee to undertake the task of re-districting the MSMA Councilor Districts. The Resolution also recommended that when the committee completes its work, a Constitutional Convention be called to act on the recommendations.

The Council referred the resolution to the Committee on Planning for study and recommendations and stated that the MSMA President, President-Elect, Council Chairman and Vice-Chairman should attend the Planning Committee meetings on this subject.

The Council referred to the Ad Hoc Committee on the Vice Presidency a proposal which would clarify the status and duties of MSMA Vice Presidents.

Six additional institutions were approved by the Council to offer Category I Continuing Medical Education programs following site team visits by the Association. Sixteen institutions and organizations have been accredited in the MSMA project and approximately two-thirds of the Association membership now has direct access to approved programs.

Those receiving accreditation in June were Children's Mercy Hospital, Kansas City; Methodist Hospital, St. Joseph; St. Louis Society for Medical Education, St. Louis; Fairfax Hospital, Fairfax; St. John's Medical Center, Joplin; and St. Luke's Hospital, Kansas City.

In other actions, the Council:

- Referred to the Commission on Medical Economics an item dealing with Blue Shield's withdrawal of payment for certain procedures and matters relating to mandatory second opinions for surgery.

- Directed the Association to contact those medical specialty societies which do not meet with the MSMA at he Annual Session. It is hoped that all the specialities will coordinate a meeting during the Session.

- Referred to the Executive Committee the matter f countersuits in malpractice cases. The Association is n record as being willing to assist MSMA members in etermining if they have a countersuit with merit. However, the subject was referred for further study and recommendation. Members who believe they have a ase which will fulfill the requirements outlined in the "President's Message," (MISSOURI MEDICINE, May, 977), should contact MSMA Headquarters.

- Objected, upon the request of the Missouri Psyhiatric Association, to the ABC Television Network how, "Medicine and Madness."

- Selected November 2-3, 1977, as the dates to hold he Interim Session of the House of Delegates in pringfield. Unlike last year, the Interim Session will e open to all subjects, rather than limited to legislation.

Continued on Next Page

Malpractice 'facts' of interest

Some information of vital interest to MSMA members was published in the National Association of Insurance Commissioners' most recent edition of its "Professional Liability Closed Claims Report."

The report itemizes suit filings, settlements, awards and other material relating to malpractice cases on a state-by-state basis. The new report deals with liability claims closed during the period from July 1, 1975, through June 30, 1976. Most of these claims resulted from incidents in 1973 and 1974.

Listed below are some of the facts relating to the malpractice situtation in Missouri as published in the report:

- The average time between the incident and the filing of a claim was 13 months on minors and 11 months on adults.

- The average amount of time between the filing of a claim and the disposition of the claim was 16 months.

- The average amount of time between the incident and disposition of the claim was 26 months.

- Missouri's judicial system disposes of cases more rapidly than 43 other states.

- During this period, over $50,000 was paid in 15 cases in Missouri. These range from three awards for $50,000 to one award for $768,000. Total indemnity paid on these 15 claims was $2,366,332. Defense costs to carriers on these cases was $150,365.

- During this period, 408 malpractice cases were reported. Insurance carriers paid on 181 of these cases and, of these, more than $10,000 was paid on 57 cases.

- The total paid (and costs) on all cases during this period was approximately $7 million.

- The ratio of malpractice cases per 100 physicians in Missouri was 6.15.

AMA sets CME meeting at Lake of the Ozarks

The AMA will sponsor a Regional Continuing Medical Education Program at Tan-Tar-A on the Lake of the Ozarks, Sept. 16-18, 1977.

Eleven courses, all providing Category I credit, will be offered during the three-day program. The courses will begin at 7:30 a.m. each day and conclude at 2:30 p.m.

Course Registration Forms and resort Reservation Forms were published in June 20 edition of AM News.

News in brief

MSMA to handle billings

Four Component Medical Societies have indicated that they desire to have the MSMA handle their dues billings for 1978.

Under the new computer billing system begun in 1977, it is possible for a Component Medical Society with no staff to transfer much of the work involved in collecting dues from the local society secretary to the State Office. To qualify, a Component Medical Society merely needs to send notification to the MSMA. The billing system would proceed as follows:

1. MSMA would send dues bills to members of the Component Medical Society.
2. The Component Medical Society members would return their dues directly to the MSMA.
3. The MSMA, on a monthly basis, would send the Component Medical Society a list of those members who have paid dues and a check in the amount of local dues paid by those members.

Resolution deadline set

MSMA members and Component Medical Societies are reminded that Sept. 19 is the deadline for resolutions for the 1977 Interim Session of the MSMA House of Delegates. The Interim Session will be held Nov. 2-3 in Springfield.

A mailing to the Association membership with reservation cards and other material will be made in early September.

Delegate's Handbooks will be sent to Delegates on Oct. 3.

Delinquent dues

Component Medical Society secretaries have been notified that members in their respective societies who have not paid 1977 dues will receive another "late notice" later in July. Delinquency date for MSMA membership is March 1.

Although final figures from June are not available, total membership in the Association for 1977 is approaching the figure of 4,916 recorded at the end of 1976.

In September, all MSMA members who have not joined the Missouri Medical Political Action Committee will receive a mailing explaining the urgent need for physicians to support the political arm of medicine.

Meeting scheduled

The MSMA Commission on Medical Economics has scheduled a meeting for Aug. 11 in the State Headquarters Building in Jefferson City.

AMA Laetrile position

Following extensive testimony concerning the lack of scientific evidence to support Laetrile's effectiveness in the treatment of cancer, the AMA House of Delegates adopted a one-sentence Resolution on the subject. It reads:

"That it is the position of the American Medical Association that Laetrile is a substance which has no proven value as a drug."

Medicare increases economic index effective July 1

The Medicare economic index for the 12-month period beginning July 1, 1977, has been established at 1.357. This is a 6.35 percent increase above the economic index of 1.276 that was used for the previous 12 months.

Medicare carriers were advised of the new index on June 3, in advance of the Federal Register Announcement, which is now being prepared, so that they could begin their annual update of the Medicare fee screens for July 1 effectuation, or as soon thereafter as they can complete the computational process.

The economic index applies only to the computation of program reimbursement for physician services. Under the Medicare law, for each annual update, prevailing charges in effect for such services on June 30, 1973, except by the amount of the economic index.

The economic index of 1.357 for the 12-month period beginning July 1, 1977, means that prevailing charges for physicians' services for that 12-month period may not be more than 35.7 percent above the prevailing charges in effect on June 30, 1973.

In computing the economic index, the factors taken into account include objective measurements of the changes in operating costs of physicians' practice, including a factor for changes in malpractice insurance premiums, and changes in earnings levels of workers generally. A full description of the computation and the factors involved will be provided in the forthcoming Federal Register Announcement.

Physicians to population ratio is improving

The national ratio of physicians to population is growing annually with increased output of medical schools and decreased growth in population, according to the U.S. Bureau of Census.

Only one state, South Dakota, has as few as one doctor per 1,000 people. Last year, five states were above that ratio.

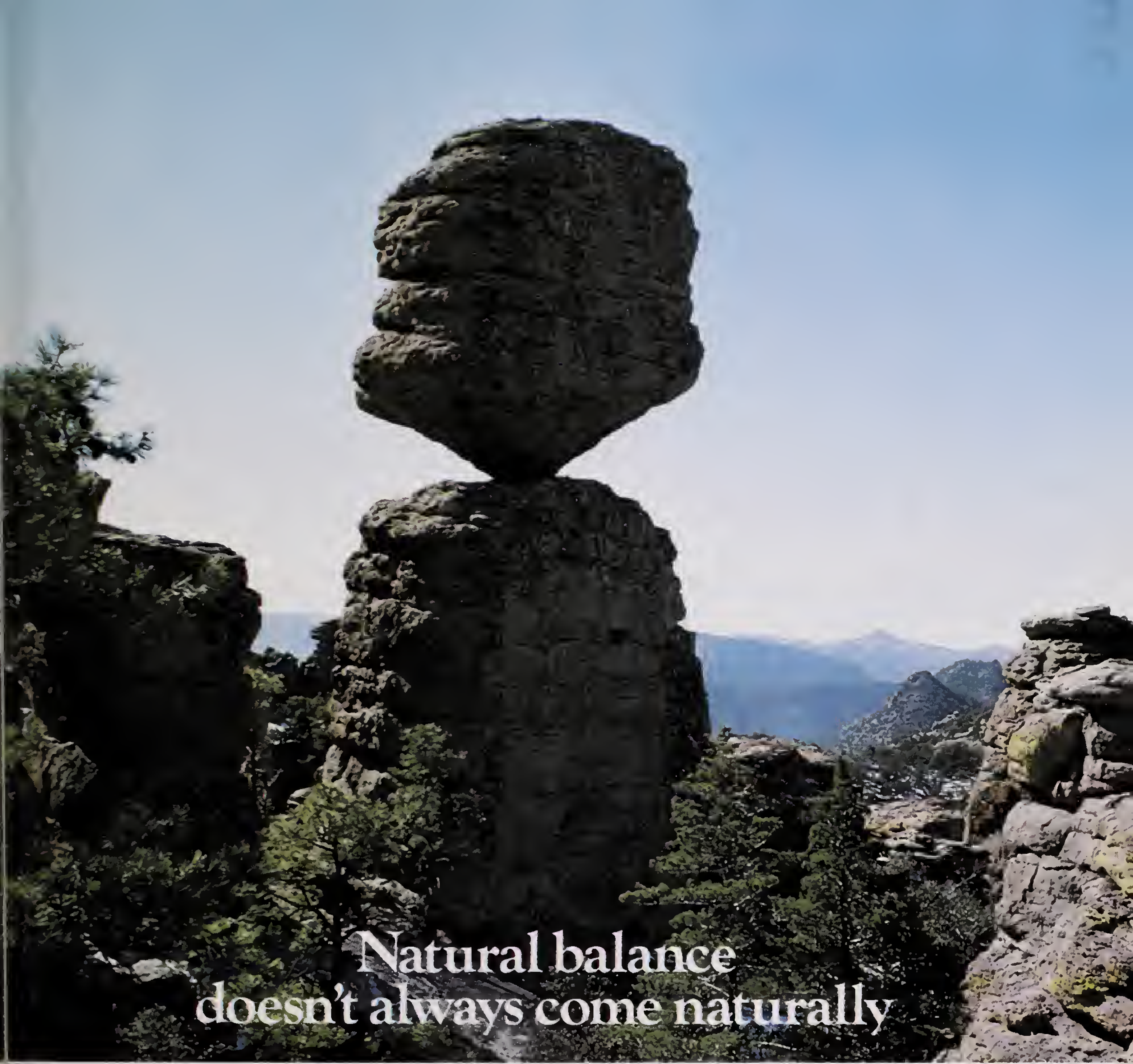
Missouri's ratio is one physician for each 662 people. The range in the U.S. is from South Dakota's one doctor per 1,044 people to Maryland's one doctor per 379 people. The average nationwide is one doctor per 595 people.

Council

Continued

- Voted to contribute $500 toward the construction of a statute in St. Louis honoring Dr. Thomas Dooley.
- Appointed a special committee to study the subject of MSMA recognition of St. Louis Blue Cross.
- Approved MSMA Auxiliary projects for the coming year in the following areas: Heimlich Poster Distribution, AMA-ERF, CPR Education, Public Health Education and Monitoring of HSA's.

Complete minutes of the Council meeting will be published in MISSOURI MEDICINE.



Big Balanced Rock, Chiricahua Mountains, Arizona (approx 1,000 tons)

Most Widely Prescribed—Antivert is the most widely pre-
ribed agent for the management of vertigo* associated with
iseases affecting the vestibular system such as Menière's disease,
byrinthitis, and vestibular neuronitis.

Relief of Nausea and Vomiting—Antivert/25 can relieve the
ausea and vomiting often associated with vertigo.*

Dosage for Vertigo*—The usual adult dosage for Antivert/25
one tablet t.i.d.

IEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further nvestigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25

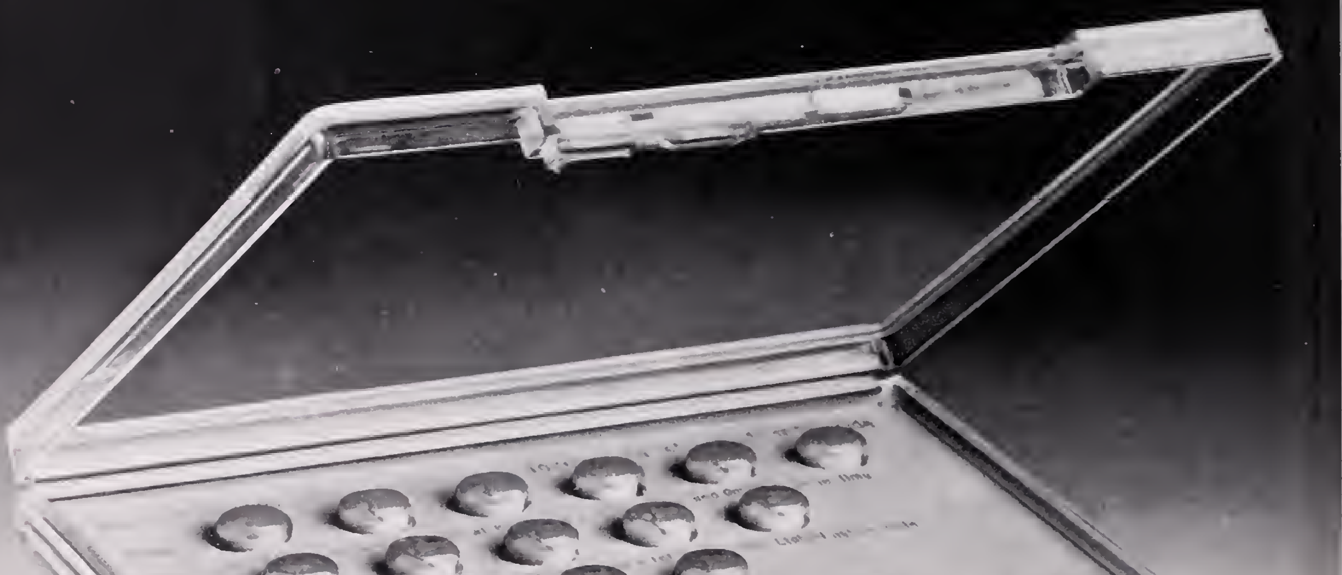
(meclizine HCl) 25 mg. Tablets
for vertigo*

Upjohn
The Upjohn Company, Kalamazoo, Michigan 49001

Medrol® 4 mg Dosepak*

methylprednisolone, Upjohn

The explicit printed dosage instructions that accompany each Dosepak make it easy for the patient to understand and follow the dosage regimen.



*Trademark

J 5741-4

©1977 The Upjohn Company

Minutes of the House of Delegates

119th Annual Session

Missouri State Medical Association

Table of Contents

Page

Remarks of the President 285
Remarks of the President-Elect 287
Report of the Woman's Auxiliary President 289

FIRST SESSION

Call to Order 293
Appointment of Reference Committees 296
Reports of Officers 296
Reports of Standing Committees 298
Reports of Commissions and Ad Hoc Committees 299
Minutes of Council Meetings:
  April 14, 1976 304
  May 24, 1976 305
  Sept. 25, 1976 310
  Nov. 3, 1976 . . . . 316-A
  Dec. 11, 1976 . . . . 316-D
  Feb. 5, 1977 328
  Supplementary Report, April 13, 1977 328
  April 17, 1977 349
Unfinished Business 332
Introduction of New Business 332

(NOTE: All resolutions introduced at the 119th Annual Session are listed separately on page 282.)

SECOND SESSION

Reports of Reference Committees:

  Constitution and Bylaws 337
  Resolutions 338
  Miscellaneous Affairs 339
  Medical Education and Public Welfare 340
  Reports of Officers 340
Unfinished Business 341
Introduction of New Business 342

(NOTE: All resolutions introduced at the 119th Annual Session are listed separately on page 282.)

THIRD SESSION

Report of Nominating Committee 342

Reports of Reference Committees:

  Resolutions 343
Unfinished Business 343
  President's Committee and Commission Appointments 344
Registration 345
Exhibitors 347

Page

RESOLUTIONS

1. Health Professions Educational Assistant Act 332, 340
2. Direct Dues Billing by AMA 332, 341
3. Relationships of Third-Party Payers, Patients and Physicians 332, 338
4. Coverage of Chemotherapeutic Costs 333, 339
5. Task Force on Professional Liability 333, 338
6. Licensure of Physician's Assistants 333, 340
7. Funding for Resident Participation in Organized Medicine 334, 341
8. Mandatory AMA Memberships 334, 338, 343
9. Impaired Physicians 334, 341
10. Definition of Primary Care Physician 334, 340
11. Physician on AMA Department of Negotiations 334, 341
12. Optometric Legislative Activity 334, 340
13. Financing of Medicaid Program 334, 338
14. Care of the Poor 334, 338
15. Opposition to Physician's Assistants 335, 340
16. Opposition to Generic Formulary 335, 339
17. Involvement in HSAs 335, 339
18. Sever Relations with PSRO 335, 339
19. Medicaid Financing 335, 339
20. Care for Indigent Patients 335, 338
21. Preservation of Quality Medical Care 335, 339
22. Battered Child Syndrome 335, 339
23. Psychiatric Representation on State Mental Health Commission 336, 339
24. Establish MSMA Data Collection Commission 336, 341
25. Repeal of the Delaney Amendment 342, 343
26. Reversal of Saccharin 342, 343
27. FDA Ban of Saccharin 342, 343

Courtesy Resolution—Raymond R. McIntyre 296, 297

CONSTITUTIONAL AMENDMENTS—MSMA

Article VI—Section 1—Sessions and Meetings 298, 332
Article VII—Section 2—Officers 298, 332

CHANGES IN BYLAWS—MSMA

Chapter III—House of Delegates 298, 337
Chapter IV—Election of Officers 298, 337
Chapter VIII—Dues and Assessments 298, 337

CHANGES IN BYLAWS—Missouri State Medical Foundation

Article III—Trustees 337, 342
Article V—Election of Officers 337, 342

MISSOURI STATE MEDICAL FOUNDATION

Minutes of Annual Meeting 348
Minutes of Board of Trustees Meeting 348
MSMA News Insert (280-281)
New Members 351
In Memoriam 353
Index to Advertisers 354

Compliments

of

MUNNS MEDICAL SUPPLY

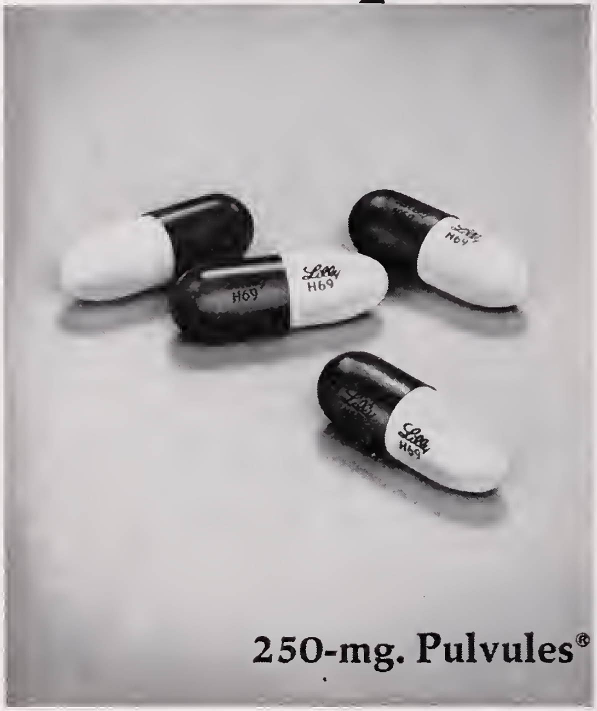
MUNNS
MEDICAL
SUPPLY

OVER 30 YEARS SERVICE

TOPEKA • K.C. • WICHITA

ST. LOUIS • TULSA

easy to take



Keflex®

cephalexin

Lilly

500738

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 74, Number 7—July, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

Remarks of Max S. Franklin, M.D., President

Mr. Speaker, Dr. Budd, Members of the House of Delegates and Guests:

I speak to you today a wiser man than I was at his time last year. I am a little more tired, also . . . another year older, yes, but much wiser.

Much of the wisdom I acquired over the past year resulted from face-to-face contacts with many, many MSMA members across the state. I have found, by and large, that the problems physicians are dealing with in St. Louis are the same problems physicians are dealing with in Kansas City, Springfield, St. Joseph, Columbia and all the other cities and towns in Missouri. This is a fact hat made me doubly glad that we have an effective tatewide organization such as the MSMA. We do have common problems and we do need to work ogether through our Association to solve these problems.

I recently reread the talk I gave before this body ast year as your incoming President. I am pleased hat several of my objectives were accomplished. Certainly, not all of my goals were attained, but I am hopeful that the Medical Association will continue to consider these issues and, perhaps, one day they will be enacted.

My primary message to you last year was that we needed to strive for passage of the package of bills dealing with the malpractice insurance crisis which was before the Missouri General Assembly. Fortunately, we were able to gain adoption of six of the bills. These new laws will not solve our insurance problems, but they do represent a good beginning and, hopefully, we can build from them.

As you have probably noticed in Missouri Medicine, the Association is supporting additional legislation in this very critical area. The outlook for the new bills is currently clouded, however. I'll repeat that . . . the outlook for the new bills is currently clouded. It seems that the Legislature is keeping quite busy considering legislation dealing with attorneys' malpractice insurance and product liability insurance. We are no longer alone in our struggle against skyrocketing insurance premiums. I'm sure I join with all of you in stressing that our Association must persist in its efforts to find solutions to the continuing problem of malpractice insurance. Knowing the leadership of the MSMA, I can assure you that objective will remain a primary aim.

One happy note among the many seemingly more serious matters I brought up last year was that Missouri had a chance to elect a member to the American Medical Association's Board of Trustees. Well, we did it. I don't believe I have ever seen a man work with such dedication as did Hugh Ritter in gaining election to the AMA Board. But then, too . . . and I think I can quote Hugh on a statement he made immediately after the results were in . . . he said, "I have never seen a delegation to the AMA work together as well as the Missouri delegation did during this campaign."

If you know the politics of the AMA, you know it did take a coordinated effort plus, I might add, a highly qualified candidate to win the election. But, now that Hugh is a trustee, I am certain that Missouri's impact on the policies of the AMA will be greater. Hugh's many friends in the MSMA know that he is a man they can go to with their suggestions.

One goal that went unrealized last year has resurfaced at this Annual Session and I am hopeful it will be reconsidered favorably. This, of course, is the issue of unified membership with the AMA. I have heard the arguments for and against unified membership many times in the past and so have you. It is my opinion that the arguments favoring unification far outweigh those in opposition.

The following comment is not included in my notes, but I feel I have to say it. I cannot for the world see how anybody who belongs to the AMA can vote against unification. If a member of the MSMA belongs to the AMA, how can he possibly vote against unification? I hope that when the vote comes up before the House of Delegates, these people reconsider their vote. The last two times we did have a majority but we did not have the two thirds vote that we needed.

As I mentioned last year, physicians in one state or in 50 states acting individually have very little impact on national legislation or regulations. But think of the political clout the AMA would have, especially with its new direction and new leadership, if all MD's were members. Very, very soon, we are going to have to put our petty disagreements over petty issues within the AMA aside and unify behind this outstanding national organization if we are to stand any chance of seeing the practice of medicine, as we know it, survive.

As I mentioned before, in the past, this House has favored unified membership with the AMA. However, we have failed to gain the needed two-thirds majority. This year, perhaps we can show the AMA that we support the AMA as much as the AMA supports us.

Another issue I mentioned last year was that of the possibilities of reexamination and relicensure of physicians. I expressed then and I reiterate now my total opposition to such a concept.

In the past months, I have relayed my opposition to the Department of HEW and, in addition, discussed the situation with the Missouri Board of Registration for the Healing Arts.

After several discussions with Dr. James Whittico, the president of the Board of Healing Arts, we have developed the idea of an ad hoc committee consisting of the Presidents of the MSMA, the Missouri Association of Osteopathic Physicians and Surgeons and the Board of Registration for the Healing Arts, as ex officio members, along with three members from each of these three organizations to act in an advisory capacity largely in matters of grievance and ethics but possibly, also, in policy.

Recently, there was a meeting of the Board of Healing Arts on April 2-3. I had been invited to attend but, unfortunately, was ill. Dr. Whittico came to my hospital room and took my remarks that I had printed for that meeting. I suggested a plan for reregistration of M.D.s and D.O.s just as we have done in the past, with the addition of showing completion of continuing medical education rather than relicensure and reexamination.

The responsibility for continued competence of physicians must remain with their colleagues. We cannot, however, neglect this responsibility. We must continue to move forward in the area of continuing medical education to show our good faith. We must make continuing medical education available to all physicians, regardless of their practice location, and we must make it available at a reasonable cost. I firmly believe that this will continue to be an issue before this Association and the many other state associations for many years to come.

As solid proof that the MSMA is working to provide continuing medical education opportunities for its members, I am proud to announce that eight Missouri institutions and organizations received MSMA accreditation to offer Category I hours in the past year. These are the Ellis Fischel Cancer Hospital and Cancer Research Center in Columbia; Missouri State Allergy Association, Inc.

(Continued on page 290)

Remarks of Howard J. McAlhany, M.D., President-Elect

Mr. Speaker, Officers, Delegates, Dr. Budd, Ladies and Gentlemen:

I would like to address my remarks briefly to two topics. The first is our professional liability problem and the second is the increasing costs of health care.

It was not until January, 1975 that the malpractice insurance problem became apparent in Missouri. At that time, many physicians found their premiums tripled, some were cancelled outright and in most cases without provocation, and no coverage was available for new physicians. Much has been written in an attempt to explain why physicians are being subjected to such an assault from society. I suspect a part of our crisis is due to the fact that a certain segment of the public is using legal tools that are based on fault to solve problems in which the concept of fault has not been validated.

In April, 1975, this House of Delegates approved the development of the Missouri State Medical Insurance, Inc. Obviously, this was a stopgap measure. It has not solved our problem, but it has afforded availability of coverage to those physicians who could secure no insurance.

The MSMI will continue to expand and offer additional proposals to help alleviate this crisis. Some of these proposals will consist of negotiations to secure a more favorable program, such as a mutual assessment company or excess of loss type coverage. Also, the MSMI plans to develop educational tools for guidance in prevention of malpractice.

Within the last month, members of the MSMI Board have met with officials of other insurance companies in an attempt to develop acceptable alternatives to our present program. Hopefully, within the next three months, the MSMI will be able to present these proposals to this organization for their consideration.

The six bills strongly supported by this Association and signed into law in June, 1976 represent only a small finger in the dike. Additional legislation is now pending but, again, this will not solve our professional liability dilemma.

In July, 1975, the National Association of Insurance Commissioners began compiling closed claim files on medical malpractice insurance. The third report covered the period from July, 1975 to May, 1976. From this statistical information, Missouri ranked 12th nationwide in the number of claims reported during the nine-month period. Obviously, we're not as well off as we thought.

Regardless of how many insurance companies we own, and this is a personal reflection, I do not believe we will find relief from this problem until changes are effected in the tort liability system.

We can achieve these changes only through political action. It is unfortunate that many physicians regard political action with disdain. Too many of us believe that paying dues and attending an occasional meeting are the only requirements for responsible membership.

We must activate our key man committees and assign a physician to each representative in Jefferson City. We must meet with them and make our views known. They are anxious to hear from us.

We must join and participate in our state and national political action committees. In a neighboring state in 1976, seven chiropractors contributed more money for political action than did the entire membership of that State Medical Association. Those seven understand the value of political action. It's unfortunate and even tragic that physicians do not appreciate this fact. If we fail to work for legislative reforms, then we have no one to blame but ourselves.

My second area of concern is that of increasing health care costs. In my opinion, this poses the greatest threat to the private practice of medicine and, possibly, to our free enterprise system.

In 1976, 8.3% of the gross national product was expended for health care. In 1976, 11.8% of the federal budget was spent on health care. This is more than was spent on defense. In 1976, General Motors spent more for health premiums than they paid for steel to manufacture their autos. They paid more than $825 million for health expenses.

Since 1974, physicians' fees have increased 32.4% while medical care as a whole increased 29.7%. This comparison does not reflect that the major factor accounting for the increase in physicians' fees was the exhorbitant increase in malpractice premiums.

I think most of us will agree that this inflationary spiral is secondary to an ever encroaching government bureaucracy. Witness Medicare and Medicaid. In the last decade, the budget for these two programs rose from $7 billion to $40 billion, an increase of 484%.

From 1960 to 1973, medical costs increased 80% while, at the same time, the Consumer Price Index increased 60%. Translated, this means that approximately three fourths of the increase in the costs of medical care had nothing to do with the medical market, but was secondary to inflation and government spending policies.

At the same time, we must accept the fact that health care is no longer a social issue but is an economic one as well. It is a problem we cannot ignore and we must pursue an active role in an attempt to reduce these increasing costs.

We are inclined to blame the hospitals for these increased costs, and we're right. But, who puts the patient in the hospital? Who orders the laboratory and diagnostic studies? Who is given a blank check to spend as we deem necessary?

There must be some accountability by the physician to justify his action. This concept does not appeal to physicians, but it is mandatory that we assume a more active role in an attempt to place a damper on this continued escalation of costs.

In spite of all the problems confronting medicine, we must not lose sight of the fact that ou first responsibility is the delivery of quality health care and the great majority of our physicians are providing this service.

Finally, I would like to interject some of my personal views. I assume that as your incoming President, this is my prerogative.

There are those who believe that medicine ha become too aloof . . . that our views are self-serving . . . that the wishes of our profession outweigh the needs of society. We must make the public aware that we are concerned about their needs and that we are not abusing our privileges.

We must accept change. Generally, most physicians have been reluctant to deviate from the status quo.

We must respond to the needs and criticisms o society and, at the same time, we must involve ourselves in health planning. We cannot afford to leave this to the social planners. We must resist al attempts to make medicine some giant government controlled public utility. The government does no know how to plan; it only knows how to regulate under the guise of planning.

We must insist upon an ethic higher than the public imposes upon us. We must be sure that self regulation does not place the physician ahead of his patients and that inefficiency does not masquerade under the cloak of professionalism.

We must lead. We must not lose by default.

Changing social concepts, emerging legal doctrines and an increasing militant consumerism have placed medicine on the defensive.

If we are going to lead successfully, then we must become involved in the economics of health care; we must participate in political action in an attempt to achieve some of our objeetives; and we must include ourselves in health planning. Most important of all, we must assure the public that quality health care is being delivered.

If we fail to do these things, then we must accept any fate which might befall us.

Report of
Mrs. George P. Wilson,
President of the Woman's Auxiliary

Mr. Speaker, Dr. Franklin, Dr. Budd, Delegates nd Guests:

In this final moment of reflection, we in the uxiliary ask ourselves what we have accomplished or Missouri medicine during this year in office. he answers are many; the prospects even more.

As we have worked ever more closely with the edical Association in our state and communities, new potential is being recognized. The rewards f member education are being translated into a anifestation of action. Our responsibility to our embers remains to keep them informed and otivated to perform. We offer a membership uarantee to every Auxilian that as her commitent grows, her knowledge, inspiration and identiy as an ally of medicine are strengthened.

The Auxiliary believes that it is part of the medcal organization. Our fundamental goal, quite imply, has been to promote and extend a positive mage of medicine through programs which are pecifically identified with this organization, the oman's Auxiliary to the Missouri State Medical ssociation.

In at least three areas, we are making significant ontributions: community health programs, legislave education and fund raising.

Our preoccupation with family and community ealth, not only as it relates to others but as it aplies to ourselves, is providing new understanding nd relevancy in our programs. State-initiated prorams—such as immunization awareness, the Heimch technique, youth cancer education, mass imunization participation and childhood protection plementation guidelines—have been supplemented with a wide range of county auxiliary programs. We have between 25 and 30 diverse projects, many of which are of considerable dimension and are currently undertaken to serve specific community needs.

We point with pride to the achievement of the Cape Girardeau Auxiliary which boasts ten certified CPR instructors among their 59 members, with others presently working toward certification. This Auxiliary is the designated official CPR training unit in its city. With their own funds, members have purchased a recording Resusci-Anne, thus becoming the first Auxiliary in the country so qualified and equipped to instruct in cardio-pulmonary resuscitation.

Political and legislative concern has stimulated deeper involvement by our members in all aspects of legislative awareness and communication. Candidate promoters, political action supporters, conversant liaison . . . they are this and more. At least six of our members serve as voting members of the HSA-provider organizations in the Kansas City area. Our monitoring and reporting of the five health systems agencies in Missouri reflects the closer communication between the MSMA and its Auxiliary.

This year, more than $32,000 has been contributed by the MSMA Auxiliary to medical scholarships, loans and health-related organizations. The AMA-Education and Research Foundation is the only national fund-raising project of the Auxiliary. In Missouri, the Auxiliary contributes almost half of the total raised within the state. Nationally, we are responsible for nearly two thirds of the annual $1.5 million raised. When AMA-ERF monies are channeled through the Auxiliary, two advantages are realized: The medical societies and counties are specifically credited and receipt of a lump sum by the medical schools allows the deans greater discretion to allocate where needed.

Missouri's Auxiliary has always been a national leader in innovative programs and individual recognition. In the last decade, we have claimed a national President and Parliamentarian from opposite sides of the state. Our leaders are consistently chosen to national positions, and one is presently standing for election as Vice-President of the AMA Auxiliary.

Our 25 organized auxiliaries represent 51 Missouri counties; our 1,650 members represent approximately one third of the MSMA members. A positive identity crisis has been accompanied by a dramatic increase in the percentage of active involvement. We do not feel that the Auxiliary is a social entity. We are finding ourselves capable and qualified to add a new dimension in the adventure of service as we, and you, are recognizing this potential in our membership. The achievements I report to you are possible because of your encouragement and the strong staff support we are privilege to enjoy. Your confidence in us allows our attendance at your Council meetings, thereby givin us opportunity to better understand and incorporate relevant programs into our work. We depen upon your financial assistance to our Conventio and to our publication, *Missouri Doctor's Wif* The assignment of a staff liaison to the Auxiliar already shows reward through improved communication and efficiency. We know that a partnershi which requires nothing is worth nothing and tha your generosity imposes a greater responsibilit upon us.

This year in office has spanned the celebratio of our first 200 years of Americanism and ou launching into another bicentennial era. We hav watched the onslaught against medicine and hav seen you respond with renewed vigor and resolv And we pledge to you our support of your purpos and ideals through our continued efforts on you behalf. We wish you a successful, inspired an productive Convention, which will provide for yo and, therefore, for us continued strength and unified direction.

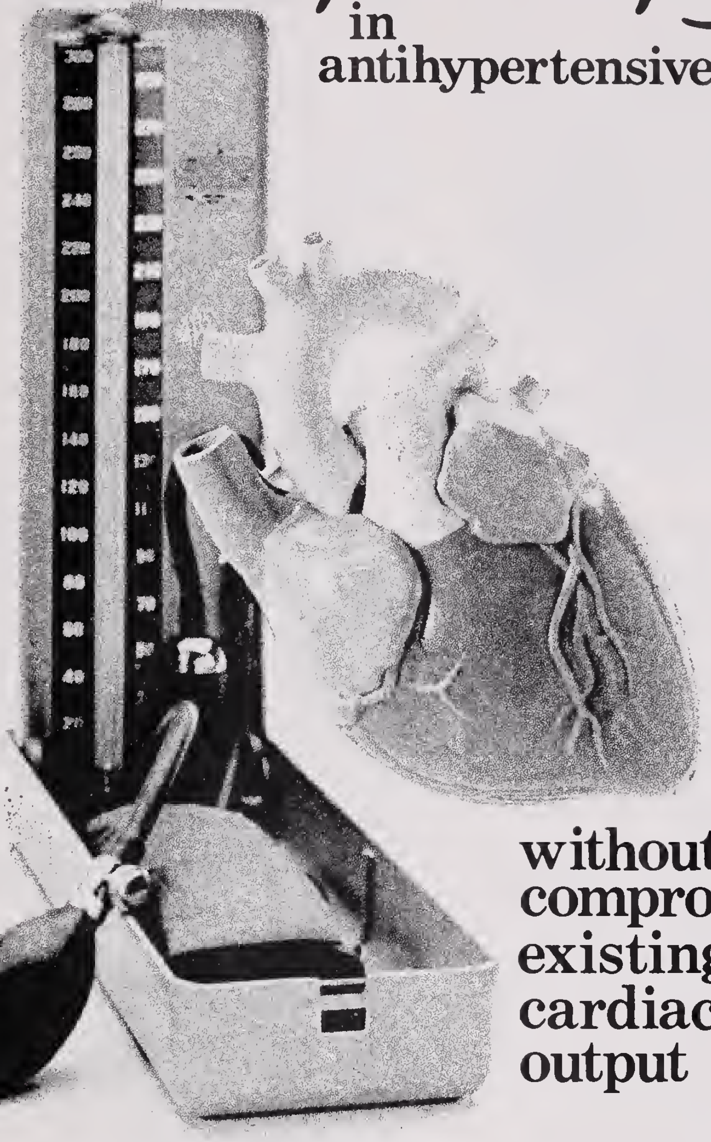
Remarks of the President

(Continued from page 286)

in Kansas City; Academy of Health Professions in Kansas City; Trinity Lutheran Hospital in Kansas City; St. John's Mercy Medical Center in St. Louis; Southeast Missouri Foundation for Medical Care in Cape Girardeau; Freeman Hospital in Joplin; and Greene County Medical Society in Springfield.

As I mentioned, I will leave the presidency of this Association a wiser man. It is obvious that have not learned all the answers to our problems I know that if we can continue to communicat with each other, however, we can deliver the highest degree of medical care possible to the citizen of Missouri while maintaining the freedoms w require as professionals.

A Dual Challenge
in
antihypertensive therapy



to lower
blood pressure
effectively...

without
compromising
existing
cardiac
output

hypertension
LETS: 250 mg, 500 mg, and 125 mg

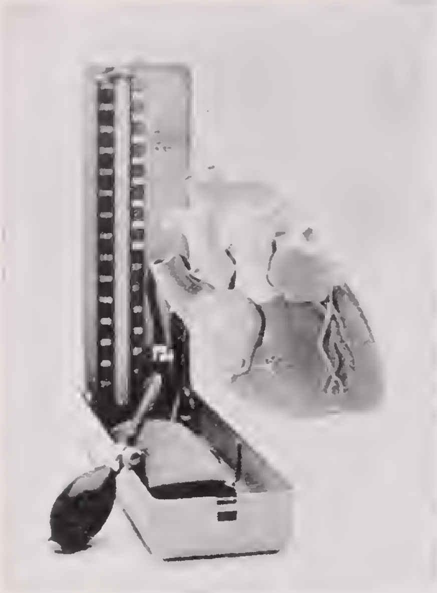
ALDOMET® (METHYLDOPA | MSD)

elps lower blood pressure effectively...
sually with no direct effect on
rdiac function–cardiac output
usually maintained

OMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if
vious methyldopa therapy has been associated with liver disorders.
important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders
occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders
ld lead to potentially fatal complications unless properly recognized and managed. For more
ils see the brief summary of prescribing information.

a brief summary of prescribing information, please see following page.

MSD
MERCK
SHARP&
DOHME



in hypertension

ALDOMET®

(METHYLDOPA|MSD)

helps lower blood pressure effectively... usually with no direct effect on cardiac function–cardiac output is usually maintained

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movem
occur in patients with severe bilateral cerebrova
lar disease. Patients may require reduced dose
anesthetics; hypotension occurring during a
thesia usually can be controlled with vasopress
Hypertension has recurred after dialysis in pati
on methyldopa because the drug is removed by
procedure.

Adverse Reactions: *Central nervous syst*
Sedation, headache, asthenia or weakness, usu
early and transient; dizziness, lightheadedn
symptoms of cerebrovascular insufficie
paresthesias, parkinsonism, Bell's palsy, decrea
mental acuity, involuntary choreoathetotic m
ments; psychic disturbances, including nightm
and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of an
pectoris. Orthostatic hypotension (decrease d
dosage). Edema (and weight gain) usually relie
by use of a diuretic. (Discontinue methyldop
edema progresses or signs of heart failure appe

Gastrointestinal: Nausea, vomiting, distention,
stipation, flatus, diarrhea, mild dryness of mouth,
or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaund
liver disorders.

Hematologic: Positive Coombs test, hemol
anemia. Leukopenia, granulocytopenia, thr
bocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enla
ment, gynecomastia, lactation, impotence, decrea
libido, dermatologic reactions including eczema
lichenoid eruptions, mild arthralgia, myalgia.

Note: Initial adult dosage should be limited
500 mg daily when given with antihypertens
other than thiazides. Tolerance may occur, usu
between second and third month of therapy;
creased dosage or adding a thiazide freque
restores effective control. Patients with impa
renal function may respond to smaller doses. S
cope in older patients may be related to increa
sensitivity and advanced arteriosclerotic vasc
disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125
methyldopa each, in bottles of 100; Tablets, cont
ing 250 mg methyldopa each, in single-u
packages of 100 and bottles of 100 and 10
Tablets, containing 500 mg methyldopa each,
single-unit packages of 100 and bottles of 100.

For more detailed information, consult your M
representative or see full prescribing inforn
tion. Merck Sharp & Dohme, Division of Merc
Co., Inc., West Point, Pa. 19486 J6AM07(7

MSD MERCK SHARP & DOHME

Minutes of the

MISSOURI STATE MEDICAL ASSOCIATION

House of Delegates

Stouffer's Riverfront Towers—St. Louis

April 14-17, 1977

IRST SESSION

The First Session of the House was called to order at 1:30 M on April 14, 1977 in the Illinois-Missouri Room with mes T. Brown, Speaker, presiding. The following officers, ouncilors and delegates were present during the 119th Anual Session:

OFFICERS

resident	Max S. Franklin, St. Louis
resident-Elect	Howard J. McAlhany, Springfield
ice-President	Hubert A. Ritter, St. Louis
ice-President	Miles C. Whitener, St. Louis
ecretary	John I. Matthews, Jefferson City
reasurer	James Stokes, St. Louis
peaker of the House	James T. Brown, Springfield
ice-Speaker of the House	Edwin K. Burford, Jr., Cape Girardeau
nmediate Past-President	R. Allen Chandler, Kansas City

COUNCILORS

t District	John N. Martin, St. Joseph
d District	J. Russell Comer, Hannibal
d District	Richard V. Bradley, St. Louis
h District	Louis P. Hetlage, Troy
h District	H. Peter Ekern, Mexico
h District	R. John Torontow, Nevada
h District	Andrew McCanse, Kansas City
h District	Walter German, Springfield
h District	C. W. Cooper, Thayer
th District	E. T. Hansbrough, Poplar Bluff

DELEGATES

First District

chanan	Allen I. Herman, St. Joseph
chanan	Berwyn H. Moen, St. Joseph
chanan	Ernest E. Wadlow, St. Joseph
ay	Donald A. Fakhoury, Kansas City
ay	Richard C. Hedges, Excelsior Springs
ay	William R. McPhee, Kansas City
ay	Truman B. Schertz, N. Kansas City
inton	Larry Ozenberger, Plattsburg
and River	Ralph W. Bohnsack, Brookfield
and River	Albert D. Cross, Trenton
rand River	John R. Dixon, Brookfield
and River	Merriam Gearhart, Bethany
and River	John Platz, Carrollton
rthwest Missouri	Edward F. Bare, Tarkio
rthwest Missouri	Patrick B. Harr, Maryville
rthwest Missouri	Frank Matteson, Grant City

Second District

Chariton-Macon-Monroe-Randolph	James E. Campbell, Macon
Chariton-Macon-Monroe-Randolph	G. R. Hudson, Moberly
Marion-Ralls-Shelby	Robert W. Buben, Hannibal
Marion-Ralls-Shelby	Michael J. Bukstein, Hannibal
Marion-Ralls-Shelby	Carl R. Kruse, Palmyra
North Central	Francis Tarvydas, Edina
Pike	Lawrence G. Stuerman, Louisiana

Third District

St. Louis City	Luis B. Anglo
St. Louis City	William C. Banton, II
St. Louis City	Donald T. Behrens
St. Louis City	Ralph L. Biddy
St. Louis City	George Bohigian
St. Louis City	Leslie F. Bond
St. Louis City	Robert D. Brookes
St. Louis City	Thomas J. Cooper
St. Louis City	Pablo C. deUngria
St. Louis City	Richard H. Fallon
St. Louis City	Max S. Franklin
St. Louis City	Daniel M. Fraser
St. Louis City	R. O. Frederick
St. Louis City	August W. Geise, Jr.
St. Louis City	Clement B. Grebel
St. Louis City	Charles R. Gulick
St. Louis City	Lily Ann Hanes
St. Louis City	George L. Hawkins, Jr.
St. Louis City	Donald R. Judd
St. Louis City	Jack Kayes
St. Louis City	John J. Kelly
St. Louis City	Edward H. Kowert
St. Louis City	Charles Lepley
St. Louis City	Francis X. Lieb
St. Louis City	J. Otto Lottes
St. Louis City	Robert R. MacDonald
St. Louis City	Napoleon Maminta
St. Louis City	Antonio Manansala
St. Louis City	Paul F. Max
St. Louis City	Roger L. Mell
St. Louis City	Melvin E. Meyer
St. Louis City	Lawrence W. O'Neal
St. Louis City	Theodore L. Paletta
St. Louis City	F. Eugene Pennington
St. Louis City	Richard T. Quick
St. Louis City	David M. Reisler
St. Louis City	Hubert A. Ritter
St. Louis City	John S. Sciortino

Dr. James T. Brown, Speaker of the House, declares the 119th Annual Session of the Missouri State Medical Association open as he calls the House of Delegates to order.

St. Louis City	Charles S. Sherwin
St. Louis City	A. J. Signorelli
St. Louis City	Ivan Sletten
St. Louis City	Kenneth R. Smith
St. Louis City	William Stoneman
St. Louis City	George E. Thoma, Jr.
St. Louis City	John Virant
St. Louis City	J. Leslie Walker
St. Louis City	Bruce J. Walz
St. Louis City	James M. Whittico
St. Louis City	Carol F. Williams
St. Louis City	Tyrus Winter
St. Louis City	Dean Wochner

Fourth District

Franklin-Gasconade-Warren	Samuel Bonney, Washington
Franklin-Gasconade-Warren	William Richardson, Union
Jefferson	Vicente D. Deles, Crystal City
St. Charles-Lincoln	Francisco J. Obando, Troy
St. Charles-Lincoln	Paul H. Rother, St. Charles
St. Charles-Lincoln	John C. Soucy, St. Charles
St. Louis County	Vernon H. Balster
St. Louis County	C. Read Boles
St. Louis County	Jill M. Clayton
St. Louis County	Edwin J. Cunningham, Jr.
St. Louis County	Daniel C. Fabito
St. Louis County	John M. Laird, Jr.
St. Louis County	Jay L. Meyer
St. Louis County	Jerry N. Middleton
St. Louis County	David L. Ohlms
St. Louis County	Frederick D. Peterson
St. Louis County	Rudy Ruhling
St. Louis County	Michael B. Rumelt
St. Louis County	Melvin M. Schwartz
St. Louis County	W. Gary Sherman
St. Louis County	James C. Sisk
St. Louis County	Frank Valach

Fifth District

Audrain	Benjamin N. Jolly, Mexic
Boone	William C. Allen, Columb
Boone	George Fuchs, Jr., Columb
Boone	Kenneth K. Keown, Columb
Boone	Larry E. Millikan, Columb
Boone	Benedict A. Moranville, Columb
Boone	William B. See, Columb
Boone	Hugh E. Stephenson, Jr., Columb
Cole	Mary K. McCaffree, Jefferson Cit
Cole	Kenneth K. C. Siu, Jefferson Cit
Cole	Robert H. Tanner, Jefferson Cit
Montgomery	Samuel J. Byland, Wellsvil
Morgan	J. Loren Washburn, Versaill

Sixth District

Henry	Richard H. King, Clint
Johnson	Keith D. Jones, Warrensbu
Lafayette-Ray	Thomas B. Cook, Richmon
Lafayette-Ray	Jordan Kelling, Waverl
Pettis	A. J. Campbell, Sedali
Saline	C. A. McBurney, Slat
West Central	Alfred W. Eklund, Pleasant Hi
West Central	Robert L. Magee, El Dorado Sprin
West Central	R. W. Pearse, Jr., Neva

Seventh District

Jackson	Federico Adler, Kansas Cit
Jackson	James H. Barloon, Kansas Cit
Jackson	Lafe W. Bauer, Kansas Cit
Jackson	Raymond J. Caffrey, Kansas Cit
Jackson	Richard M. Childs, Kansas Cit
Jackson	Irving H. Clark, Kansas Cit
Jackson	Mary C. Cortner, Kansas Cit
Jackson	Martin L. Crow, Kansas Cit
Jackson	Calvin E. Engelmann, Kansas Cit
Jackson	Lawrence L. Evans, Kansas Cit
Jackson	Fred D. Fowler, Kansas Cit
Jackson	Jerry C. Freeman, Kansas Cit
Jackson	Charles P. Gauthier, Kansas Cit
Jackson	John A. Griffith, Jr., Kansas Cit
Jackson	Frederick H. Hartwig, Kansas Cit
Jackson	William D. Hoadley, Kansas Cit
Jackson	Edwin E. MacGee, Kansas Cit
Jackson	Donald E. McIntosh, Kansas Cit
Jackson	William J. Medlicott, Kansas Cit
Jackson	W. R. Morgan, Kansas Cit
Jackson	Milton B. Ozar, Kansas Cit
Jackson	Sidney Pakula, Kansas Cit
Jackson	Donald A. Potts, Kansas Cit
Jackson	Wade V. Robinett, Kansas Cit
Jackson	O. Dale Smith, Kansas Cit
Jackson	W. Jack Stelmach, Kansas Cit
Jackson	Gerald F. Tuohy, Kansas Cit
Jackson	Harry A. Wall, Kansas Cit
Jackson	S. Dwight Woods, Kansas Cit
Jackson	Ronald A. Youmans, Kansas Cit
Jackson	James P. Youngblood, Kansas Cit

Eighth District

Dallas-Hickory-Polk-Dade	Evelyn Griffin, Buffal
Dallas-Hickory-Polk-Dade	Olin A. Griffin, Buffal
Greene	Charles J. Ash, Springfiel
Greene	John C. Crighton, Springfiel
Greene	David W. Hall, Springfiel
Greene	H. B. Ivy, Springfel
Greene	Richard H. Loeb, Springfiel
Greene	Don E. Menchetti, Springfiel
Greene	Stanley E. Peterson, Springfiel

One hundred and sixty-three delegates, seven officers and he ten councilors were present for the opening session of he House of Delegates on April 14, 1977. Seated in the reground are delegates from the Fifth District *(left to ght);* Drs. William C. Allen, George J. Fuchs, Jr., Kenneth K. Keown, William B. See, Councilor H. Peter Ekern, Hugh E. Stephenson, Jr. and Benjamin N. Jolly. Dr. Albert D. Cross, President of the Missouri State Medical Foundation, is at the microphone.

reene	David L. Spalding, Springfield
reene	Thomas P. Sweeney, Springfield
sper	John R. Esther, Joplin
sper	Marvin A. Singleton, Joplin
sper	Robert L. Willcoxon, Joplin
zarks	Richard Betz, Neosho
zarks	Robert F. Betz, Neosho
zarks	Francisco Esparrago, Monett
zarks	Kenneth Glover, Mt. Vernon
zarks	Stanley D. Roper, Ozark
zarks	Fred L. Wommack, Crane
ebster	T. M. Macdonnell, Marshfield

Ninth District

id-Missouri	Deo K. Bhati, Salem
id-Missouri	Rae W. Froelich, Lebanon
id-Missouri	Pichat Pojanasomboon, Rolla
id-Missouri	Barbara Russell, Rolla
id-Missouri	Jyotindra D. Shukla, Salem
id-Missouri	Eugene White, Rolla
outh Central	James A. Hasek, Mountain Grove
uth Central	Jack Langevin, West Plains
uth Central	W. Thomas Morgan, Jr., West Plains
uth Central	Manuel Runez, Houston
uth Central	C. Franklin Smith, West Plains
uth Central	Jack N. Wiles, West Plains

Tenth District

utler-Wayne-Ripley-Carter	Robert H. Laatsch, Poplar Bluff
utler-Wayne-Ripley-Carter	George H. Ladyman, Poplar Bluff
utler-Wayne-Ripley-Carter	T. Eugene Ruff, Poplar Bluff
Butler-Wayne-Ripley-Carter	Kirby L. Turner, Poplar Bluff
Cape Girardeau	Charles H. Cozean, Cape Girardeau
Cape Girardeau	John K. Holcomb, Cape Girardeau
Cape Girardeau	Melvin C. Kasten, Cape Girardeau
Dunklin	George Dunmire, Kennett
Mineral Area	Norma Farmer, Farmington
Mineral Area	Walter C. Gray, Farmington
SEMO	Robert L. Frazier, Charleston
SEMO	Fuad H. Kandalaft, Dexter
SEMO	Edwin J. Masters, Sikeston
SEMO	John P. Sargent, Sikeston

DELEGATES-AT-LARGE

James T. Brown, Springfield, Speaker
Edwin K. Burford, Jr., Cape Girardeau, Vice-Speaker

Past-Presidents

Hector W. Benoit, Jr., Kansas City
Victor B. Buhler, Kansas City
R. Allen Chandler, Kansas City
James C. Cope, Columbia
Joseph L. Fisher, St. Joseph
Walter T. Gunn, St. Louis
Kenneth C. Hollweg, Kansas City
David N. Kerr, St. Louis
Doyle C. McCraw, Bolivar
Guy N. Magness, University City
Gerald L. Miller, Kansas City
Robert Mueller, St. Louis
H. E. Petersen, St. Joseph
E. A. Stricker, St. James
Paul R. Whitener, St. Louis

STUDENT DELEGATES

Ms. Tamara Ostapowicz, St. Louis University School of Medicine
Mr. Paul J. Sheehan, St. Louis University School of Medicine
Mr. Carl Davis, University of Missouri-Columbia
Mr. William Harrell, University of Missouri-Columbia
Ms. Nancy Russell, University of Missouri-Kansas City
Mr. Mark Scarborough, University of Missouri-Kansas City
Mr. Jeffrey D. Coe, Washington University
Mr. Richard Rath, Washington University

The invocation was given by Max S. Franklin, M.D., President of the Missouri State Medical Association.

Dr. Walter T. Gunn presented the report of the Credentials Committee. He stated that satisfactory credentials had been presented by seven officers, ten councilors and 163 delegates. He informed the house that this number of delegates constitutes a quorum and dispensed with a roll call.

Dr. Richard Bradley, Chairman of the General Committee on Arrangements, welcomed the Association members, their wives and guests to the 119th Annual Session and expressed hope for a successful meeting.

The minutes of the 118th (1976) Annual Session, which were published in the July 1, 1976 issue of Missouri Medicine were approved as published.

Reference Committees

The Speaker announced appointment of the following reference committees and presented his instructions to the committees:

CONSTITUTION AND BYLAWS

George L. Hawkins, St. Louis, Chairman
William R. Richardson, Union
William J. Medlicott, Kansas City
Patrick B. Harr, Maryville
Kenneth K. C. Siu, Jefferson City

MEDICAL EDUCATION AND PUBLIC WELFARE

William D. Hoadley, Kansas City, Chairman
John K. Holcomb, Cape Girardeau
Frederick D. Peterson, St. Louis County
C. Franklin Smith, Willow Springs
Tamara Ostapowicz, Student, St. Louis University

MISCELLANEOUS AFFAIRS

John M. Laird, St. Louis, Chairman
Charles S. Sherwin, St. Louis
John Esther, Joplin
Frederick H. Hartwig, Kansas City
G. R. Hudson, Moberly

REPORTS OF OFFICERS

Roy W. Pearse, Jr., Nevada, Chairman
Thomas P. Sweeney, Springfield
Carl R. Kruse, St. Louis
Michael J. Bukstein, Hannibal
George J. Fuchs, Jr., Columbia

RESOLUTIONS

Charles J. Ash, Springfield, Chairman
Donald A. Fakhoury, Kansas City
George O. Dunmire, Kennett
Donald E. McIntosh, Kansas City
Pablo C. deUngria, St. Louis

The Speaker introduced Dr. Franklin who delivered the annual President's Message.

(The President's Message is published on page 285.)

At this time, President Franklin introduced a courtes resolution expressing appreciation to Mr. Raymond R. McIntyre, retiring Executive Secretary, who has served th MSMA for 35 years.

Courtesy Resolution—Raymond R. McIntyre

(This resolution is published on page 297.)

President Franklin moved that the rules be suspended an a vote on the resolution be taken immediately. His motio was approved and the resolution received unanimous approval.

At this time Mr. McIntyre accepted a special plaque o appreciation from Dr. Franklin on behalf of Missouri Stat Medical Association. He received a standing ovation.

The Speaker then asked Dr. Howard J. McAlhany to present the remarks of the incoming President.

(Dr. McAlhany's address is published on page 287.)

(Both Presidential messages were referred to the Reference Committee on Reports of Officers.)

The Speaker then invited Mrs. George P. Wilson to present the annual report of the President of the MSMA Woman's Auxiliary.

(Mrs. Wilson's report is published on page 289. It wa referred to the Reference Committee on Reports of Officers.)

The Speaker introduced Mrs. W. Jack Stelmach of Kansas City, President-Elect of the Woman's Auxiliary to th MSMA.

The Speaker introduced Dr. John H. Budd, President-Elect of the American Medical Association, who was a distinguished guest at the Annual Session. Dr. Budd addressed the House of Delegates.

The Speaker stated that the reports of the Officers, Committees, Commissions and Council were published in th Delegates Handbook and referred the reports to the appropriate reference committees. He asked for any supplementary reports from the committee and commission chairmen. There were no supplementary reports.

The Speaker requested any supplementary reports of th Council. He referred the various subjects within the Supplementary Report of the Council to appropriate reference committees.

(This report is published on page 328.)

The reports of the Officers, Committees, Commissions and Council are as follows:

Reports of Officers

REPORT OF THE SECRETARY

The Missouri State Medical Association had 4,916 members as of December 31, 1976. This was an increase of 126 members over the previous year.

MEMBERSHIP CHANGES DURING THE YEAR

Members, January 1, 1976		4,790
New Members admitted during year	302	
Reinstated	7	
Total Added	309	
Members dropped during year	47	
Deceased	62	
Transferred to other states	56	
Resigned	18	
Total Lost	183	
Net Gain		126
Members, December 31, 1976		4,916

The Committee on Nominations, which is appointed by he President from the House of Delegates, must submit nominations for the following offices:

Three Vice-Presidents to fill the expired terms of Charles H. Appleberry, Rivermines; Hubert A. Ritter, St. Louis; and Miles C. Whitener, St. Louis.

A Speaker of the House of Delegates and a Vice-Speaker of the House of Delegates to fill the expired terms of James T. Brown, Springfield, Speaker, and Edwin K. Burford, Jr., Cape Girardeau, Vice-Speaker.

Two Delegates and corresponding Alternates to the American Medical Association to fill the vacancies created by the expiration on December 31, 1977, of the terms of Delegate, Lawrence W. O'Neal, St. Louis; Alternate, Donald Judd, St. Louis; Delegate, Robert A. Slickman, Kansas City; Alternate, Hugh E. Stephenson, Jr., Columbia.

The terms (two years) of the Councilors of the even-numbered districts expire this year. These Councilors are . Russell Comer, Hannibal, Second District; Louis P. Hettage, Troy, Fourth District; R. John Torontow, Nevada, Sixth District; Walter A. German, Jr., Springfield, Eighth District; Eugene T. Hansbrough, Poplar Bluff, Tenth District. Delegates from these districts shall meet during the meeting, prior to the last day, and elect the Councilor for heir district. The election shall be certified to the House of Delegates on a prescribed form which will be furnished.

The entire session will be held in the Stouffer's Riverfront Towers, St. Louis. The House of Delegates will hold its first session on Thursday, April 14 at 1:30 PM in the Illinois-Missouri Room. Reference Committees will meet in committee rooms in the hotel. The second session of the House of Delegates will convene at 4 PM on Friday, April 15 in the Illinois-Missouri Room. The final session of the House, a breakfast meeting, will be held in the Illinois-Missouri Room t 7:30 AM on Sunday, April 17.

Registration facilities will be open on Thursday, April 14 rom 11 AM to 4 PM; on Friday and Saturday from 8 AM to PM; and on Sunday from 7:30 AM to 9 AM. Registration will be in the East Assembly Area.

John I. Matthews, Secretary

(Referred to the Reference Committee on Reports of Officers.)

REPORT OF THE TREASURER

The report of the Treasurer is covered in the Financial Statement which appeared in the March issue of Missouri Medicine and is included elsewhere in the Delegates' Handbook. Therefore, it is not repeated here.

James M. Stokes, Treasurer

(Referred to Reference Committee on Constitution and Bylaws.)

REPORT OF THE EXECUTIVE SECRETARY

First of all, I want to let all of you know how much I appreciated being selected to succeed my friend, Ray McIntyre, as your new Executive Secretary. I shall do everything can to justify the confidence placed in me. I am planning o make an objective review of the overall operation of the Association and will make recommendations where necessary to the Council. Some administrative changes have been implemented while others will be recommended in the near uture.

All of us are pleased with the new *AM-CAP* computer service now provided by the AMA. The transition from the cumbersome manual system to a quite sophisticated computer system is being accomplished with only minor problems. Once it is completely programmed, it will not only save much time and effort for the county societies and our-

"Thank You, Ray McIntyre!"

Mr. Raymond R. McIntyre *(right)*, who retired as Executive Secretary of the MSMA on January 1, was the recipient of a special plaque in recognition and appreciation of his outstanding service and dedication.

The presentation was made on behalf of the Missouri State Medical Association by President Max S. Franklin *(left)*, who also introduced the following resolution which received unanimous approval at the First Session of the House of Delegates:

Special Resolution—Raymond R. McIntyre

Whereas, *Raymond R. McIntyre announced his retirement as Executive Secretary of the Missouri State Medical Association effective January 1, 1977; and*

Whereas, *Mr. McIntyre has served this Association with dedication and distinction since 1942, a period of 35 years, and*

Whereas, *Through his personal efforts the MSMA has continued to grow and prosper and become a more viable organization to represent both the physicians of this state and the public; and*

Whereas, *His contributions to this Association have known no restrictions—his time and talents have been diligently and generously given to the many endeavors of the physicians of Missouri; and*

Whereas, *Ray McIntyre is a man who in his daily life demanded the best of himself and, by his example, inspired those around him to do the same; and*

Whereas, *Over the years, he has won not only the respect and admiration of the MSMA membership but, also, the affectionate personal regard of thousands of physicians throughout the state and nation; and*

Whereas, *Ray McIntyre has been a friend in the deepest, finest and fullest sense of the word; therefore, be it*

Resolved, *That the House of Delegates of the Missouri State Medical Association, sitting at this 119th Annual Session in St. Louis, Missouri, formally commends and accords the highest praise to Raymond R. McIntyre for devoted and selfless service to the physicians and people of Missouri; and be it further*

Resolved, *That the House expresses to him on behalf of the entire membership the esteem and affection in which he is held by the doctors of this state; and be it further*

Resolved, *That the House extends to him the affectionate good wishes of the profession for health and happiness in the years to come.*

selves, but we also will be able to have much more information and statistics available.

We feel we can no longer afford to be complacent with regard to membership. There is a compelling need for the Association to identify and develop additional tangible benefits of membership. At the same time, we must publicize the merits of our existing package of services. We are attempting to formulate an ongoing membership recruitment, retention and development program. An attractive brochure describing the MSMA and its benefits will soon be available for distribution.

An important and immediate goal is to improve and strengthen the channels of communication between the MSMA and its component county societies and with other health-related organizations. We will meet with the county medical society executives before this annual session and together attempt to develop methods of increasing membership participation at all levels.

It is necessary for the Association to become the physician's advocate. We must develop our ability to champion the rights and the position of the physician against the constant encroachments from all sources into medical practice.

We need to become a more effective and potent political force. This can best be accomplished by strengthening the Association's political arm, MMPAC. Physicians need to become more actively involved in politics, but if time is an obstacle, then they should give their financial support.

A great deal of emphasis needs to be placed on planning. Everyone has to wonder about the future of organized medicine. You have a right to expect appropriate long-range leadership from your state and county officers and from your staff.

Your Executive Secretary feels extremely fortunate in having inherited a loyal and capable staff. This is truly an asset that is essential to the success of any association. I would like to take this opportunity to express my sincere thanks and appreciation to all of them for their fine cooperation and diligent service.

ROYAL O. COOPER, Executive Secretary

(**Referred to Reference Committee on Reports of Officers.**)

Reports of Standing Committees

REPORT OF COMMITTEE ON CONSTITUTION AND BYLAWS

The items concerning the Constitution and Bylaws of the Association which surfaced the past year are those two proposed amendments which were heard by the Reference Committee on Constitution and Bylaws at the 1976 Annual Session and a proposed bylaw change offered by the Council.

The two proposed constitutional amendments have been reprinted in MISSOURI MEDICINE July, 1976 and February, 1977 and have been distributed to Secretaries of the County Medical Societies. This fulfills the requirements of the Constitution and Bylaws regarding prior notification to the membership before a final vote can be taken.

Your Committee on Constitution and Bylaws recommends the following language if the proposed amendments are adopted:

Article VI. Sessions and Meetings

Section 1. The Association shall hold an annual Spring session and and interim Fall session of the House of Delegates, at places fixed by the House of Delegates, the time of which shall be fixed by the Council.

Article VII. Officers

Section 2. The officers shall be elected annually. The terms of Councilors and Vice-Councilors shall be two years. Half of the membership of the Council shall be elected each year. The Secretary and Treasurer shall be elected by the Council. The delegates present from each Councilor District shall meet prior to the last day of the Annual Session and elect the Councilor and Vice-Councilor from that district. In the event of death, resignation or removal of any Councilor, the Vice-Councilor shall automatically fill the vacancy. The officers shall serve until their successors are elected and installed.

If the above constitutional amendments are adopted by the House, your Committee on Constitution and Bylaws recommends the following changes in the Bylaws to implement the action called for:

Chapter III. House of Delegates

Section 1 (b). The House of Delegates shall meet annually at an interim Fall session at places fixed by the House of Delegates and at times fixed by the Council.

Chapter IV. Election of Officers

Section 4. Delegates present at the Annual Session from Councilor Districts whose Councilors' and Vice-Councilors' terms expire shall hold meetings on or before the morning of the last day of the Annual Session and elect a Councilor and Vice-Councilor for their District for a term of two years. The names of the elected Councilor and Vice-Councilor shall be given on prescribed forms to the Secretary for presentation to the House of Delegates. Each candidate for Councilor or Vice-Councilor must reside or practice in the district for which he is elected.

The MSMA Council has proposed a Bylaw change which would extend the $10.00 annual assessment on MSMA members to support the Missouri State Medical Foundation's student loan fund for three (3) years. If this Bylaw change is adopted, the Committee on Constitution and Bylaws recommends the following language to implement the action called for:

Chapter VIII. Dues and Assessments

Section 1 (b). An assessment of $10.00 per year on each active member of the Association shall be applicable for a three-year period beginning in 1978. The assessment shall be payable with the dues of the Association, and the monies collected therefrom shall be remitted to the Missouri State Medical Foundation.

R. STACY LONG, *Chairman*
FREDERICK D. PETERSON
DONALD H. BEISNER
JOSEPH CONRAD
GEORGE BOHIGIAN

(**Referred to Reference Committee on Constitution and Bylaws.**)

REPORT OF COMMITTEE ON PUBLICATIONS

The 73rd volume of MISSOURI MEDICINE was completed with the publication of the December, 1976 issue. During the year, 13 issues were printed and distributed. Eleven of these issues contained scientific articles, special articles, organizational reports, monthly messages from the presidents of the Association and the Woman's Auxiliary and news and items of interest to members of the medical profession. The July 1 issue contains the official proceedings of the 1976 (118th) Annual Session of the MSMA House of Delegates. The July 15 issue is the annual Membership Directory.

There were two special issues of the Journal. The scientific articles in the April issue were contributed by members of the faculty of the University of Missouri-Columbia School of Medicine and the scientific articles in the December issue were from members of the staff of Ellis Fischel State Cancer Hospital and Cancer Research Center.

During the year, 38 scientific articles and four special articles were published. Most of the articles were written by Missouri authors.

The Editors wish to express appreciation to all who submitted scientific manuscripts and to all other individuals, institutions and organizations, including the administrations, faculties and publications departments of the University of Missouri in Columbia and Kansas City, Saint Louis University, Washington University and Ellis Fischel State Cancer Hospital for their valuable contributions.

At the year's end, the Journal circulation was 5,265.

The complete financial report for the Journal is included in the financial statement of the Missouri State Medical Association for 1976. The Report is published in the March, 1977 issue of Missouri Medicine and is included in the Delegate's Handbook.

Joseph V. Finnegan, *Chairman*
William C. Mixson
Charles S. Sherwin
Byron M. Stuart
Wilfred E. Wooldridge

(Referred to the Reference Committee on Reports of Officers.)

REPORT OF THE COMMITTEE ON LEGISLATIVE AFFAIRS

The MSMA Committee on Legislative Affairs has held numerous meetings the past year and reports of these meetings will be found in the various Council reports in this Handbook.

Perhaps the prime target of the Committee at this time is to attempt to generate involvement of MSMA members in the affairs of government. A "Key Man" list has been developed in order to distribute pertinent legislative information to members at short notice so the members can make contact with their lawmakers before a bill is considered.

A review of last year's action shows that the MSMA, with the help of others, was able to gain passage of six bills intended to help alleviate the malpractice insurance crisis in Missouri. These bills shortened the Statutes of Limitations, established a system of review panels in malpractice cases, provided added policing strength to the State Board of Healing Arts, eliminated the ad damnum clause from malpractice case pleadings, required insurance companies to report all malpractice claims to the State Division of Insurance and set up a standby mechanism to establish a Joint Underwriting Association if that becomes necessary.

These new laws will not solve the professional liability problem. However, they should help stem the tide of skyrocketing premiums. This Committee has been instrumental in the introduction of three additional malpractice bills into the present General Assembly. These bills would (1) reduce a malpractice claim award by the amount the victim received from other sources, (2) require expert medical witnesses in malpractice cases to be from Missouri or one of the contiguous states, and (3) provide that a malpractice award of over $200,000 be paid over a period of time to insure continued care of the victim.

During the present session, the Committee on Legislative Affairs and staff are keeping tabs, to various degrees, on 46 Senate bills and 71 House bills which would affect the medical profession in some manner. That means a lot of reading, studying and, in some instances, testifying before General Assembly committees.

The Committee would like to point out that although the Association is working hard on legislative matters in behalf of the membership, this Committee, MSMA Officers and staff cannot do the job alone. Successful legislative action requires the involvement of physicians and their wives from across the state. The Committee feels certain that if each MSMA member would make the effort to meet and visit with his Representative and Senator, we could help insure a good legislative climate in Missouri.

John I. Matthews, *Chairman*
Max S. Franklin
Howard J. McAlhany
John N. Martin
Andrew McCanse
Hubert A. Ritter
Robert E. Bregant

(Referred to Reference Committee on Miscellaneous Affairs.)

REPORT OF THE COMMITTEE ON PLANNING

Although the Committee on Planning did not meet this year, we were pleased that several objectives set forth by this Committee previously were instituted during 1976.

The MSMA has switched its record-keeping from manual to computer and, despite the minor problems which characterize such major changes, we are certain the new system will prove beneficial to both the Association and the membership in the years to come.

As suggested by this Committee, the Association has moved forward in Continuing Medical Education, increased legislative contact, internal upgrading and many other areas. This Committee intends to again review the Association structure and aims in order to insure a continued successful organization for the physicians of Missouri.

Paul H. Rother, *Chairman*
J. Will Fleming
William D. Bradshaw
T. N. Cofer
James C. Cope
Charles P. McGinty
Harry D. Haas
Francis X. Lieb
James A. Hasek
E. Rule Olson

(Referred to Reference Committee on Reports of Officers.)

REPORT OF COMMITTEE ON VOLUNTARY HEALTH AGENCIES

On January 16, 1977, the Committee on Voluntary Health Agencies met with representatives from six voluntary health organizations at the Hilton Inn in Columbia, Missouri.

All the organizations represented had opportunity to describe their organizational structure, purpose, current programs, means of fund raising and anticipated difficulties. The group also questioned each other on the same topics.

The Committee again presented to the organizations the proposal for inclusion of a list of voluntary health services offered directly to physicians and patients. The organizations again expressed their interest in the list of services. Some members suggested that a directory of organizations could become too extensive to be economical to publish in Missouri Medicine. The Committee promised to study the matter further and present a suggestion to the MSMA Council. Dr. Allen reminded the assembly that the criteria for inclusion in the MSMA list of Voluntary Health Organizations are that (1) the organization have voluntary membership and (2) the organization covers the state.

The Committee proceeded to discuss the anticipated effect of National Health Insurance on the Voluntary Health Organizations. The problems pointed out seemed to be that (1) under NHI, gaps in care are inevitable and (2) the question of whether funds would be available for volunteer groups when NHI is touted as total health care. The group expressed general agreement that Voluntary Health Organizations will survive NHI and will be needed more if NHI is enacted. The research conducted by Voluntary Health groups will be essential to the nation since the federal government is less flexible in the research grant area.

The Committee and organizations present agreed that the biennial meeting is worthwhile in that in the two years since the last meeting, new faces have appeared in some of the major organizations and new organizations have attended to present their viewpoint in the discussion.

William C. Allen, *Chairman*
Melvin A. Cassell
Carl Siegel
Paul S. Quinn
Joseph L. Fisher

(Referred to Reference Committee on Medical Education and Public Welfare.)

Reports of Commissions and Ad Hoc Committees

REPORT OF THE COMMISSION ON PUBLIC AFFAIRS

Your Commission on Public Affairs was responsible for preparing, recruiting and conducting the highly successful Meeting of Component Medical Society Officers, October 22-23, 1976 at the Lake of the Ozarks.

Details and recommendations of this meeting are reproduced in the December Council minutes reprinted in this Handbook. The Commission, as stated last year, is very enthusiastic about this meeting of representatives from the component societies and strongly recommends that the meeting be continued.

This past meeting attracted 13 physician representatives from 12 county medical societies. With continued success of the meeting and added publicity, it is hoped that more and more county societies will send representatives in the future.

As with other medical organizations the past two years, the focus of attention by the MSMA and its members has been toward the malpractice crisis, federal government intervention and other areas of immediate concern.

However, it is the stated purpose of this Commission to "plan and execute programs designed to enhance the relationship between the public and the medical profession." In that light, the Commission plans in the coming months to solicit ideas and thoughts from the membership on the most effective ways to carry out these duties.

Byron E. Watts, *Chairman*
Allen Klippel
Joseph Kendis
James D. Grable
Donald R. Germann
Francis M. Corry
Wilbur B. Spalding, Jr.
Sharon Waggoner
A. J. Campbell
Stanley G. Hall
R. A. Ritter, Jr.
Vernon H. Balster
Daniel M. Fraser
Armand E. Brodeur
B. A. Moranville

(Referred to Reference Committee on Miscellaneous Affairs.)

REPORT OF COMMISSION ON MEDICAL ECONOMICS, THIRD PARTY MEDICINE AND GOVERNMENTAL RELATIONS

The Commission discussed the problem of confidentiality of medical records. *Resolution #3—"Doctor-Patient Confidentiality,"* adopted by the House of Delegates in 1976 and referred to this Commission by the Council also was discussed.

The Commission studied the provisions of the AMA model bill that provides for confidentiality of health care information. This bill places reasonable restrictions upon third parties with respect to unauthorized access to use of and further distribution of confidential health care information. Several drafts of this bill have been presented to the AMA House of Delegates. It was finally adopted at the AMA Annual Session in 1976 and the model bill has now been distributed to the state medical societies.

The Commission recommends that the AMA model bill be given to the MSMA Committee on Legislative Affairs to be studied and modified, if necessary, for possible introduction in the next session of the Missouri General Assembly.

Resolution #26, "Medicare Reimbursement," adopted by the House of Delegates during the 1976 Annual Session:

> *Resolved,* That the Missouri State Medical Association takes all appropriate action to seek a return of Medicare reimbursements to physician's usual, customary or reasonable charges in line with the program's original legislative contract to its beneficiaries, and be it further
> *Resolved,* That the AMA be urged to continue to expend its efforts in this direction.

The Medicare-Medicaid Reimbursement Reform Act, known as the Talmadge Amendments, were studied by the Commission. The Commission supports the AMA in its summary statements concerning this bill. This legislation provides for extensive charges in the Medicare and Medicaid programs.

Resolution #18, "Negotiation of Third Parties," was adopted by the House of Delegates and referred to the Commission by the MSMA Council. The resolved reads as follows:

> *Resolved,* That the Council of the Missouri State Medical Association shall increase its efforts to explore the possibility of developing such a negotiating capacity either within the state organization or through an affiliated organization.

The Commission recommends that the MSMA Council pursues the intent of this Resolution and investigates the possibility of developing and implementing the negotiating capacity within the Missouri State Medical Association.

The Commission also suggests that, quite possibly, Dr. Peterson and his organization should be consulted because of their expertise in this area.

Resolution #28, "Welfare Marketing of Medicine," concerns the welfare department of the state of California supplying generic drugs of their choice to Medicaid recipients. The resolved reads as follows:

> *Resolved,* That the MSMA and all of its members individually oppose any such scheme in Missouri as detrimental to the proper provision of medical services.

This resolution has been included in the MSMA Policy Manual for 1977 and has been referred to the Committee on Legislative Affairs.

Resolution #36, "Advertising," which is as follows, was adopted by the House of Delegates in 1976 and referred to the Commission by the Council:

> Whereas, Members of the learned professions have been prohibited from advertising both by the law and Canons of Ethics because such activity is recognized to be detrimental to the welfare of the public, therefore be it
> *Resolved,* That the MSMA resists the efforts of the Federal Government to enter into those areas and so further cause the deterioration of the generally high level of medical care available to those who desire it.

The Commission studied this resolution and the policy statement of the AMA Judicial Council on Advertising and Solicitation by Physicians. The Commission accepts this position and notes that the Missouri Medical Practice Act prohibits solicitation of patients by physicians.

The Commission noted progress toward private-insurer use of the AMA uniform claims form. The Commission also requested that the form be resubmitted to the Department of Social Services after the changes in leadership are announced.

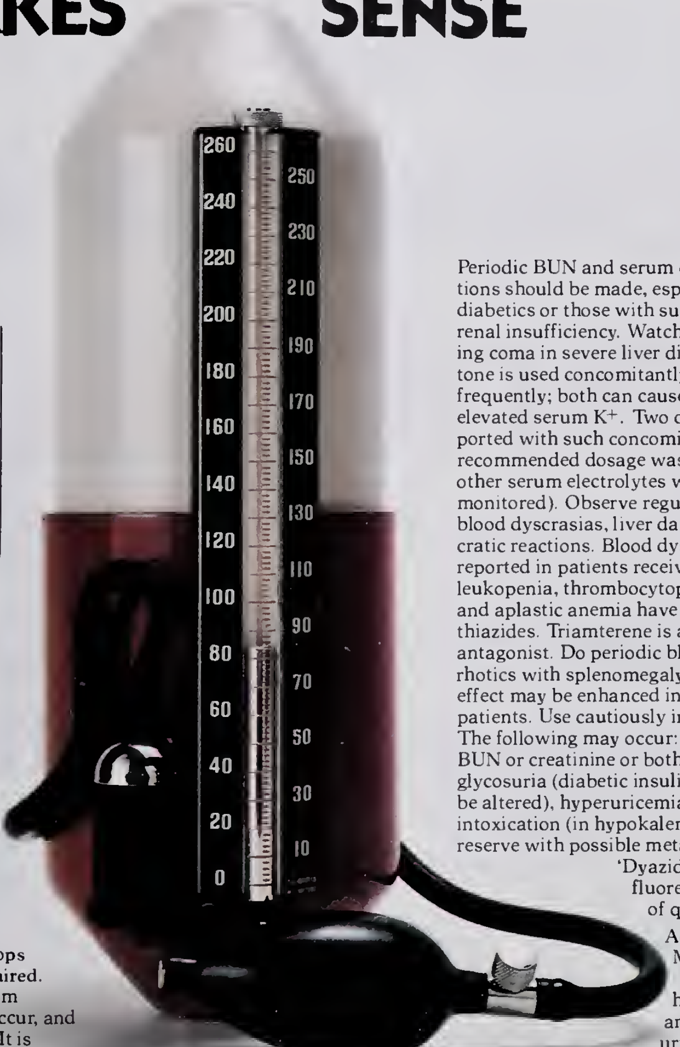
The Commission reviewed the announcement of John Hancock Insurance Company that it provides payment for surgical second opinions. The discussion centered around the AMA suggestions to change the terminology from "elective" surgery to "non-urgent" surgery and to study the benefit before more companies adopt it. The Commission is concerned that the programs which make a second opinion mandatory and do not give the patient free choice of physicians will not have the intended effect of improving patient care and will only increase cost. Commission members also

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* Warning
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.** If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated **widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.* SERUM K⁺ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company

Only 1 tablet B.I.D.

New convenienc

Gantanol® DS

sulfamethoxazole/Roch

double-strength dosage form for acute cystitis* patients

*nonobstructed, due to susceptible organisms

ew Gantanol® DS (sulfamethoxazole) tab-
ts offer even greater convenience and
conomy for your patients with acute,
onobstructed cystitis due to susceptible
rains of *E. coli, Klebsiella-Aerobacter,*
aphylococcus, *Proteus mirabilis* and,
ss frequently, *Proteus vulgaris*...
ne same amount of medication, the same
ficacy, with only *half* the number of tablets
er day.
mplified dosage regimen encourages pa-
ent compliance: 2 tablets (1 Gm each)
TAT—then 1 tablet B.I.D. for 10 to 14 days.
inical efficacy so basic you can start cys-
is therapy even before culture results are
ailable.

- In a clinical study of 406 patients on Gantanol (sulfamethoxazole) B.I.D., close to 9 out of 10 patients achieved negative urine cultures. While Gantanol tablets were used in this study, one Gantanol DS tablet has been proved bioequivalent to two Gantanol tablets.*

Gantanol is contraindicated during pregnancy, during the nursing period, and in infants under 2 months. During therapy, maintain adequate fluid intake, perform frequent CBC's and urinalyses with careful microscopic examination.

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

and economy

fore prescribing, please consult complete product
ormation, a summary of which follows:
dications: Acute, recurrent or chronic urinary tract infec-
ns (primarily pyelonephritis, pyelitis and cystitis) due to
sceptible organisms (usually *E. coli, Klebsiella-Aerobacter,*
phylococcus, *Proteus mirabilis* and, less frequently,
oteus vulgaris), in the absence of obstructive uropathy or
eign bodies. Note: Carefully coordinate *in vitro* sul-
namide sensitivity tests with bacteriologic and clinical
sponse; add aminobenzoic acid to follow-up culture
edia. The increasing frequency of resistant organisms
its the usefulness of antibacterials including sul-
namides, especially in chronic or recurrent urinary tract
ections. Measure sulfonamide blood levels as variations
y occur; 20 mg/100 ml should be maximum total level.
ntraindications: Sulfonamide hypersensitivity; preg-
ncy at term and during nursing period; infants less than
 months of age.
rnings: Safety during pregnancy has not been estab-
hed. Sulfonamides should not be used for group A
a-hemolytic streptococcal infections and will not eradi-
e or prevent sequelae (rheumatic fever, glomerulone-
itis) of such infections. Deaths from hypersensitivity reac-
ns, agranulocytosis, aplastic anemia and other blood
scrasias have been reported and early clinical signs
re throat, fever, pallor, purpura or jaundice) may indi-
e serious blood disorders. Frequent CBC and urinalysis
 microscopic examination are recommended during
onamide therapy. Insufficient data on children under
 with chronic renal disease.
cautions: Use cautiously in patients with impaired renal
epatic function, severe allergy, bronchial asthma; in glu-
e-6-phosphate dehydrogenase-deficient individuals in
om dose-related hemolysis may occur. Maintain ade-
ate fluid intake to prevent crystalluria and stone formation.
verse Reactions: *Blood dyscrasias* (agranulocytosis,
astic anemia, thrombocytopenia, leukopenia, hemolytic
mia, purpura, hypoprothrombinemia and methemo-
binemia); *allergic reactions* (erythema multiforme, skin
ptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.
Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). *Usual adult dosage:* 2 Gm (2 DS tabs or 4 tabs or 4 teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.
Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially; then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.
Supplied: DS (double strength) tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

Basic therapy with convenience and economy:
Gantanol® (sulfamethoxazole) Roche®

Basic therapy with even more convenience and economy:
Gantanol® DS (sulfamethoxazole) Roche®

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

BURROUGHS WELLCOME CO. MAKES CODEINE COMBINATION PRODUCTS.

YOU MAKE THE CHOICE.

EMPIRIN® COMPOUND c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 32 mg (gr ½),
(Warning: May be habit-forming);
aspirin, 227 mg; phenacetin, 162 mg;
and caffeine, 32 mg.

CIII

EMPRACET™ c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 30 mg (gr ½),
(Warning: May be habit-forming);
and acetaminophen 300 mg.

CIII

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

examined the liability of physicians who give "second opinons."

Information provided by the Missouri Division of Family Services concerning the State Medicaid Program was discussed by the Commission. Information concerning the fees paid physicians for the ten most common procedures for the period 1968 to date was furnished to the Commission. It was quite evident that physician fees were not increased and, in some instances, have decreased during this period. Budget information on the Division of Family Services Medcaid appropriations also was studied. It clearly indicates hat the physicians' share of the total Medicaid appropriaions has dropped from 19.4% to 15% of the total, while the number of recipients increased 55%.

The Physicians Advisory Committee to the Division of Family Services and the Commission have urged the Division of Family Services for several years to publish a Medcaid manual that would include rules and regulations in the ees payable for approximately 300 of the more common procedures. These 300 procedures accommodate approximately 90% of the expenditures for physician services under he program. The Commission studied *Resolution #27*, adopted by our House of Delegates in 1976 and referred to his Commission by the Council. The resolved of this resoution states as follows:

> *Resolved*, That the problem of Medicaid reimbursement be given ttention by the MSMA and that a realistic basis of remuneration be established through negotiation with the Welfare Department, the Legislature and the Governor.

The Commission made the following recommendations to he MSMA Council and the Physicians Advisory Committee:

The rate of reimbursement for services should be determined by a published fee schedule based upon an acceptable, reasonable, uniform, statewide fee for service determined by negotiation between the medical and osteopathc profession and the state of Missouri.

Proposed fee schedules published in the draft of the manal are totally unacceptable; fees are too low and the fees re divisive because of the dual fee schedule.

Because of the changes in state government, uncertainty bout the budget and Medicaid appropriations will exist for ome time to come. There is a need to inform the newly elected and appointed members of state government of the health needs of the state. The previous administration submitted an appropriation request large enough to provide Medicaid reimbursement equal to Medicare Area I 75th percentile. The appropriation request is subject to review by both the Governor and legislature.

The Commission directed staff to prepare a documented written report to submit to the Senate Appropriations committee in January that traces the development of the current ituation and explains the necessity for the appropriation reuest.

Charles W. Chastain, *Chairman*
John A. Griffith
John M. Laird
E. Warren Allen
R. John Torontow
A. E. Braverman
R. Phillip Acuff
James O. Lottes
John R. Esther
Stanley S. Peterson
Rae W. Froelich
James L. Carpenter
Max A. Heeb
Mary K. McCaffree
Herbert C. Wiegand

President-Elect Howard J. McAlhany appeared before the House and addressed his remarks to the topics of the professional liability problem and the increasing costs of health care.

REPORT OF THE CONJOINT MEDICAID FEE COMMITTEE

The Committee is concerned that the policy be adopted that would allow for the rate of reimbursement for services to be determined by a published fee schedule based upon an acceptable, reasonable, uniform, statewide fee for service between the medical and osteopathic professions in the state of Missouri. The Conjoint Committee recommended to the Missouri Division of Family Services that the latest Area I 75th percentile fees as determined by General American for payment of physicians services under Medicare is an acceptable, reasonable, uniform, statewide fee payable for physician services provided under the State of Missouri Medicaid program. The suggestion, after some discussion and some effort on the part of one of the Conjoint Committee members, was adopted by the Division of Family Services and submitted in the budget request submitted by the previous administration.

The Committee also discussed at length the revisions to the physicians' participation agreement.

Stanley S. Peterson, *Chairman*
James E. Campbell
Rae W. Froelich
Max A. Heeb
John H. Wells

(Referred to Reference Committee on Resolutions.)

REPORT OF THE COMMISSION ON CONTINUING EDUCATION AND HEALTH MANPOWER

The Commission on Continuing Education and Health Manpower appointed three Ad Hoc Committees as follows: Ad Hoc Committee on Health Manpower, Ad Hoc Committee on Continuing Medical Education and Ad Hoc Committee—119th Annual Session. These Ad Hoc Committees implemented directives of the MSMA Council. Details of Committee action can be found in the Ad Hoc Committee Annual Reports published herein.

During the past year, the Commission has worked closely with the Commission on Interspecialty Medicine in the development of the scientific sessions for the 119th Annual Session. As in 1975 and 1976, the scientific portion of the 119th Annual Session has been approved by the American Medical Association for Category 1 credit.

George H. Ladyman, *Chairman*
William D. Bradshaw
Manuel R. Comas
John C. Soucy
Charles A. Worley
H. Peter Ekern
Richard Hedges
Robert Dettmer
Robert B. Deitchman
Marvin A. Singleton
W. Thomas Morgan, Jr.
W. Wayne Boydston
M. Kenton King

REPORT OF THE AD HOC COMMITTEE —119th ANNUAL SESSION

For the sixth year, the Committee invited the respective medical specialties to sponsor and develop Scientific Sessions for the MSMA 119th Annual Session on April 14-17, 1977. The Committee is pleased to report the response was very gratifying with 23 scientific sessions being sponsored by 13 specialties, including one general session and two programs presented by voluntary health agencies.

The Program Committee encouraged the medical specialties to also schedule their business and social functions during the MSMA Annual Session.

The Committee would like to express sincere appreciation to the official representatives on the MSMA Commission on Interspecialty Medicine for their cooperation and interest.

George H. Ladyman, *Chairman*
Andrew McCanse
Richard J. Dames
William C. Allen
W. Wayne Boydston
John M. Laird, Jr.
Jack Wiles
William D. Bradshaw

REPORT OF THE AD HOC COMMITTEE ON CONTINUING MEDICAL EDUCATION

The Ad Hoc Committee on Continuing Medical Education (CME) is pleased to report on major accomplishments in the MSMA Voluntary CME Program. During 1976, the Missouri State Medical Association, under the auspices of the AMA Council on Medical Education, serves as an accrediting body for institutions and organizations which provide CME programs in the state of Missouri.

In addition to the CME programs that are offered by accredited institutions and organizations, the MSMA 119th Annual Session is approved for 12 hours of Category 1 CME credit.

At the time the Voluntary Continuing Medical Education Program was implemented for the State of Missouri, there were two facets that were identified: (1) a program for accrediting institutions and organizations in Missouri that provide continuing medical education. Since January 1, 1976, the following Missouri hospitals and organizations were accredited as a sponsor for CME activities:

Ellis Fischel Cancer Hospital
and Cancer Research Center
Columbia
Mo. State Allergy Association, Inc.
Kansas City
Academy of Health Professions
Kansas City
Trinity Lutheran Hospital
Kansas City
Southeast Missouri Foundation for
Medical Care
Cape Girardeau
St. John's Mercy Medical Center
St. Louis
Freeman Hospital
Joplin
Greene County Medical Society
Springfield

Three additional site team surveys were conducted and are awaiting approval of the MSMA Council. (2) a program that would give physicians recognition on programs in continuing medical education.

Each MSMA member has been forwarded a manila file folder that will provide him with an opportunity of recording, at his convenience, his continuing medical education activities. The physician was asked to return his folder to the MSMA office on a periodic basis, at which time he was supplied with another folder to continue his documentation of CME activities.

In the near future, it is anticipated that a more sophisticated process will be implemented to record CME activities and will allow each physician to obtain an accurate up-to-date record of his activities semiannually.

After the physician has obtained the necessary 150 hours of CME activities to qualify for the AMA Physician's Recognition Award, he will be notified and should receive his Award shortly thereafter.

This committee would like to express its appreciation for the cooperation and interest of those who have made these accomplishments possible.

George H. Ladyman, *Chairman*
John R. Dixon
Patricio Avila
Kenneth Bruns
John C. Soucy
William D. Bradshaw
W. Wayne Boydston
Martin Crow
Marvin A. Singleton
Bernard Draper

(Referred to Reference Committee on Medical Education and Public Welfare.)

REPORT OF COMMISSION ON MEDICAL-LEGAL AFFAIRS

The Commission has agreed to amend the Interprofessional Code. Copies of the amendment are included in this report. It is hoped that the amendment will assist in those cases where a breakdown in interprofessional relations between physicians and attorneys have occurred.

The Commission discussed the new malpractice screening panel law as it is now being implemented in Missouri. Both physicians and attorneys alike express hope that the malpractice screening panel will be a success, but cautioned that all the voluntary screening panels in the state should not be disbanded immediately. The Commission recognized that it would take time to set up the state malpractice screening panel and that a constitutional challenge could be expected almost immediately.

Irving H. Clark, *Chairman*
George P. Wilson
Vicente D. Deles
Jerome I. Simon
Joseph S. Cope

Richard O. Craig
Noel R. Weyerich
George L. Hawkins
William R. McPhee
Harold B. Rapp
Robert L. Willcoxon
Bernard Draper
William J. Medlicott
Earl P. Holt, Jr.
Charles J. Ash

Proposed Amendments to the Interprofessional Code

Upon motion made and seconded, the joint committee voted unanimously to amend the sections of the Interprofessional Code regarding "Medical Reports" and "Payment of Medical Fees." It was further resolved that the proposed amendments be submitted at the earliest possible time to the governing body of each association for its approval and, upon approval of all three associations, that the Interprofessional Code be amended and re-printed.

In accordance with this resolution, the present sections on "Medical Reports" and "Payment of Medical Fees" would be deleted and the following substituted in lieu thereof:

Medical Reports

An attorney seeking medical information in behalf of one or more clients must first obtain a written authorization from such client or clients. If the client is a minor or an incompetent, the authorization should be signed by the parent, parents or guardian.

The attorney should then consult with the physician from whom the information is sought and they should reach a mutual agreement concerning the following items:

(1) The type of medical report or information sought, which may be in one or more of the following forms:

(A) A form report containing blanks to be filled in by the physician and a copy of the patient's office chart or discharge summaries, if requested.

(B) A detailed, narrative report including the following pertinent items:

1. History of accident or illness including original complaints
2. Existing complaints
3. Past medical history, if deemed pertinent
4. Family medical and social history, if deemed pertinent
5. Results of original and current physical examinations
6. Special tests performed and results
7. Treatment and medications given
8. Dates of visits and costs
9. Original and current diagnosis
10. Prognosis with discussion of any relevant complications
11. If report is for a Workmen's Compensation claim, the percentage of permanent, partial disability, if any as provided under Section 287.190 and 287.200, or if applicable, under the Second Injury Fund, Section 287.220
12. Copies of the patient's office chart or discharge summaries, if requested.

(2) The identity of the person responsible to the physician for the expenses and fees involved in preparing said report.

(3) The time for payment of such fees and expenses which, at the discretion of the physician, may be required in advance.

The mutual agreement shall be reduced to writing by the attorney and submitted to the physician, together with a properly executed medical authorization and, if required by the agreement, prepayment of the fees and charges.

Upon receipt of the foregoing items, the physician shall provide the information requested within 30 days. Should the attorney require the information in less than 30 days, the date for delivery must be included in the mutual agreement. No physician shall refuse to provide medical information for the reason that the patient's account is either unpaid or past due, nor shall any physician require payment of or upon the patient's account as a condition to delivering the information requested.

An attorney seeking medical information about a person other than a client may either submit a written authorization from such person or an order from the appropriate court, authorizing the physician to disclose the requested information. In either of the foregoing events, the attorney and the physician shall adhere to the procedure set forth in this section.

Payment of Medical Fees

The attorney should do everything possible to assure payment for services rendered by the physician for himself or his client.

When the physician has not been fully paid, the attorney will request permission of the patient to pay the physician from any recovery which the attorney may receive in behalf of the patient.

The physician is entitled to reasonable compensation for: (1) time spent in court, in conferences or in other situations where personal presence is required; (2) medical examinations and subsequent reports; and (3) office services or "out of pocket" expenses which may be incurred at the request of the attorney. The physician's charge for such time and services shall be based on the same "usual, customary and reasonable" concept which is used in establishing his regular professional fees. The ethical proscription against charging an excessive fee shall apply to his charges for medical-legal services.

There should be a clear advance understanding between physician and attorney as to the amount of the charges and a definite identification of the person who will be responsible for payment of same. Charges shall be billed to the patient, but the attorney shall be responsible for payment of the medical-legal charges.

If the attorney and physician are unable to agree on what an appropriate charge for a given medical-legal service might be or if there is controversy regarding payment of such charge, the question shall be submitted to the joint medical-legal committee of the professional associations who are signatories to this Code. The joint committee shall serve as an arbitration panel whose decisions shall be binding on all parties.

All professional fees and expense items should be promptly paid to the physician when billed by him, regardless of the final outcome of the litigation. It is unethical for a physician to contract for or to accept a contingent fee based on said outcome.

(Referred to Reference Committee on Constitution and Bylaws.)

REPORT OF COMMISSION ON INTERSPECIALTY MEDICINE

A meeting of the Commission was held on September 18, 1976 and June 6, 1976 and a telephone conference was held on February 2, 1977.

At the urging of MSMA President Franklin, the Interspecialty Commission has been reactivated with an attempt to increase the interests, expressions and mutual activities of the various specialty groups through representation in these meetings and the following matters have been presented with considerable interests, discussion and participation:

A. Development of the 119th Annual Session with increasing emphasis on joint participation in the scientific session between the specialty groups rather than programing for strictly isolated specialty meetings.

B. Problems that face Missouri ophthalmologists particularly in the problem in Missouri to do with the impact of the optometrists to enter the active treatment field of ophthalmology. A resolution was passed as follows: "The Interspecialty Commission recommends that the MSMA vigorously support the ophthalmologists of Missouri in refuting any legislative attempt to expand the activities beyond the present criteria for the practice of optometry."

C. A *St. Louis Globe-Democrat* clipping of Sept. 16, 1976 attracted considerable discussion with reference to the proposal of Lindenwood College, Washington University and the St. Louis City Hospital to train "graduates who will specialize in adult health, children's health or psychiatric health programs." The specialists will be able to care for about 80% of the patients now seen by an internist." It was concluded that this was in line with the attempted change in the Medicare law by Jim Symington, the U. S. Representative from Missouri, calling for reimbursement of paramedical personnel, physician assistants and nurse practitioners outside of a physician's supervision. It was concluded that the future of such political activities will result in the dilution of quality medical care under physician supervision and should be opposed by the MSMA.

D. A report on the current activities in the legislature has been reviewed by having Mr. Royal O. Cooper present for a briefing and questions and answers.

E. The MSMA legislative report to "Key Men" has been accepted as material deserving extensive consideration and support by the MSMA and has concluded that this might be expedited by presentation and discussion at Commission meetings. It also has been recommended that the meetings be held more frequently and at this time bimonthly meetings are being set.

Discussion is being held as to the best means of effectively reaching political action from the Commission on Interspecialty Medicine.

Cyril Costello, *Chairman*
Elizabeth Heimburger
Daniel L. Scholzman
G. Lynn Krause, Jr.
Franz U. Steinberg
William H. McAlister
C. Keith Whittaker
Karl J. Kurtz
John H. Gladney
Stanley L. Goldman
J. O. Alyea
Larry E. Millikan
Charles A. Worley
Thomas W. Burnes
John P. Ferguson
Wilbur H. Lewin
Robert E. Funsch
Henry C. Allen
Don S. Overend

(Referred to Reference Committee on Medical Education and Public Welfare.)

AD HOC COMMITTEE TO STUDY PHYSICIAN'S ASSISTANTS

The report of the Ad Hoc Committee to Study Physician's Assistants was included in the Delegates Handbook for information only and was not referred to a reference committee. The report is on file in the Executive Office of the MSMA and will be forwarded to members who request it.

THE COUNCIL

The Speaker stated that the portions of the reports of Council Meetings which are referred to Reference Committees are preceded by a black square (■) and are concluded with the committee assignment, which is set in bold face type.

Meeting of April 4, 1976

■ Max S. Franklin, M.D., St. Louis, President, and John N. Martin, M.D., St. Joseph, Chairman, presided at the meeting. Those present were Drs. Franklin and Martin; Howard J. McAlhany, Springfield; John I. Matthews, Jefferson City; Richard V. Bradley, St. Louis; R. Allen Chandler, Kansas City; Joseph V. Finnegan, St. Louis; J. Russell Comer, Hannibal; Donald R. Judd, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; John Torontow, Nevada; Andrew McCanse, Kansas City; Walter A. German, Jr., Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Hubert A. Ritter, St. Louis; Robert A. Slickman, Kansas City; William D. Bradshaw, Columbia; Irving H. Clark, Kansas City; William C. Allen, Columbia; Messrs. Allen D. Smith, Kansas City; Hollister Smith, St. Louis; Roger Weis, Kansas City; Edward M. Hirsch, St. Joseph; Ray McIntyre, Royal O. Cooper, C. C. Swarens, Ron Ellison and Don Wilson, Staff.

ELECTION OF OFFICERS

President Franklin opened the meeting and introduced the new Councilors—Drs. H. Peter Ekern, Mexico, 5th District; R. John Torontow, Nevada, 6th District; Walter A. German, Jr., Springfield, 8th District. He also extended his congratulations to the Councilors who were reelected—Drs. John N. Martin, St. Joseph, 1st District; Donald R. Judd, St. Louis, 3rd District; Andrew McCanse, Kansas City, 7th District; and Claude W. Cooper, Thayer, 9th District.

Dr. John N. Martin was elected Chairman of the Council and, thereby, became the presiding officer.

Dr. Andrew McCanse was elected Vice-Chairman of the Council, Dr. John I. Matthews was elected Secretary and Dr. Richard V. Bradley was elected Treasurer.

Dr. William D. Bradshaw, retiring 6th District Councilor, introduced Dr. R. John Torontow, the new 6th District Councilor.

MSMA HOUSE OF DELEGATES INTERIM SESSION

Mr. McIntyre reported that the House of Delegates had passed a resolution which directed the Council to call a special or interim session of the House of Delegates in the Fall of 1976. Mr. McIntyre stated that, apparently, the House felt that this session should be primarily concerned with legislative matters. It is hoped that this meeting can be held in late October or early November. The Association staff is to make suggestions as to date and place of the Interim Session to the Council.

WOMAN'S AUXILIARY

Dr. McAlhany stated that Mrs. George Wilson, President of the Woman's Auxiliary, has asked that he request the Council's permission for the Auxiliary to cosponsor a Citizens Conference on Juvenile Justice. In 1973-1974, the Auxiliary was one of 17 organizations that sponsored a similar conference. The Missouri Division of Youth Services has again requested that the Auxiliary continue to participate in their juvenile delinquency prevention program.

A motion was made, seconded and approved to give the Council's support to the Auxiliary in the sponsorship of the Citizens Conference on Juvenile Justice.

STUDENT DELEGATES

Dr. Matthews stated that during the Annual Session, he had several conversations with the student delegates and indicated that he felt that it would be most helpful if a Councilor is assigned to each of the student delegates to help orientate them at the Annual Session. Dr. Judd indicated that he was in agreement with Dr. Matthews and stated that St. Louis Medical Society has been inviting the student delegates to its caucuses and has explained the structure of the Annual Session to them.

Dr. Martin stated that each Councilor who has student delegates from his area should take it upon himself to see that the student delegates attend the House of Delegates, reference committee meetings, etc.

Dr. Hetlage stated that he felt that a committee should be appointed to help Dr. Hubert Ritter with his campaign for the AMA Board of Trustees. Chairman Martin appointed the following to serve on this committee: Dr. Hetlage, Chairman; Drs. J. Russell Comer and Robert Slickman.

EDITORIAL BOARD

Dr. Finnegan reported that he would like to recommend that all the present members of the Editorial Board, with the exception of two members be reappointed. Dr. Finnegan said that he would make recommendations to the Council later for additional members. He stated that he also would like to appoint Dr. William Bradshaw to the Editorial Board.

The motion was made, seconded and carried to approve of Dr. Finnegan's recommendations for appointments to the Editorial Board.

The motion was made, seconded and carried to approve the entire report.

It was pointed out that a change in the Bylaws had been adopted at the Annual Session whereby the expenses of Councilors for attendance at the Annual Session would be paid. Their expenses had not previously been paid. Dr. Bradley stated that this Bylaws change would not become effective until the 1977 Annual Session.

NEXT COUNCIL MEETING

Chairman Martin reported that the next Council Meeting will be held on May 22 at the Ramada Inn in Jefferson City with an Executive Session at 5 PM on Friday, May 21, followed by dinner.

The meeting was adjourned.—**Referred to Reference Committee on Reports of Officers.**

Meeting of May 24, 1976

■ John N. Martin, M.D., St. Joseph, Chairman, called the meeting to order. Those present were Drs. Martin; Max S. Franklin, St. Louis; Howard J. McAlhany, Springfield; John I. Matthews, Jefferson City; R. Allen Chandler, Kansas City; Donald Judd, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Andrew McCanse, Kansas City; Walter German, Springfield; C. W. Cooper, Thayer; E. T. Hansbrough, Poplar Bluff; Stanley S. Peterson, Springfield; Rae W. Froelich, Lebanon; Hubert A. Ritter, St. Louis; Robert A. Slickman, Kansas City; James T. Brown, Springfield; William C. Allen, Columbia; William Stoneman, St. Louis; Herbert R. Domke, Jefferson City; Messrs. Hollister S. Smith, St. Louis; Jim Thompson, Springfield; Mrs. George P. Wilson, Columbia; Mrs. W. Jack Stelmach, Kansas City; Messrs. Ray McIntyre, Royal O. Cooper, C. C. Swarens, Ron Ellison, Don Wilson, David Carr, Staff.

Chairman Martin opened the meeting by calling for approval of the minutes of the Council Meeting held on April 4, 1976. On motion, duly seconded, the minutes were approved as distributed.

BUDGET AND FINANCE COMMITTEE

Dr. Martin named the following physicians to the MSMA Budget and Finance Committee for the year 1976-1977: Drs. Bradley, Chairman; Franklin, Martin, Hetlage, McAlhany and McCanse.

Mrs. George P. Wilson, President of the Woman's Auxiliary, presented her report of the Auxiliary's projects and accomplishments in 1976-1977 and expressed appreciation for the Association's encouragement and support.

COUNCILOR ADVISORS

The following appointments as Councilor Advisors to the respective Commissions were made by Dr. Martin:

Continuing Education and Health Manpower—Andrew McCanse, M.D.
Public Affairs—R. John Torontow, M.D.
Interspecialty Medicine—E. T. Hansbrough, M.D.
Medical Economics, Third Party Medicine and Government Relations—Louis P. Hetlage, M.D.
Medical-Legal Affairs—Howard J. McAlhany, M.D.

INTRODUCTIONS

The Chairman introduced the following new Councilors: Drs. Torontow, District # 6; Ekern, District # 5; and German, District # 8. He also introduced Mrs. George P. Wilson, President, and Mrs. W. Jack Stelmach, President-Elect of the MSMA Woman's Auxiliary, and Jim Thompson, Executive Secretary of Greene County Medical Society.

REPORT OF THE EXECUTIVE SECRETARY

Mr. McIntyre introduced Mr. Dave Carr as the new Director of Government Relations for the Missouri State Medical Association effective June 1, 1976.—**Referred to Reference Committee on Reports of Officers.**

■ Mr. Cooper gave an up-to-date rundown on Missouri State Medical Insurance, Inc., indicating that it has now been in operation for one year and has insured 587 physicians in the following classes: Class I—310; Class II—36; Class III—143; Class IV—32; Class V—19; Class VI—47. Approximately 15% of the practicing physicians are insured with MSMI.—Referred to Reference Committee on Constitution and Bylaws.

■ Mr. McIntyre called upon Mr. Swarens to bring the Council up-to-date on the progress of AMCAP (American Medical Computer Assistance Programs). This is the firm from AMA with which we are dealing regarding computerization. Several state associations and larger metropolitan societies are using their services. Mr. Swarens reported that our CPA has visited the set-up in Chicago and the AMCAP people have visited the MSMA headquarters. They are starting a data base and we are collecting information on our members who are not members of the AMA. Mr. Smithberg of AMCAP is to make up a time table of when we can begin the various phases. We hope to get this in time and set up so we can send out a complete mailing by July.

COUNCIL ACTION ON 1976 HOUSE OF DELEGATES RESOLUTIONS

The Council took the following action on resolutions passed by the 1976 MSMA House of Delegates at its Annual Meeting in April:

1—*Vice Councilor*—Referred to Committee on Constitution and Bylaws.

2—*Definition of Death*—Referred to Committee on Legislative Affairs.

3—*Dr.-Patient Confidentiality*—Referred to Commission on Medical Economics.

4—*Informed Consent*—House Referred to Committee on Legislative Affairs.

5—*Interspecialty Commission*—To Commission on Interspecialty Medicine.

6—*Medical Student Involvement*—To Commission on Public Affairs.

9—*Malpractice Suits*—Committee on Legislative Affairs and Commission on Medical-Legal Affairs.

10 & # 39—*Interim Session House—Council to Call Meeting*—To Committee on Constitution and Bylaws. Proposed change to be published twice.

Dr. John H. Budd, President-Elect of the American Medical Association, greeted the members of the House of Delegates. He also spoke at the General Session on April 15.

11—*Liability Clearinghouse*—To Commission on Medical-Legal Affairs.

13—*Sudden Infant Death Syndrome*—Sent to Division of Health and Board of Health.

# 14—*Psychiatric Insurance Coverage*—Sent to Division of Mental Health, Division of Insurance, and referred to Committee on Legislative Affairs.

15—*Director, Department of Mental Health*—Sent to Director of Mental Health, Mental Health Commission and Missouri Psychiatric Association.

18—*Negotiations*—Referred to Commission on Medical Economics.

# 19—*PL 93-641*—To AMA, U. S. Senators and Representatives, Governor Bond.

# 20—*Medical Liability Crisis*—To Ad Hoc Committee on Professional Liability.

# 21—*Physician Assistants*—Referred to Committee on Legislative Affairs.

# 22—*PSRO*—Sent to AMA.

23—*Defense of Rights*—To Membership and AMA.

24—*Reimbursement for Utilization Review*—To AMA.

25—*CHAMPUS*—To AMA and CHAMPUS.

26—*Medicare Reimbursement*—To AMA and Commission on Medical Economics.

27—*Medicaid Reimbursement*—To Commission on Medical Economics.

28—*Welfare Marketing of Medicine*—Commission on Medical Economics and Committee on Legislative Affairs.

29—*PL 93-641*—(See # 19).

31—*Health Manpower Legislation*—To Committee on Legislative Affairs and the AMA.

32—*U. S. Dept. of Health*—To HEW and AMA.

# 33—*AMA Collective Bargaining*—To AMA.

34—*JCAH*—To Joint Commission on Accreditation of Hospitals, AMA and Missouri Hospital Association.

35—*Quackery*—To AMA.

36—*Advertising*—House Referred to Commission on Medical Economics.

# 37—*Board of Healing Arts*—Committee on Legislative Affairs, Board of Healing Arts, Governor Bond.

39—*Fall Meeting*—(See #10).

40—*Uniform Discharge Data*—Division of Health, Board of Health and Missouri Hospital Association.

43—*Create Ad Hoc Committee on Professional Liability*—Committee appointed.

44—*Fireworks*—Referred to Committee on Legislative Affairs.

45—*Temporary Licenses*—Board of Healing Arts and Missouri Hospital Association.

On motion, duly seconded, the above Council actions were approved.

REMARKS OF THE PRESIDENT

Dr. Franklin reported that he, along with others, recently attended the AMPAC Workshop in Washington. He indicated that he was somewhat disappointed in the overall meeting.

Dr. Franklin indicated that he had attended the St. Louis County Auxiliary installation and it was a very pleasurable affair.

He reported attending the dedication of new additions to St. Louis University Medical Center.

Regarding the Swine Flu situation, Dr. Franklin reported that he feels all physicians would participate.

REPORT OF THE FIELD SECRETARY

Mr. Don Wilson brought the Council up-to-date on his activities since he last reported regarding numbers of medical society meetings attended, etc. Some of the topics of major concern to the physicians in the field are still professional liability, Medicaid and Medicare. Mr. Wilson reported that private physicians seem to be very receptive to his visits. Dr. Martin thanked Mr. Wilson for his report and for the great job that he is doing in his face-to-face contact with Missouri physicians and indicated that with the employment of Mr. Carr, effective on June 1, the contact should be even better.

REPORT OF THE WOMAN'S AUXILIARY

Mrs. Sue Wilson, President, MSMA Woman's Auxiliary, reported that there were 176 registrants for the 1976 Woman's Auxiliary Annual Session. She indicated that since the Auxiliary opened the programs to nonmembers, it has found that it could not accommodate the influx of people. The silent auction netted $1,300 for the MSMF.

Mrs. Wilson reported having attended the Illinois, Kansas and Iowa auxiliaries' Annual Sessions. She said that the MSMA Auxiliary is eager to help at the AMA Convention in Dallas and is supporting Dr. Ritter for election to the AMA Board of Trustees.

The Auxiliary has received a good deal of publicity on its program for the Heimlich Maneuver. It is getting coverage regarding this project in both the metropolitan areas.

The Auxiliary will undertake some new programs this year, particularly in regard to community health and on the family-health levels.

Mrs. Wilson reported that the Auxiliary members will continue to work on legislation education. They also would like approval to continue the AMA-ERF project. On motion, duly seconded, such approval was granted.

Regarding the community health-family health project, Mrs. Wilson asked for Council approval for the Auxiliary to work with the American Cancer Society to develop educational material geared to the high school girl. Sponsorship would be by the local Auxiliary. The Council gave its approval for such sponsorship to assist in development of this program.

She then asked for Council approval for the development of teams of women who will be trained by the Missouri Division of Health to be available upon request to assist the private practicing physicians in the swine flu immunization program. On motion, duly seconded, the Council gave such approval.

Mrs. Wilson asked for Council approval for Auxiliary endorsement of the public health effort on the swine flu immunization program. The Council voted to extend such approval.

Permission also was granted by the MSMA Council for the Auxiliary to continue the immunization education program and distribution for another year. This was done in cooperation with the Missouri Division of Health.—Referred to Reference Committee on Reports of Officers.

AD HOC COMMITTEE ON MUTUAL ASSESSMENT COMPANIES

■ At the Council Meeting immediately prior to the Annual Session, the Ad Hoc Committee on Mutual Assessment Companies was redirected to investigate and report back in some detail on Medical Defense Associates, Ltd.

In the absence of Dr. Cope, Chairman of the Ad Hoc Committee, Mr. Cooper presented the Council with an analysis of the Constitution and Bylaws of Medical Defense Associates, Ltd. and a sample contract for the Council's information. Mr. Cooper stated that Dr. Cope feels that future reports to the Council will be similar to progress reports regarding how many physicians are insured, how many hospitals, premium dollars, claims experience, etc.

After discussion regarding Medical Defense Associates, Ltd., the following motion was made:

1. That the Council point out to the membership of MSMA that we have received descriptive information on Medical Defense Associates, Ltd.
2. We are conducting an ongoing study of the company with adequate legal advice.
3. We have not accepted, rejected or endorsed this company in the past or at the present time.

The above motion was seconded and carried.—Referred to Reference Committee on Constitution and Bylaws.

AD HOC COMMITTEE—19TH ANNUAL SESSION

■ In the absence of Dr. George Ladyman, Chairman of the Ad Hoc Committee on the 119th Annual Session, Mr. Ellison gave the following brief report.

The Committee met on May 15 and critiqued the 118th Annual Session. Overall attendance was very good and the Committee feels that the same format should be continued. The Committee discussed the emphasis now being given to CME and felt that, possibly, in the future it might be necessary to expand the length of the Annual Session so that physicians can take advantage of additional scientific sessions.

Topics suggested for the General Session at the 119th Annual Session were National Health Insurance, Health Services Areas and Professional Liability.

Mr. Swarens indicated that the practice management workshop held during the Annual Session was well received. Another workshop is being planned for next year and will focus on the financial aspects of office management.

CONTINUING MEDICAL EDUCATION

Again, Mr. Ellison reported in the absence of Dr. Ladyman, Chairman of the Councilor District Directors on CME. They held a meeting on May 15, and the following statistics were given regarding participations in the MSMA-CME Program. There are 18 hospitals, organizations or medical societies in the process of reviewing the criteria an organization must meet to become accredited. There are 15 hospitals, organizations or medical societies that, after reviewing the criteria, are now in the process of completing the presurvey questionnaire.

During this meeting, Dr. Ladyman outlined the following steps that an institution and organization would follow to become accredited for sponsoring CME activities:

1. Letter expressing desire to become accredited for sponsoring CME activity. Upon receipt of this letter, the criteria that an institution must meet to become accredited and other pertinent information is then forwarded to that institution or organization.
2. Receipt of the postcard which indicates to the MSMA that the institution has reviewed the criteria and feels that they meet the criteria set forth. At that time, the presurvey questionnaire is forwarded to that institution.
3. Receipt of the completed presurvey questionnaire.
4. The completed questionnaire is referred to the Councilor District Directors on CME for their review. After it has been determined that an institution qualifies, a date for a site team review will be set.
5. The site team reviews the institution seeking accreditation as a sponsor for continuing medical education.
6. Recommendation of this site team.

During this meeting, the questionnaires of four institutions were approved and a date will be selected for a site team visit. Dr. William D. Bradshaw was appointed as the 5th Councilor District Director to replace Dr. Roland Lohmar.

Mr. Ellison reported to the Council that in March of 1975, the MSMA's CME program had received a one-year accreditation from the AMA. It is hoped that by the September Council meeting, the program will have received a four-year accreditation from the AMA.

A motion to approve this report was made, seconded and carried.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REMARKS OF THE AMA DELEGATES

■ Dr. Ritter outlined for the Council various aspects of his campaign for the AMA Board of Trustees. Nine members of the MSMA Auxiliary will be present at the AMA Meeting. Dr. Ritter reported that the Auxiliary members had agreed to do anything they can to help him with his campaign. Dr. Ritter indicated that the various state delegations are being contacted to arrange a time for him to visit the delegation in Dallas.

Dr. Ritter pointed out that the MSMA also has another candidate—Dr. Joseph White who is running for reelection to the Council on Medical Education.

Dr. Froelich stated that he feels that there are three major questions facing organized medicine today and that they will continue to face organized medicine until some segment of organized medicine directs its attention to these questions and adequately answers them. These questions are (1) What Is a Doctor Worth?, (2) How Should a Patient Pay for Medical Care? and (3) How Should the Physician be Reimbursed for His Functions? Dr. Froelich stated that he did not want any official action on this, but he feels that the Council members should think about this.

Dr. Peterson stated that if anyone has anything they want the AMA Delegates to take to the AMA Meeting, please contact one of the delegates in the near future. Dr. Peterson stated that if anyone is going to Dallas whom he does not know about, please let him know since the delegates can use all the help they can get.

Dr. Peterson indicated that earlier in the meeting, it was suggested that the AMA reestablish its Department of Field Service to provide closer liaison with the state associations. He suggested that a resolution regarding this Field Service be written and submitted to the AMA for inclusion in the Delegate's Handbook. The Chairman asked that Dr. Peterson provide such a resolution.—**Referred to Reference Committee on Resolutions.**

REPORTS OF THE DEANS

■ Dr. William Stoneman, St. Louis University, reported on several items of interest to the Council regarding establishment of new facilities and new appointments at the School of Medicine.

Dr. Stoneman indicated that the University is quite concerned about the upcoming health manpower legislation and the effect it might have on the School's financial situation.

Dr. William C. Allen, University of Missouri-Columbia, reported on Dr. White's candidacy for reelection to the AMA Council on Medical Education. He indicated that if Dr. White is reelected, he is in line for the chairmanship.

Dr. Allen reported that Dr. William D. Mayer, former Dean of the University of Missouri-Columbia School of Medicine, has accepted a position with the Veterans Administration in Washington, D. C. effective September 1. His new title will be Assistant Chief Medical Director for Academic Affairs.

Dr. Allen also expressed the concern the University has about the new health manpower legislation.

He reported that a large percentage of the University's medical school graduates are going into primary care specialties.

Planning is continuing at the University of Missouri-Columbia for a new School of Nursing since it is definitely needed.

Dr. Allen distributed a pamphlet, letter and questionnaire concerning the Howard A. Rusk Rehabilitation Center and asked the Council's permission to send them to the neurosurgeons and orthopedic surgeons in Missouri. On motion, duly seconded, permission was granted.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REPORTS OF THE COUNCILORS

■ *District # 10*—Dr. Hansbrough reported that there are problems with the HSA in his area. Dr. Hansbrough stated that the AMA is to be congratulated for its efforts in regard to HSAs and that he is pleased to see them join in the legal suit in North Carolina regarding the HSA law.

District # 7—Dr. McCanse reported that a law suit had been filed in his area in regard to the JSA in that area. The law suit should be decided sometime in early June.

Dr. McCanse stated that an HMO will be started in the southern part of Kansas City in November. The new HMO has a well-populated service area and has received a federal funding grant. The HMO primarily will be marketed to labor and business organizations. A building is being built and ambulatory care will be emphasized.

Dr. McCanse reported that the Republican Convention will be held in Kansas City in August and the County Medical Society will cooperate to provide health coverage.—**Referred to Reference Committee on Resolutions.**

■ Dr. McCanse stated that at the last meeting of the Jackson County Medical Society Council, unified membership was discussed. The Jackson County Council asked that Dr. McCanse encourage the Council of the MSMA to take a leadership position in attempting to do whatever is necessary to educate MSMA members as to the benefits of unified membership. Dr. McCanse stated that he feels that each Council member should take it upon himself to do some lobbying for unified membership.—**Referred to Reference Committee on Constitution and Bylaws.**

■ Dr. McCanse indicated that he, personally, is involved in a political organization in Jackson County and urged all Council members who are not involved in a political organization to become involved in such.

Dr. Franklin reported that Dr. Charles Wheeler will speak to a group of state Presidents, Presidents-Elect and Immediate Past-Presidents during the AMA meeting in Dallas in June.

District # 6—Dr. Torontow reported that there have been some complaints about the State Welfare system in his area.—**Referred to Reference Committee on Resolutions.**

■ *District # 8*—Dr. German indicated that he had no report at this time.

District # 9—Dr. Cooper stated that he feels that every MSMA member should get involved in politics, both vocally and financially.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ *District # 5*—Dr. Ekern reported that the Mid-Mo CHP organization is now in an inactive status. Dr. Ekern stated that he is glad that the MSMA will have Mr. David Carr joining the staff on June 1.—**Referred to Reference Committee on Resolutions.**

■ *District # 3*—Dr. Judd reported that Mr. Bob Haswell of Medical Defense Associates, Ltd., Springfield, made a presentation to the St. Louis Medical Society Council.—**Referred to Reference Committee on Constitution and Bylaws.**

■ *District # 4*—Dr. Hetlage reported that during his Councilor District Conference, concern about CME was expressed. Some of the physicians in his area are concerned that re-licensure might be forced upon physicians if the voluntary programs prove inadequate. Dr. Hetlage indicated that, perhaps, the Commission on Continuing Medical Education should give some consideration to this. Dr. Hetlage thanked Mr. Don Wilson for being present at his Conference and for providing some information on CME.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ The problem of incompetency of some physicians also was discussed during the 4th Councilor District Conference. Dr. Hetlage indicated that, perhaps, some means of dealing with this problem should be developed at the local hospital staff- and local county medical society-level before submitting it to the Board of Healing Arts. Dr. Hetlage stated that he feels very strongly that in such a situation, the MSMA Council should continually review an action of the local society.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ Dr. Hetlage stated that he would like to present a resolution regarding health care insurance and that he would like for this resolution to be introduced into the AMA at its June meeting. Chairman Martin stated that he felt that this resolution should not be presented at this time due to the fact that Councilors did not have copies of this resolution prior to the meeting. Dr. Hetlage stated that he would not introduce the resolution at this time, but he will see that each Councilor receives a copy of the resolution and will introduce it at the September meeting.—**Referred to Reference Committee on Resolutions.**

■ Dr. Hetlage stated that Missouri is one of the few areas left in the country in which a doctor does not have to do an internship before getting a license to practice medicine in the state, and he indicated that he feels that, perhaps, the state board should give some consideration to a change in this situation.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ *District #1*—Dr. Martin reported that there had been discussion in his area on the manpower bill and that there was strong opposition to the segment of the bill dealing with relicensure. He indicated that his local medical society had gone on record as opposing it.

SWINE FLU VACCINATION PROGRAM

Dr. Domke reported on a coordinating committee composed of Dr. Chandler from the MSMA, Dr. Voss from the Osteopathic Association, Mrs. England from the Nurses Association and Mr. Dauner from the Hospital Association to help set up a swine flu vaccination program. Dr. Domke pointed out that it is expected that the majority of people will receive their vaccinations from their regular physicians. It is hoped that the Division of Health can supply the vaccine to hospitals which, in turn, will dispense the vaccine to physicians. Hospital staff meetings probably will be used as information sources for providing background information on the vaccine.

Dr. Domke reported that questions have been raised on the national level in regard to the liability involved for physicians administering the vaccine. The Coordinating Committee feels that the legal counsels of the sponsoring organizations should meet and discuss this liability problem with the Missouri Attorney General. Dr. Domke stated that the bivalent vaccine will be available on July 15 for the high-risk and chronically-ill groups and that the monovalent vaccine should be ready by the end of August. Dr. Domke indicated that the Division of Health has applied for federal money that would be available and that this money would be used to buy the necessary supplies (syringes, alcohol, etc.) and, also, to provide money for a few staff members who will be used in an education program about the vaccine. The vaccine will be furnished free by the Federal Government through the HEW.

During discussion on this matter, a question was raised as to whether or not physicians will have to indicate on their office records whether or not they have given the vaccine. Dr. Domke stated that this will not be necessary, but that a form will be provided by the Division of Health whereby a physician will have to account for the vaccine that he has received and then return the form to the Division of Health. Dr. Domke also pointed out that various volunteer organizations (Woman's Auxiliary, PTA, etc.) had indicated their willingness to be of assistance in this program.

Dr. Chandler stated that it is the feeling of the Coordinating Committee that the vaccine can be distributed to the seven Division of Health Districts in the state and be distributed from there to hospitals and physicians. He indicated that the organizations on the coordinating committee are ready to cooperate on this program and volunteer groups can take care of the paper work involved in this program.

Dr. Hansbrough moved that the MSMA indicates its willingness to cooperate in this swine flu vaccination program. Motion was seconded by Dr. Chandler and carried.

A motion was made to ask our legal counsel to meet with the legal counsels of the other organizations and the Attorney General to discuss the liability aspect of this program. The motion was seconded and carried.

Dr. Domke stated that he would like the Council endorsement of the establishment of local county health units in those areas of the state that do not have them.

Motion to endorse this plan was made, seconded and carried.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REPORT OF THE LEGISLATIVE COMMITTEE

■ Dr. Matthews brought the Council up-to-date on the various bills that were introduced and passed during the recent General Assembly and reported that three fourths of the bills supported by MSMA did pass the Assembly. The following bills dealing with professional liability passed:

Senate Bill 470—Lowers the age limit in the Statute of Limitations dealing with minors. We originally asked that a minor eight years old come under the adult statutes, but had to compromise with age 12. This still represents an 11-year reduction from the present Statutes. The bill contains a provision for "two years from discovery" for foreign objects *negligently* left in the body with a limit of 10 years.

Senate Bill 471—Establishes a system of review panels to consider malpractice suits *before* they go to court. The panel will be composed of two physicians, one must be of the same specialty as the defendant, two attorneys, a layman and a non-voting circuit judge.

Senate Bill 472—Gives added power to the Board of Healing Arts by allowing the Board to suspend or revoke a physician's license for reasons of medical incompetency or by use of treatments that are contrary to medical standards or the consistent utilization of services which are medically inappropriate. The Board could compel a physician to submit to a medical competency re-examination.

House Bill 1307—Is the only malpractice bill signed by the Governor at this time. It provides that a claimant cannot ask for a specific amount in a malpractice suit, but rather, "fair and reasonable" compensation.

House Bill 1308—Requires that insurance companies report all medical malpractice claims to the Missouri Division of Insurance.

House Bill 1309—Places enabling legislation on the books for possible establishment of a Joint Underwriting Association.

The bills which were not passed were HB 1306 (Informed Consent) and HB 1312 (Collateral Sources). HB 1447 (Contingency Fees) was not a part of our original package, however, it did not pass.—**Referred to Reference Committee on Constitution and Bylaws.**

■ Several other bills affecting the medical profession were passed this session. They were SB 667, which allows podiatrists to do amputation of the toes, but prohibits them from working on infants under one year of age, and SB 572, which allows oral surgeons to do physical workups on patients they have admitted to a hospital.

The following bills, which the MSMA opposed, failed to gain passage: HB 975 (Acupuncture), HB 1408 (Generic Prescribing), SB 549 (Require official Prescription Forms issued by State), SB 829 (Dropping Requirement that Director of Mental Health be a physician) and SB 682 (Certificate of Need).

Dr. Matthews thanked the Council, Auxiliary, physicians and wives and MSMA staff for the tremendous job they did in the past session of the General Assembly.

Dr. Martin asked Dr. Domke to please keep the MSMA informed in regard to any developments in the Swine Flu Immunization Program.—**Referred to Reference Committee on Miscellaneous Affairs.**

PSRO

■ The Chairman indicated that a report from the Missouri PSRO Support Center was in the Council folders for their information. Dr. Franklin indicated that he had spoken to Dr. Clem Grebel and he is doing just fine. He stated that Dr. Grebel also indicated that the State PSRO Support Center, of which he is Chairman, will not be funded after September as far as he knows, and he needs some direction as to the future of the Support Center. Dr. Martin stated that, possibly, this should be turned over to a commission for study.—**Referred to Reference Committee on Resolutions.**

MSMA INTERIM SESSION

■ The Council, in conjunction with Dr. James T. Brown, Speaker of the MSMA House of Delegates, set the dates of Wednesday and Thursday, November 3 and 4, for the MSMA Interim Session to be held at Tan-Tar-A at the Lake of the Ozarks. Resolutions to be introduced at this Session must deal with state or federal legislation and must be in the Headquarters Office no later than 20 days prior to the Session. This would be October 13, 1976. The Speaker of the House, along with the Legislative Committee, will review the proposed resolutions and decide as to whether or not they conform to the above. The session will be open to the entire membership of the MSMA and informational material concerning the session will be mailed in the near future.

NEXT COUNCIL MEETING

Dr. McAlhany invited the Council to hold its next meeting at Howard Johnson's in Springfield on September 24 and 25. The invitation was accepted.—**Referred to Reference Committee on Reports of Officers.**

EXECUTIVE SESSION

■ The Council held an Executive Session on Friday evening, May 21. Information given to the Council was that the Government Auditing Office in the Kansas City Regional Office was doing a spot survey on Missouri's Medicaid Program in five Missouri counties (Butler, Dallas, Clay, Platte, Jackson) during the month of June.

The Council approved a request for mailing out in a general mailing to MSMA members a special Medicaid questionnaire which would relay the feelings of the physicians in Missouri toward the Medicaid Program. The Council is requesting that the results of this GAO survey be made available to the MSMA.

Dr. Max Franklin presented a resolution to the Council regarding Blue Cross of St. Louis. Following considerable discussion on this resolution, the Council voted its approval. A copy of the resolution is as follows:

Resolution Re: Missouri State Medical Association Official Recognition of Blue Cross

WHEREAS, The Blue Cross Plan of St. Louis Inc., has changed its constitution and bylaws, limiting the number of physicians on the Corporate Board, and

WHEREAS, In the past, Blue Cross has asked the various County Medical Societies to select their representatives to the Corporate Board, and

WHEREAS, The St. Louis Medical Society at one time had 36 such representatives, later decreased to 24, then 16 and now none, and

WHEREAS, The number of physician representatives has also decreased throughout the area served by the Blue Cross Hospital Plan of Missouri, Inc., which is the Blue Cross Plan of St. Louis, and

WHEREAS, The Blue Cross has rather preemptorily requested the President of MSMA to supply 24 names of physicians scattered about the area served by the St. Louis Blue Cross of which Blue Cross will then select eight names to serve on the Corporate Board, and

WHEREAS, There are now two physicians on the Board of Trustees who were not selected by any component of organized medicine, and do not officially represent organized medicine, and

WHEREAS, If MSMA justifiably refuses to furnish such a list, Blue Cross will undoubtedly select its own list, therefore, be it

Resolved, That the MSMA refuses to furnish a list of names believing those names should be selected by the various County Medical Societies since the St. Louis Blue Cross only serves part of this State, and further be it

Resolved, That the physicians selected by Blue Cross for the Corporate Board also be notified that they do not officially represent organized medicine, and be it further

Resolved, That the MSMA withdraws from any concept of official recognition of Blue Cross, and, further, be it

Resolved, That copies of this resolution be sent to the Blue Cross Plan of Missouri, Inc. and to the Superintendent of Insurance of Missouri and to the Governor of Missouri and to all the County Societies of Missouri served by this Blue Cross Plan and to the Missouri Hospital Association and the St. Louis Hospital Association.

—**Referred to Reference Committee on Resolutions.**

Meeting of Sept. 25, 1976

■ John N. Martin, M.D., St. Joseph, Chairman, called the meeting to order. Those present were Drs. Martin; Max S. Franklin, St. Louis; Howard J. McAlhany, Springfield; John I. Matthews, Jefferson City; Richard V. Bradley, St. Louis; R. Allen Chandler, Kansas City; J. Russell Comer, Hannibal; Donald R. Judd, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Andrew McCanse, Kansas City; Walter German, Springfield; C. W. Cooper, Thayer; E. T. Hansbrough, Poplar Bluff; James T. Brown, Springfield; Stanley S. Peterson, Springfield; Rae W. Froelich, Lebanon; Hubert A. Ritter, St. Louis; Robert A. Slickman, Kansas City; William C. Allen, Columbia; R. K. Noback, Kansas City; George Thoma, St. Louis; Clement B. Grebel, St. Louis; Francis M. Maple, Springfield; Mrs. George Wilson, Columbia; Ms. Carla Neuschel, Chicago; Messrs. Mark Halvorson, Jefferson City; Allen D. Smith, Kansas City; Hollister S. Smith, St. Louis; James E. Thompson, Springfield; and Ray McIntyre, Royal O. Cooper, C. C. Swarens, Ron Ellison and Don Wilson, Staff.

APPROVAL OF MINUTES

Chairman Martin opened the meeting by asking for approval of the minutes of the previous Council Meeting held on May 22, 1976. On motion, duly seconded, the minutes were approved as distributed.

REPORT OF THE EXECUTIVE SECRETARY

Mr. McIntyre said that he, along with officers of the Association and many friends of Dr. Franklin, attended a testimonial dinner for Dr. Franklin in St. Louis sponsored primarily by Faith Hospital on September 11, and that it was a very festive occasion.

Dave Carr recently resigned as Governmental Relations

The Annual President's Banquet

*The Annual President's Banquet on Saturday of the Annual Ses-
ion is always a stellar event. This year, the famous "Singing Doc-
ors of Springfield" (all are members of the MSMA) provided
ilarious entertainment with their original songs and "medical
poofs."*

Dr. Howard J. McAlhany of Springfield, MSMA President for 1977-1978, and Mrs. McAlhany.

Seated at the speakers' table are *(left to right)* Dr. Francis X. Lieb, President of St. Louis Medical Society, and Mrs. Lieb; Mrs. W. Jack Stelmach, President of the MSMA Woman's Auxiliary, and Dr. Stelmach; and Mrs. Max S. Franklin and Retiring President Franklin.

(Left to right) Dr. Howard J. McAlhany, Incoming President, and Mrs. McAlhany; Mrs. John H. Budd and Dr. Budd, President-Elect of the American Medical Association; Mrs. Vernon H. Balster and Dr. Balster, President of St. Louis County Medical Society; and Mrs. Richard V. Bradley and Dr. Bradley, Chairman of the Committee on Arrangements for the meeting. Dr. Bradley also is Vice-Chairman of the MSMA Council.

Mrs. Max S. Franklin joins retiring
esident Franklin for the acceptance
the Past-President's Plaque from
wly-installed President McAlhany.

(Left to right) Drs. Don F. Gose, Fred C. Coller and Harold H. Lurie of the "Singing Doctors of Springfield." The group of seven physicians has raised approximately $250,000 from record album sales for loans to deserving medical students.

Mrs. Hubert A. Ritter and Dr. Ritter of St. Louis. Formerly a MSMA Delegate to the AMA, Dr. Ritter is now a member of the AMA Board of Trustees.

Director with MSMA to take a position with the State Health Planning Agency.

Dr. Allen Klippel recently resigned from his position on the Governor's Task Force on Emergency Medical Services and has been replaced by Samuel Bonney, Director of Emergency Services at St. Louis University Hospital.

Mr. Cooper reported that Eggert-Carroll-Schroeder Agency of St. Louis and Altman-Singleton & Co. of Kansas City have merged into the Fred S. James & Co. of Missouri, Inc. This firm administers the MSMA Disability Income, Nurse-Hospital Expense and Office Overhead Insurance plans and has asked Council approval to increase the nurse-hospital expense room and board allowances from $50 to $85 per day and to increase the maximum benefit per cause from $20,000 to $25,000 with some increase in premiums.

On motion, duly seconded, the Council approved of the above changes.—**Referred to Reference Committee on Reports of Officers.**

■ Mr. McIntyre indicated that at the request from the Governor for a recommendation of a physician to serve on the Statewide Health Coordinating Council for HSAs, Dr. Robert E. Bregant, Jefferson City, has been recommended. We also received a request from HEW to appoint a physician from our Association to become a member of the first Statewide Professional Standards Review Council. Dr. Richard Bradley has been recommended by MSMA to serve on this Council.—**Referred to Reference Committee on Resolutions.**

■ We have been informed that two Missouri delegates to the AMA have been appointed to Reference Committees—Dr. Rae Froelich to the Reference Committee C on Medical Education and Dr. Slickman has been appointed to Reference Committee on Scientific and Public Health.

The Chairman congratulated Dr. Hubert Ritter on his election to the AMA Board of Trustees and introduced Ms. Carla Neuschel of the Department of Federation Communications of the AMA.

REPORT OF THE TREASURER

Dr. Richard Bradley gave a brief rundown on the financial condition of the Association to date and indicated that he felt the MSMA is in good shape accordingly. On motion, duly seconded, the report of the Treasurer was accepted.—**Referred to Reference Committee on Reports of Officers.**

REPORT OF THE PRESIDENT

■ Dr. Franklin reported that he had written a letter to Dr. Ted Cooper, Assistant Secretary of Health at HEW, voicing opposition to proposed federal licensure and relicensure.

Dr. Franklin complimented the AMA for a recently adopted resolution urging that private practitioners on staffs of teaching hospitals be permitted to personally take care of their patients.

Dr. Franklin indicated that he will soon be attending a meeting of the Executive Committee of St. Louis Blue Shield to discuss the resolution regarding Blue Cross which was adopted at the May MSMA Council Meeting.

Dr. Franklin said that he felt we are very lucky to have one of our own Association members as Assistant Secretary of Health in the U. S. Department of HEW.

Dr. Martin reported that Governor Bond introduced a resolution at the Southern Governor's Conference in opposition to federal licensure. Dr. Martin suggested to the Council that they might wish to write their congressmen indicating similar opposition.—**Referred to Reference Committee on Resolutions.**

WOMAN'S AUXILIARY

■ Mrs. Wilson gave a brief report on the various meetings attended by representatives of the Woman's Auxiliary during the past few months.

She reported on the progress of the educational Cancer Program that the Auxiliary has developed with the American Cancer Society which is aimed at providing information on breast and uterine cancer to young adult females and their mothers.

Mrs. Wilson indicated that the Auxiliary is working in every community to help implement the Swine Flu Program.

Various Auxiliary members are attending meetings in the five HSA areas and are willing to share any information gathered at these meetings with the MSMA.

Mrs. Wilson reported on the events that will take place at the Fall Conference of the Woman's Auxiliary to be held on October 20-21 at the Ramada Inn in Jefferson City. She asked the Council members to please encourage their wives to attend the Fall Conference and to encourage all physicians' wives to attend.

Mrs. Wilson exended her thanks to Mr. McIntyre and the staff for the assistance and cooperation shown during her first six months as President of the Woman's Auxiliary.

MSMI

Mr. Cooper reported on the Missouri State Medical Insurance, Inc. and provided the following information: MSMI has been in operation for one and a half years with 755 members in the program as of the end of August. The division of classes is as follows: Class I—400; Class II—49; Class III—190; Class IV—38; Class V—21; Class VI—57. He indicated that a few more carriers in Missouri are now writing professional liability insurance and no complaints have been received recently regarding nonavailability.—**Referred to Reference Committee on Constitution and Bylaws.**

CONTINUING MEDICAL EDUCATION

■ Mr. Ellison extended Dr. Ladyman's apologies for not being able to attend the Council Meeting and gave the following report. Eight on-site surveys have been completed on CME and the following have been granted CME accreditation; Doctor's Hospital, Poplar Bluff; SEMO Foundation for Medical Care; Missouri State Allergy Association; Academy of Health Professions; Ellis Fischel State Cancer Hospital, Columbia; St. Louis Mercy Medical Center, St. Louis; Trinity Lutheran Hospital, Kansas City; and Freeman Hospital, Joplin. Three additional institutions are now awaiting on-site visits. Mr. Ellison then informed the Council of the ten CME Councilor District Directors. They are as follows: District #1—John R. Dixon, M.D.; District #2—P. C. Avila, M.D.; District #3—Kenneth Bruns, M.D.; District #4—John C. Soucy, M.D.; District #5—William D. Bradshaw, M.D.; District #6—W. Wayne Boydston, M.D.; District #7—Martin L. Crow, M.D.; District #8—Marvin A. Singleton, M.D.; District #9—Bernard Draper, M.D.; and District #10—George H. Ladyman, M.D. Dr. McCanse is Councilor Advisor. The fee for a hospital site team survey is $250. There is no charge to medical societies and specialty organizations.—**Referred to Reference Committee on Medical Education and Public Welfare.**

IMPLEMENTATION OF RESOLUTION #9

■ Chairman Martin indicated that a resolution concerning a possible increase in revenue for the Association was discussed during the Executive Session on Friday evening. Dr. Matthews presented the following resolution which implements Resolution #9 passed by the 1976 MSMA House of Delegates:

Whereas, Resolution #9 which was passed by the House of Delegates at the April, 1976 meeting states, *"Resolved,* that any Missouri physician found not to be negligent in a medical malpractice case shall have the assistance of the Missouri State Medical Association in determining if there exists a reasonable basis to commence an action for malicious prosecution arising out of such case."

Whereas, The Council wishes to implement this resolution promptly, therefore be it,

Resolved, That the following guidelines be adopted:

1. Any member of MSMA considering countersuit may request of MSMA a legal opinion as to the merit of his suit. This opinion will be rendered by attorneys hired by MSMA.
2. Any member of MSMA considering countersuit may request of MSMA a medical review of his records for a medical opinion as to the merit of his suit. This review will be conducted by a special panel of physicians appointed by the Council. Attached are details of procedures to be followed.

Three to five man special committee should be appointed.

I. MSMA cannot bring a countersuit; it has no standing in a particular case. However, review and research is accomplished to support or encourage particular aggrieved defendant physicians in bringing a counter action.
II. Case should be reviewed with a view to recommending a countersuit, or also providing expert defense witnesses.
III. Notice to the membership routinely, to alert them to this ongoing activity.
IV. Four conditions must be met, basically, before it can be recommended that a countersuit be entered:
  A. Suit settled with no award
  B. There be malice on the part of the plaintiff
  C. There be lack of probable cause
  D. There be injury to the defendant
V. Documents and information which must be received by MSMA for review and recommendation:
  A. Copy of complaint
  B. Medical documentation, progress notes, etc., case history
  C. Interrogatories or depositions
  D. Court orders
  E. Names of all attorneys involved
  F. Insurance carriers involved
  G. Information on all parties
VI. Items received by MSMA staff, sorted, filed, and coordinated.
  A. Submit to legal counsel for initial review.
    1. Legal counsel contacts physician and counsel as necessary and appropriate.
    2. Legal research conducted into various principles and doctrines.
  B. If deemed necessary, medical review of medical procedures accomplished to help judge merits of case.
  C. Accomplish liaison correspondence to have all elements present.
VII. Report to Committee with recommendation if suit should be recommended or if assistance be given.
VIII. As authorized, assist physician and counsel with legal research, opinions, etc. Develop expert defense witness source if practical and part of the assistance.
IX. If case goes on appeal, consider *amicus curiae* at that level.

A motion was made, duly seconded and passed to approve the preceding resolution.—Referred to Reference Committee on Constitution and Bylaws.

REPORT OF COMMISSION ON MEDICAL ECONOMICS

■ Dr. Peterson reported that the Commission on Medical Economics held a meeting on August 18 and several items were discussed. These are as follows:

1. The Commission discussed Resolution #3 adopted by the 1976 House of Delegates regarding the confidentiality of medical records. The AMA model bill on confidentiality of medical records was studied and the Commission recommends that the AMA model bill be given to the Committee on Legislative Affairs to be studied and modified, if necessary, for possible introduction into the next session of the Missouri General Assembly.
2. The Commission discussed Resolution #26, "Medicare Reimbursement," adopted by the House of Delegates during the 1976 Annual Session:

> *Resolved,* That the Missouri State Medical Association take all appropriate action to seek a return of Medicare reimbursement to physician's usual, customary or reasonable charges in line with the program's original legislative contract to its beneficiaries, and be it further
>
> *Resolved,* That the AMA be urged to continue to expend its efforts in this direction."

The Commission also discussed the Medicare-Medicaid Reimbursement Reform Act (S. 3205). The Commission supports the AMA in its summary statements concerning this bill. This legislation provides for extensive changes in the Medicare and Medicaid programs.

3. The Commission discussed Resolution #18 "Negotiation of Third Parties" adopted by the 1976 House of Delegates. The RESOLVED reads as follows:

> *Resolved,* that the Council of the Missouri State Medical Association shall increase its effort to explore the possibility of developing such negotiating capacity either within the state organization or through an affiliated organization."

The sponsor of this resolution has been contacted, and it was his feeling that this negotiating capacity should be developed within the state organization.

The Commission recommends that the MSMA Council pursue the intent of this resolution and investigate the possibility of developing and implementing the negotiating capacity within the State Medical Association. The Commission also suggests that quite possibly Dr. Peterson and his organization should be consulted because of their expertise in this area.

4. Resolution #28 "Welfare Marketing of Medicine" was discussed. This resolution has been included in the MSMA Policy Manual and has been referred to the Committee on Legislative Affairs.
5. The Commission studied Resolution #36 dealing with advertising by physicians. The Commission reviewed the AMA Judicial Council policy statement on advertising and solicitation by physicians. The Commission accepted this position and noted that the Missouri Medical Practice Act prohibits solicitation of patients by physicians.
6. The Commission discussed a news article which indicated that the Ohio Blue Shield plan would legally support patients when they refused to pay the difference between the Blue Shield allowance and the physician's charges. The two Missouri plans were to be contacted to clarify their position on this issue.

   Payment of nurse-anesthetists under Blue Shield plans was discussed. The plans are to be contacted on how they presently reimburse nurse-anesthetists and if CRNAs can accept assignments for their services. Coordination of benefits also was discussed and the two plans will be contacted concerning application of coordination of benefits.
7. A report was given on a meeting held regarding hospital Blue Cross contracts. The hospital contract problem has not as yet been satisfactorily resolved.
8. The State of Missouri Medicaid Program was discussed

at length by the Commission. The Commission made the following recommendations to the Council:

1. That the rate of reimbursement for services to be determined by a published fee schedule based upon an acceptable, reasonable, uniform, statewide fee-for-service determined by negotiation between the medical and osteopathic professions and the state of Missouri.
2. Proposed fee schedules published in draft of manual. The fees proposed are totally unacceptable—(1) The fees are too low. (2) The fees are divisive because of the dual fee schedule.

The Commission strongly objected to the two clauses in the proposed new participation agreement. These objections were presented to members of the Physicians Advisory Committee that met with Mr. Gourley on Thursday, August 19.

A motion was made, seconded and passed to approve of the report.

On Aug. 19, 1976, the Physicians Advisory Committee to the Division of Family Services met with Mr. Ewing Gourley, Director of the Missouri Division of Family Services, to discuss fees being paid to physicians. After discussion, it was agreed by all those present to accept the recommendation of the Commission on Medical Economics that the rate of reimbursement for services be determined by a published fee schedule based upon an acceptable reasonable, uniform, statewide fee-for-service determined by negotiation between the medical and osteopathic professions and the state of Missouri. It was agreed that a conjoint committee of representatives from the MSMA and MAOPS be set up to study the establishment of a single fee schedule.

A conference call was held by the MSMA Officers and Councilors on August 31 to discuss the Medicaid program and to appoint members to represent MSMA on the proposed Medicaid Fee Committee. The following physicians were appointed to this Committee: Leslie F. Bond, M.D., St. Louis; Rae W. Froelich, M.D., Lebanon; Max A. Heeb, M.D., Sikeston; Stanley S. Peterson, M.D., Springfield; and John H. Wells, M.D., Kansas City.

The Conjoint Medicaid Fee Committee met on September 8 and made the following recommendation:

"The Conjoint Committee recommends to the Missouri Division of Family Services that the latest Area I 75th percentile fees as determined by General American for payment of physicians' services under Medicare be presented to the Division of Family Services as the acceptable, reasonable, uniform statewide fee payable for physicians' services provided under the State of Missouri Medicaid program. These proposed fees are for fiscal period July 1, 1977 to June 30, 1978."

The Committee also stressed that this formula is to be used for the above fiscal period and under no circumstances should the Medicaid fees be tied permanently to the fees determined under Medicare.

The above decision was transmitted to the Director of the Division of Family Services by correspondence jointly signed by the Chairmen of the two Associations' Committees.

MISSOURI PSRO SUPPORT CENTER

Dr. Clement Grebel, MSMA's representative to the Support Center, reported that as of September 30, the Support Center would no longer be funded. Dr. Grebel stated that during the two years the Support Center was in operation, it had become a good central source of information and carried on liaison with various state agencies. The five PSROs in Missouri have now been conditionally funded and should be fully operational within a year. PSROs are setting up to do review of actual general medical and surgical care.

Dr. Grebel stated that he was very pleased with the work the MSMA is doing in areas such as governmental relations, the new thrust of the Interspecialty Commission and the scientific program development.

He also stated that he was pleased with the yellow pag in the Journal and various articles and editorials that ha appeared in the Journal on various governmental programs.

Dr. Grebel stated that the MSMA is now acting rathe than waiting until something is fact and then reacting, an he indicated that he felt that the MSMA is on the righ track.

A motion was made, seconded and passed to accept thi report with commendation.—**Referred to Reference Committee on Resolutions.**

COUNCILOR DISTRICT REPORTS

■ *District #2*—Dr. Comer indicated that he did not have report at this time.

District #4—Dr. Hetlage expressed concern about th state of confusion surrounding the swine flu vaccination program at the present. He said that his District is organized to carry out the vaccination program.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ Dr. Hetlage stated that support for the countersuit proposal that was passed by the 1976 House of Delegates has arisen during the summer. He indicated that he felt that the MSMA should provide all legal help that it can to those who wish to file countersuits.—**Referred to Reference Committee on Constitution and Bylaws.**

■ Dr. Hetlage stated that he had been in contact with the University of Missouri School of Medicine in regard to some restrictions that the University may have in regard to postgraduate training programs.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ *District #5*—Dr. Ekern stated that he had attended a meeting of the State Board of Registration for the Healing Arts where the subject of physician incompetency was discussed. At this meeting, it was pointed out that each case should be considered on its own merits and that cases should be referred to the local county medical society first rather than being referred to the State Board.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ Dr. Ekern reported that the Mid-Missouri PSRO is active and doing reviews in five hospitals. Dr. Robert Bregant, a member of the Mid-Missouri PSRO, had been suggested as a member for the Statewide Professional Standards Review Council. The national meeting of PSRO will be held at Tan-Tar-A in 1977. Dr. Ekern stated that the HSA in Area II is not very active.—**Referred to Reference Committee on Resolutions.**

■ *District #8*—Dr. German stated that the Greene County Medical Society is the first medical society in the State to promote a CME program.

Dr. German reported that 20 students and several faculty members from the University of Missouri-Kansas City School of Medicine would spend most of the month of October in the Southwest Missouri area visiting doctors' offices, hospitals and health agencies.

Dr. German voiced his concern about the lack of information on the swine flu program. Dr. German stated that he appreciated Mr. Wilson's visits in his area. He indicated that he had received many good comments from doctors in outlying areas about these visits.

District #9—Dr. Cooper reported that a new pediatric wing of the hospital in West Plains is to be named after a physician in his District—Dr. Rollin H. Smith of West Plains.

Dr. Cooper reported that the D.O.s in his area had a meeting to discuss the malpractice situation and had invited the M.D.s and lawyers to attend.

District #10—Dr. Hansbrough reported that the Southeast Missouri Foundation for Medical Care had received CME accreditation and that hospitals in his area were now sponsoring CME programs.

Dr. Hansbrough also voiced his concern about the swine flu program and expressed appreciation to Mr. Wilson for visiting doctors in his District.

District #7—Dr. McCanse stated that the Jackson County Medical Society had issued policy statements on three areas of local concern—(1) Multiphasic health testing, (2) Diagnostic hospital admissions and (3) Guidelines on physicians relationships with laboratories.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ Dr. McCanse reported that the medical-legal review committee had completed five reviews. Dr. McCanse invited all those present to attend a joint meeting of the Jackson and Clay County medical societies on professional liability on September 29.—**Referred to Reference Committee on Constitution and Bylaws.**

■ Dr. McCanse reported that the HSA Board in his area had five physician members. Jackson County's TEL-MED program is running extremely well. It is receiving approximately 5,000-6,000 calls per month. Jackson County is now participating in the PRN program, which is a physician radio network sponsored by pharmaceutical houses that presents tapes on various issues.

Two task forces have been set up by the Mayor of Kansas City to study the teenage pregnancy problem in Kansas City and the regionalization of high risk obstetrical services, and the Jackson County Medical Society will participate in these. The Jackson County Medical Society also provided physicians for the Republican National Convention that was held in Kansas City.

Dr. Don Blim, President of the Jackson County Medical Society, wrote a letter to Dr. Franklin protesting the Council's decision to limit the upcoming Interim Session to legislative matters only, and Dr. Franklin informed Dr. Blim that the Council felt that it did have the right to limit the business of the Interim Session to legislative matters.—**Referred to Reference Committee on Reports of Officers.**

■ *District #6*—Dr. Torontow stated that if possible he would like to see the MSMA develop a definitive policy on nurse practitioners.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ *District #3*—Dr. Judd reported that all is functioning well. He stated that the St. Louis Medical Society was seeking a meeting with Blue Cross in regard to the MSMA Council resolution on Blue Cross.

District #1—Dr. Martin reported that he had no report at this time.—**Referred to Reference Committee on Resolutions.**

MISSOURI HEALTH DATA CORPORATION

■ Dr. Francis Maple, President of the Missouri Health Data Corporation, brought the Council up-to-date on the activities of the Corporation. The Corporation was chartered in October, 1975 with five M.D.s and D.O.s on the Board of Directors. The primary intent of the corporation is to control the data emanating from the hospitals and other health institutions in the state. The Missouri Division of Health and the National Center for Health Statistics have agreed the corporation will contract with them so that confidentiality and other factors will be completely controlled. Dr. Maple indicated that the Corporation will have to raise approximately $100,000 to become operational. Then, it will be funded largely by the users. Dr. Maple stated that he hoped the MSMA would be willing to give a grant, give the corporation a loan or underwrite a loan to the corporation. Dr. Maple said that they hoped their funding could come from MSMA, MAOPS, hospitals, possibly the Blue Plans and private health insurance companies.

Dr. Maple stated that Dr. Domke, Director of the Missouri Division of Health, indicated that he would be willing to have this Corporation become the data collector.

Considerable discussion followed Dr. Maple's presentation regarding the Missouri Health Data Corporation. On motion, duly seconded, the Council accepted Dr. Maple's report for information.

On a motion, duly seconded, it was moved that the Missouri State Medical Association underwrite its share of the total commitment to a signature loan for the Missouri Health Data Corporation up to a maximum of $10,000. The motion was carried.—**Referred to Reference Committee on Resolutions.**

INTERSPECIALTY MEDICINE

■ In the absence of Dr. Costello, Chairman of the Commission on Interspecialty Medicine, Mr. Ellison reported on the two meetings recently held by the Commission.

During the Commission Meeting on June 5, the following topics were discussed along with several resolutions:

Background information was given regarding the purpose of the meeting; The responsibility of the Annual MSMA Scientific Program; Professional liability and various programs now available in Missouri; Definition of "Primary Care." It was concluded unanimously and a resolution was passed that "primary care is not a discipline of medicine, but a style of practice that can be diverse in specialization." This resolution was forwarded to the MSMA Council for further action. The Commission heard about some of the current problems that face Missouri ophthalmologists. Legislative activities were discussed and it was resolved that Royal O. Cooper of the MSMA staff be invited to attend the next meeting and report on current activities in the Legislature.

The Chairman asked that the staff provide to the representative, alternate, secretary and president of each specialty copies of all minutes and reports and a list of phone numbers of the Commissioners.

Mr. Ellison reported that at the September 18 meeting of the Commission, Dr. Ladyman reported that acknowledgement had been received from Dr. Theodore Cooper of HEW of invitation for him to be a featured speaker for our 119th Annual Session. Dr. Grebel presented a resolution from the Council of the Missouri Society of Internal Medicine which resolved that the MSIM no longer wishes to participate in the planning, but will serve as a resource for and consultant for scientific medical education programs at the Annual Meeting of the MSMA. Dr. Ladyman commented that involvement of all the specialty organizations in the scientific sessions of the Annual Meeting has resulted in very good programs.

A discussion was held on the problems that face Missouri ophthalmologists which have to do with the impact of the effort on the part of optometrists to enter the active treatment field of ophthalmology. A resolution was presented which stated "that the Interspecialty Commission recommends that the MSMA vigorously supports the ophthalmologists of Missouri in refuting any legislative attempt to expand the activities beyond the present criteria for the practice of optometry." This resolution was seconded and passed.

The Commission held a discussion conforming the multiple specialty problems similar to that of ophthalmology in which health care assistants are demanding and being sponsored for active practice of medicine without proper medical education. One of the Commission members reported that Washington University, Lindenwood College and City Hospital have joined efforts in producing a two-year liberal arts course, followed by two years of training at City Hospital and Washington University which will result in a Bachelor of Medicine Degree. He stated that this is a definite threat to the present high quality of professional medical practice.

Mr. Cooper brought the Commission up-to-date on the political activities in the State Legislature and gave a brief analysis of the bills to be introduced in the next session.

A motion was made, seconded and carried to accept the two Interspecialty Commission reports for information only. The motion carried.

A brief discussion followed regarding the above reports. It was pointed out that there are a lot of things involved in the Society of Internal Medicine not wishing to sponsor a scientific session during the MSMA Annual Session. This includes sparse attendance at some of the previous sessions, which resulted in embarrassment for some of the speakers. It was suggested that they might sponsor only one program instead of the usual three or four. The suggestion was made that, possibly, it is time for a review of the over-all quality of the scientific sessions to try to find out where we have been wrong and to improve it.

After further discussion, a motion was made, seconded and carried that the Commission on Interspecialty Medicine develop a strong, responsive program on Internal Medicine for the upcoming Annual Session.

REPORTS OF THE DEANS

Dr. Noback reported that the University of Missouri-Kansas City School of Medicine has been placed on probation by the Liaison Committee on Education. He indicated that he felt this was due to a misunderstanding and the judgement by the Liaison Committee has been appealed.

Dr. Noback reiterated Dr. German's remarks regarding the faculty and students from UMKC visiting Southwest Missouri during October. This is being done to enhance the student's knowledge of medical care outside the large, metropolitan setting.

Present plans are to move into the new Truman Medical Center on Dec. 4, 1976. The number of residents in Internal Medicine has approximately doubled since the onset of the residency program in Internal Medicine.

Dr. William Allen, in the absence of Dr. Lobeck, reported for the University of Missouri-Columbia.

At the last Council Meeting, the Council approved the mailing of a letter and questionnaire by the University to the neurosurgeons and orthopedic surgeons in Missouri concerning the Howard A. Rusk Rehabilitation Center. A favorable response has been received from this mailing and many physicians indicated they would utilize the services of the Center.

Money has been appropriated for a new School of Nursing and bids are now out for its construction.

Dr. Allen outlined for the Council's information the admissions process at the University of Missouri Medical School and gave a brief report on the numbers of new students, their geographical distribution, grade point average, etc.

Dr. Thoma expressed Dr. Challoner's apologies for not being present at the meeting. He gave the Council a summary on the numbers, grade point average, etc. of the new students admitted in September. Dr. Thoma reported that the students at St. Louis University had ranked in the 94th percentile on their national boards and the school is fourth or fifth nationally.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REPORT OF AMA DELEGATES

■ Dr. Peterson stated that MSMA members should be extremely proud of the fact that Dr. Hubert Ritter had been elected to the AMA Board of Trustees and that Dr. Joseph White had been reelected to the Council on Medical Education and is now Chairman of that Council. Dr. Richard Palmer was installed as President of the AMA and Dr. John Budd as President-Elect.

Dr. Peterson gave a brief report on the various actions taken at the AMA Annual Session in June and stated that these have been printed in various publications. The House called on the Board of Trustees to take appropriate action regarding the Talmadge Amendments. The House adopted an Association policy deploring all acts of fraud including those acts as recently reported in the Medicaid and Medicare Programs.

Dr. Peterson stated that he looks forward to Missouri being well represented at the AMA level in the future.

Dr. Martin thanked Dr. Peterson for his AMA report and called on Dr. Ritter for any additional comments regarding the AMA.

Dr. Ritter thanked Dr. Peterson for his excellent nominating speech and thanked all Delegates and Alternates for the important part they played in his being elected to the AMA Board. He reported that he had attended the three Board Meetings since his election and that he is quite pleased with the fact that Dr. Froelich and Dr. Slickman are on Reference Committees. He reported that the AMA has 147,000-plus dues paying members and another 56,000 belong to state and local societies, but do not belong to AMA. The AMA seems to be in good financial condition at the present time. Dr. Ritter gave the Council a brief report on the various topics covered at the September AMA Board meeting, including finances.

The AMA is in the process of establishing an Ad Hoc Committee on Services to Young Physicians composed of 11 young physicians. This Committee will study various things, such as what young physicians need and require. The MSMA has submitted the name of Dr. Daniel Fraser, St. Louis, to be a member of this Committee. The AMA has developed a proposal for direct billing for AMA dues.

A motion was made, seconded and carried that the MSMA Delegates to the AMA be instructed to support present state medical associations billing procedures for AMA dues rather than direct billing from the AMA.—**Referred to Reference Committee on Resolutions.**

ELECTION OF AMA DELEGATE

■ Dr. Martin indicated that since Dr. Ritter's election to the AMA Board, he has resigned as an AMA Delegate from Missouri and a new Delegate must be elected. Nominations were received from the floor for Dr. Melvin Kasten and Dr. Lawrence O'Neal to replace Dr. Ritter. On written ballot, Dr. Lawrence W. O'Neal was elected to fill the unexpired term of Dr. Ritter as an AMA Delegate. Dr. Judd was nominated and elected to become Alternate Delegate to replace Dr. O'Neal.

ARRANGEMENTS COMMITTEE

The Chairman named the following Arrangements Committee members for the 119th Annual Session: Dr. Judd, Chairman; Drs. Hetlage and Hansbrough.

Dr. Hetlage moved that the Council hold a meeting the morning of the Interim Session and that, possibly, this should be limited to matters being discussed at the Interim Session. The motion was seconded and carried.

NEXT COUNCIL MEETING

The next Council Meeting following the Interim Session will be held on December 11 with a Budget Committee Meeting and Executive Session being held on December 10. The meeting will be held at the Hilton Inn in Columbia.

SPEAKER, MSMA HOUSE

Dr. James Brown, Speaker, MSMA House of Delegates, indicated to the Council that he would be unable to attend the Interim Session at Tan-Tar-A, but he stated that Dr. Burford, Vice-Speaker, will be on hand and will do a good job.—**Referred to Reference Committee on Reports of Officers.**

AMA REPORT

■ Miss Carla Neuschel of the Department of Federation Communications made a few brief remarks regarding her position with the AMA. She is the contact person in the AMA for the state of Missouri, along with several other states. She extended her offer for assistance where possible and to let her know when she can be of help to the MSMA. She reported that the National Leadership Conefrence will be held on January 21-23 in Chicago and a good meeting is being planned. There will be a series of special training seminars covering various subjects such as practice management, AMPAC, etc. There will be no Public Affairs Workshop this year.

Miss Neuschel reiterated to please let her know if there is anything she can do to assist the Association in any way. —**Referred to Reference Committee on Resolutions.**

LEGISLATIVE REPORT

■ Dr. John Matthews, Chairman of the Legislative Committee, gave a brief rundown on proposed legislation in the 1977 General Assembly:

Certificate of Need—The Legislative Committee is trying to make several changes in this bill and will report back at the December meeting.

Definition of Death—Presently, the Senate Select Committee is studying three definition of death bills and will make a definite decision on which bill to sponsor by November 1.

Confidentiality of Medical Records—The Legislative Committee recommended that the AMA Model Bill on Confidentiality be introduced.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ *Informed Consent*—It was suggested that guidelines on informed consent be drawn up and no formal legislation be prepared.

Malpractice Suits—The MSMA Ad Hoc Committee chaired by Dr. George Hawkins, will present a bill and resolution at the Interim Session of the House of Delegates. —**Referred to Reference Committee on Constitution and Bylaws.**

■ *Health Insurance Coverage for Psychiatric Illness*—Most of the large carriers are now including psychiatric coverage and it is believed that a bill will be introduced in this Session on this subject that MSMA can support.

Physician Assistants—The content of HB 1054 from the 1976 General Assembly will undoubtedly be introduced during the upcoming General Assembly.

National Health Manpower Legislation—This legislation is presently in Conference Committee.

Board of Healing Arts—Support the State Board of Healing Arts in their legislative efforts.

Model Fireworks Bill—We have been on record as supporting this type of legislation for many years.

Dr. Matthews reported that, perhaps, a resolution will be introduced at the MSMA Interim Session calling for legislation to allow coroners and medical examiners to remove pituitary glands in all coroners' autopsies.

On a motion, duly seconded, the report of the Legislative Committee was approved. The motion carried.—**Referred to Reference Committee on Miscellaneous Affairs.**

EXECUTIVE SESSION

■ The Council met in Executive Session on Friday evening, September 24, with discussion and actions taken as follows:

Mr. McIntyre presented the new Pension Plan. The plan had been revised to conform to new federal laws. The Council by unanimous vote passed a resolution accepting the new Pension Plan as presented.

The Council had been notified by Mr. McIntyre, our Executive Secretary, that he desires to retire from that position as of Jan. 1, 1977. With regret and heartfelt thanks for years of loyal service to the MSMA by Mr. McIntyre, we accepted his request. Therefore, we (the Council) appointed Mr. Royal O. Cooper to assume the duties of Executive Secretary of MSMA on Jan. 1, 1977. Mr. Cooper was asked to appear and he stated he would accept the position. —**Referred to Reference Committee on Reports of Officers.**

■ It was the feeling of the Council that in order to implement Resolution #9 passed by the House of Delegates at the Annual Meeting in April, 1976, in Kansas City, that a way must be found to finance this. Since this subject was not on the agenda for the Council meeting on Sept. 25, 1976, a motion was made and passed that a resolution be presented to the Council on Sept. 25, 1976. This resolution and possible ways to implement Resolution #9 will be in the Council Meeting Minutes.—**Referred to Reference Committee on Constitution and Bylaws.**

■ The Council then voted to send a letter to Dr. James Sammons of the AMA expressing our concern as to why communications between the AMA office and our MSMA are so poor and that we are still of the opinion that better field service from the AMA would alleviate many of our problems regarding the AMA.—**Referred to Reference Committee on Reports of Officers.**

■ Dr. McAlhany presented to the Council a request from Mr. Neil Wortley of Springfield, Mo., president-elect of the Missouri Hospital Association, recommending that the MSMA and MHA consider the possibility of promoting a consumer educational program regarding physicians and hospital services, costs, etc. Mr. Wortley stated he had made some contact with the Kellogg Foundation and seems to believe that funds could be secured from them for projects of this kind and, therefore, minimal funds, if any, would be needed directly from the two associations. This educational program would probably center around radio and TV shorts.

Since Dr. McAlhany felt that he would be able to review the productions, the Council voted to have the MSMA join the MHA in this project.—**Referred to Reference Committee on Medical Education and Pubilc Welfare.**

Meeting of Nov. 3, 1976

■ John N. Martin, M.D., St. Joseph, Chairman, called the meeting to order. Those present were Drs. Martin; Max S. Franklin, St. Louis; Howard J. McAlhany, Springeld; Richard V. Bradley, St. Louis; J. Russell Comer, New London; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Andrew McCanse, Kansas City; Walter A. German, Jr., Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Stanley S. Peterson, Springfield; James C. Sisk, St. Louis; Melvin C. Kasten, Cape Girardeau; Lawrence W. O'Neal, St. Louis; Robert A. Slickman, Kansas City; William D. Bradshaw, Columbia; William C. Allen, Columbia; Gerald L. Miller, Kansas City; Walter T. Gunn, St. Louis; Jack N. Wiles, West Plains; Gordon R. Garrett, Ed.D., St. Louis; Messrs. Hollister S. Smith, St. Louis and James E. Thompson, Jr., Springfield; Mrs. George P. Wilson, Columbia; Mrs. W. Jack Stelmach, Kansas City; Messrs. Ray McIntyre, Royal O. Cooper, C. C. Swarens, Don Wilson, Ron Ellison and John Kuebler, Staff.

"...Sleep that knits up the ravell'd sleave of care..."

–WILLIAM SHAKESPEARE, *MACBETH*, *ACT II, SC. 2*

Insomnia
a shade of blue that often accompanies depression

And, in anxiety/depression, Adapin® (doxepin HCl) often helps restore disturbed sleep patterns, such as early morning awakening, with a single daily dose at bedtime.[1] Adapin quickly relieves the patient's anxiety, gradually brightens his mood and outlook, with optimal antidepressant response usually evident within two to three weeks.

1. Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

Brief Summary of Prescribing Information
ADAPIN® (doxepin HCl) Capsules

Indications—Relief of symptoms of anxiety and depression.

Contraindications—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

Warnings—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, or on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdosage.

Precautions—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Adverse Reactions—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

Dosage and Administration—In mild to moderate anxiety and/or depression: 10 mg to 25 mg t.i.d. Increase or decrease the dosage according to individual response. **Usual optimum daily dosage is 75 mg to 150 mg** per day, not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

How Supplied—Each capsule contains doxepin, as the hydrochloride: 10 mg, 25 mg and 50 mg capsules in bottles of 100 and 1000.

For complete prescribing information please see package insert or PDR.

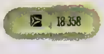
When they see life
in shades of blue...
help them see life
in all its colors.

Adapin®
(doxepin HCl)

single daily dose recommended h.s.

10-mg capsules

25-mg capsules


50-mg capsules

PENNWALT
Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603

A motion to approve the minutes of the September 25, 1976 Council Meeting was seconded and approved.

Chairman Martin introduced Mr. John Kuebler, who was recently employed as Governmental Relations Director for MSMA.

RESIGNATION OF THIRD DISTRICT COUNCILOR

Dr. Martin reported that an official letter of resignation had been received from Dr. Donald Judd, Third District Councilor. Dr. Judd had recently been appointed as an AMA Alternate Delegate.

A motion to accept Dr. Judd's resignation as Third District Councilor was seconded and adopted.

It was then pointed out that the MSMA Constitution authorizes the council to appoint someone to serve as Third District Councilor until the vacancy is filled at the next Annual Session of MSMA.

Dr. Franklin moved that Dr. Richard Bradley of St. Louis be appointed as Third District Councilor. The motion was seconded and carried.

Dr. Bradley stated that he would like to resign as Treasurer since he had been elected Councilor from the Third District.

A motion to accept Dr. Bradley's resignation as Treasurer was seconded and adopted.

Dr. Franklin moved that Dr. James M. Stokes of St. Louis be appointed as Treasurer to fill the unexpired term of Dr. Bradley. The motion was seconded and carried.

Dr. Martin stated that he would like to appoint Dr. Stokes, the newly elected Treasurer, to the Budget Committee.—**Referred to Reference Committee on Reports of Officers.**

COMMITTEE TO STUDY PARAMEDICAL PERSONNEL AND PHYSICIAN ASSISTANTS

■ Dr. Hetlage stated that at the last Council Meeting there had been a discussion about appointing a committee to study the matter of physician assistants and paramedical programs and report back to the Council on what is going on in these areas.

Chairman Martin appointed the following to serve on this Committee: Drs. Hetlage, Chairman Ekern and Torontow.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REMARKS OF PRESIDENT FRANKLIN

■ President Franklin reported that he had attended the Executive Committee meeting of Blue Shield and discussed with them the resolution passed by the Council regarding Blue Cross.

Dr. Franklin reported that he had attended the National Meeting of Blue Shield in Chicago. He also reported that he had attended the Fall Conference of the Auxiliary and that the conference was successful and well-attended. Dr. Franklin stated that he would like to commend Mrs. Wilson, Mrs. Stelmach and the Auxiliary for the good job that they are doing.

Dr. Franklin reported that he had received a copy of a letter written by a St. Louis physician to the Superintendent of the Division of Insurance and he felt that this should be referred to a Commission or Committee for study.

Chairman Martin indicated that this would be referred to the Commission on Medical Economics, Third Party Medicine and Governmental Relations.

Dr. Bradley introduced Gordon R. Garrett, Ed.D., the new Executive Secretary of the St. Louis Medical Society.—**Referred to Reference Committee on Resolutions.**

COUNCILOR DISTRICT REPORTS

■ *Eighth District*—Dr. German reported that due to unavoidable circumstances, some resolutions from Greene County did not get into the Handbook. He indicated that according to MSMA Bylaws, 200 copies would be available for the use of the Delegates.

Second District—Dr. Comer reported that a mobile screening clinic has been in his District providing examinations to anyone who wanted them. Dr. Hetlage stated that union groups in his District also had been doing this type of examination.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ *Fourth District*—Dr. Hetlage stated that the Fourth District had no report.

Seventh District—Dr. McCanse reported that he had no report at this time.

First District—Dr. Martin reported that there has been little participation in HSAs. He stated that he felt that each of the Councilors should talk to the physicians in his area about getting involved in the HSA on the local level (subcouncil committees).

AMA PROPOSAL FOR DIRECT BILLING

Mr. McIntyre stated that in the absence of Dr. Ritter, he would like to mention the AMA proposal for direct billing. He stated that at its September meeting, the Council had directed the AMA Delegates to oppose this proposal. The AMA Delegates will receive an explanation in their Handbook relative to this proposal.

Dr. Peterson stated that an ad hoc committee of the Commission on Medical Economics has been meeting with the Division of Family Services on Medicaid fees and he urged all present to encourage their delegates to vote favorably on the Medicaid resolution that would be discussed at the Interim Session House of Delegates.

Dr. Comer stated that he had recently read an article on the AMA Seminar on Negotiations and asked if anyone had any comments about it. Dr. McCanse stated that Allen Smith, Executive Secretary of the Jackson County Medical Society, had attended one of the seminars and was very impressed with it.

Mr. Cooper stated that the MSMA House of Delegates had adopted a resolution at its April meeting calling for some mechanism of negotiations to be developed. The Commission on Medical Economics has recommended that the negotiations mechanism be set up in our present Association. He also stated that the AMA had set up a Department of Negotiations.

Mr. Cooper said that the negotiations seminars offered by the AMA consist of a week-long seminar and a two-day seminar designed primarily for physicians and that this is a good short course on negotiations.

The meeting adjourned.—**Referred to Reference Committee on Resolutions.**

Meeting of December 11, 1976

■ John N. Martin, M.D., St. Joseph, Chairman, called the meeting to order. Those present were Drs. Martin; Howard J. McAlhany, Springfield; John I. Matthews, Jefferson City; James M. Stokes, St. Louis; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Andrew McCanse, Kansas City; Walter T. German, Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Stanley S. Peterson, Springfield; Rae W. Froelich, Lebanon; William C. Allen, Charles Lobeck, Joseph White, Hugh Stephenson, and William D. Bradshaw, Columbia; Herbert R. Domke, Jefferson City; Mrs. George P. Wilson, Columbia; Messrs. Gordon R. Garrett, St. Louis; Jim Thompson, Springfield; Gary Clark, Jefferson City; and Ray McIntyre, Royal O. Cooper, C. C. Swarens, Ron Ellison, Don Wilson and John Kuebler, Jefferson City, Staff.

On motion, duly seconded, the minutes of the November 3, 1976 Council Meeting were approved as distributed.

REPORT OF THE EXECUTIVE SECRETARY

Dr. Franklin, MSMA President, was unable to attend the Council meeting and, also, the recent AMA meeting. However, he did send his regrets and a short report. The report stated that he had met with the President of the Missouri Board of Registration for Healing Arts and discussed mutual problems. He indicated that there should be better communications between the Board and the MSMA Council. Dr. Franklin stated that he hoped that either the President of the Board or the Executive Secretary would be invited to future Council meetings and be allowed to speak if desired. **—Referred to Reference Committee on Miscellaneous Affairs.**

■ Dr. Franklin reported that he had attended a meeting of the St. Louis Academy of General Practice as their guest.

Mr. McIntyre pointed out that a decision should be made on where to hold the 1978 Annual Session. On motion, duly seconded, it was decided to hold the 1978 MSMA Annual Session at the Crown Center Hotel in Kansas City. Motion carried.**—Referred to Reference Committee on Reports of Officers.**

REPORT OF THE LEGISLATIVE COMMITTEE

■ Dr. John Matthews, Chairman of the Committee on Legislative Affairs, reported that approximately 453 House bills and 290 Senate bills have been prefiled to date. He said that this could be a most difficult session due to the fact that many legislators will be first termers. There also will be new leadership in the House and Senate and new Committees and Committee chairmen. The MSMA Legislative Committee met and submits the following report:

In accordance with the actions of our House of Delegates, legislation has been prefiled on expert witness, collateral source rule change and structured awards.

It is interesting to note that attorneys have filed a package of malpractice bills including attorney liability, Board reporting of attorney malpractice claims to the Division of Insurance, etc. for this session.**—Referred to Reference Committee on Constitution and Bylaws.**

■ Perennial expansion of the chiropractic practice act has been prefiled. We have always opposed this legislation.

Licensing of psychologists legislation has been prefiled. We have not opposed this legislation as it now conforms to our suggestions. Cardiology technologists have a licensure bill prefiled. We have always opposed it in the past. House Bill 211 apparently is a licensure bill for ophthalmic dispensers. We have supported this bill in the past, but we have not had an opportunity to read this new bill.

The mental health law is being completely revised. We have asked for the assistance of the Missouri Psychiatric Association. They have met extensively concerning these changes and there appears to be general satisfaction towards the new proposed law.

A confidentiality of mental patient information bill is prefiled and we will attempt to obtain further information. This is SB 253.

We have legislation prefiled to provide for benefits under insurance contracts for alcoholism (HB 340).

Legislation to establish and identify alcohol and drug treatment centers has been prefiled. We have supported this in the past.

HB 325 has been prefiled. The House of Delegates approved legislation to change the medical practice act statutes on physician licensure examination to conform to the examination presently being used.

Legislation concerning prescription forms (SB 36), which we have opposed in the past, has been introduced again. There are several other bills pertaining to controlled substances, civil rather than criminal penalties and commitment rather than imprisonment for addicts, drug paraphernalia, etc.

As is known, we have supported "Good Samaritan" bills for many years. For this Session, HB 235 has been introduced along with HB 309 and SB 59.

At the present time, there is a gap concerning medical consent for minors. While most state laws have been changed to recognize rights of 18-year-olds, only VD, pregnancy and drug addiction can presently be treated by a physician for anyone under the age of 21 without proper consent. We supported this legislation last session and two bills have been prefiled. They are SB 48 and HB 324.

We are on record with our House of Delegates as supporting definition of death legislation. The prefiled Senate Bill, SB 50, reiterates the ABA bill "For all legal purposes, a human body with irreversible cessation of brain function according to usual and customary standards of medical practice shall be considered dead."

HB 105 is quite similar to House bill of last year. HB 104 is identical to the "right to die" legislation of last session. Dr. Matthews indicated that the Committee felt that since many MSMA members have varying opinions on this type legislation, the Association would take a "middle of the road" position.

The Legislative Committee has contacted several medical examiners concerning a resolution adopted by the Interim Session of the House of Delegates requesting that legislation to permit the harvesting of needed tissues and organs in coroners' cases be sponsored. Legislation will be drafted and a sponsor will be obtained for this legislation.

Certificate of Need—The legislation prefiled, SB 231, does comply with the physicians exemptions we requested. It does not apply for any expenditure under $150,000. We asked for the exemption to be $500,000. The $150,000 exemption is provided by the rules and regulations of HEW.

Medicaid—The most important item under this category will be the increased appropriation for physicians' services under Medicaid. Last year, $20.8 million was budgeted. The Division of Family Services has requested a substantial increase for physicians' services for the next year which will end July 1, 1978. It is most important that this item be kept in the Governor's budget and that we testify during all appropriation hearings.

The Missouri Hospital Association is again supporting benefit payments for medical assistance for the near-needy for inpatient and outpatient hospital services including diagnostic services.

The bill supported by our House of Delegates on confidentiality of health care information has been prefiled. This is SB 110. Numerous nursing home inspection and licensing bills have been prefiled. We will attempt to obtain additional information on these.

Thinking that it might be well for the Council to meet and converse with the Governor-Elect, Dr. Hetlage suggested that Mr. Teasdale be invited to the Friday evening Executive Session of the Council on February 4, 1977. The Chairman indicated that this would be done through Dr. McCanse of Kansas City.**—Referred to Reference Committee on Miscellaneous Affairs.**

REPORT OF THE AMA DELEGATES

■ Dr. Stanley Peterson, Missouri senior delegate, reported on the Clinical Session of the AMA held recently in Philadelphia. One hundred forty-one different items of business were transacted and 99.4% of the delegates were registered for the meeting. AMA-ERF and AMPAC reported having a banner year. Dr. Froelich hosted a very nice dinner for the Missouri delegation honoring retiring delegate Dr. Peterson and retiring Executive Secretary, Ray McIntyre.

Dr. Peterson reported that some of the topics covered and actions taken at the AMA meeting are as follows: reaffirmed support for a NHI bill; established a new section on medical schools; reported a $15 million surplus during the past year; AMA Board directed to review the federal health planning law and develop amendments to make the law more acceptable to physicians; AMA definition of primary care reaffirmed; AMA to study ways to improve the use of "expert witnesses" in malpractice cases; House agreed to delegate its direct control over approval of educational standards for allied professions to the Council on Medical Education; and endorsed the key man concept. Dr. Peterson also reported that AMPAC Workshops would no longer be held and he urged all those present to fill out and return the AMA membership opinion poll. Dr. Peterson stated that the AMA short-term criteria for care in hospitals had been distributed.

Dr. Peterson stated that he had enjoyed being an AMA Delegate and said that he felt that the AMA Delegates need more input from the Council.

Dr. Froelich stated that Dr. Peterson had presented highlights of the Clinical Session. He stated that for the last ten years, those in organized medicine had been trying to prevent nationalized medicine, but the federal government has been whittling away at organized medicine's ability to take care of their patients with such programs as PSRO, HSAs, etc. We are now going towards socialized medicine and we must be sharpening our tools to deal with the government programs. Dr. Froelich stated that he felt that the real statement of the 1976 Clinical Session was brought out by the following statement from a speech given by AMA President, Dr. Richard Palmer: ". . . I want our Association to go forward with all the toughness of a real union, without taking the anti-professional, anti-social, low road to which unions are prone." Dr. Froelich stated that we can't have the toughness of a Reuther or Meany—we need the toughness that will result in one major goal—quality medical care. We need a Meany or Reuther who has the compassion that can only be derived from years of medical practice. We need a Meany or Reuther who is a doctor first. Missouri has that man—Pete—and he is the only one there is!

Dr. Froelich pointed out that Dr. Peterson and a special committee had been negotiating with the Director of the Division of Family Services for increased fees for physicians' services under Medicaid and the Director has made a budget request for a substantial increase in these fees.

Dr. Froelich stated that it is his thought that, perhaps, the Council would like to approach Dr. Hubert Ritter, a member of the AMA Board of Trustees, offering the services of Dr. Peterson at the AMA level. The AMA has a Section on Negotiations, which at present is being run by staff with no physician involvement. Dr. Froelich stated that, perhaps, Dr. Peterson should be recommended for appointment to this Section on Negotiations.

A motion was made that Dr. Peterson be recommended for appointment to the AMA Section on Negotiations, was seconded and adopted.

Dr. Peterson reported that the physicians' union now has 479 paid members in Missouri. The main objective of the union at this time is to set up an organization that will be able to deal with nationalized medicine when it comes.

It was pointed out that more detailed information on actions taken during the AMA Clinical Session will be published in *AM News* and the *AMA Newsletter*.—**Referred to Reference Committee on Resolutions.**

REPORT OF THE WOMAN'S AUXILIARY

■ Mrs. Wilson gave a brief report on the recent activities of the MSMA Woman's Auxiliary. The first of their two annual meetings was held in October and there were approximately 130 participants. This session is geared primarily to the county and state leaders. The Governor was in attendance and the highlight of the meeting was Dr. Matthews' address.

The Woman's Auxiliary is now monitoring HSA meetings in their respective areas and will report on these meetings to Mr. Kuebler of the MSMA staff.

Mrs. Wilson reported that the Auxiliary is still receiving requests for the Heimlich posters which she reported on several times.

The Auxiliary is planning another mailing regarding immunizations and, hopefully, this will be accomplished in mid-January.

Mrs. Wilson requested that the MSMA Auxiliary have a staff member assigned to them to act as liaison between the Medical Association and its Auxiliary.

Chairman Martin indicated that this would be referred to staff and they would assign a staff member to the Auxiliary.—**Referred to Reference Committee on Reports of Officers.**

DIVISION OF HEALTH

■ Dr. Domke stated that the swine flu program was going along extremely well in Missouri. More than 1,700,000 inoculations have been given in Missouri. This is a good deal better than the national average. Dr. Domke indicated that there has been a good deal of local success in Missouri.

Dr. Hetlage stated that he had been extremely critical of the Division's swine flu program at the June Council meeting and would now like to retract that criticism as the Division of Health has been extremely helpful in the administration of the program.

Dr. Domke said that the matter of regionalization of obstetrical care had been mentioned during the AMA Delegates report. For more than two years, Missouri has had a program which tries to improve maternal and neo-natal care for the prevention of mental retardation. This program has no regionalization built into it. Dr. Domke indicated that he felt this is an extremely important program and should go forward with strong support.

Dr. Peterson stated that his concern is the classification of facilities and the transfer of patients to a particular facility where certain types of care could be provided. Dr. Domke stated that the Division of Health would like to get more interest in the hospitals in the state in building up obstetrical services. The classifications for facilities have been adopted in Missouri. Dr. Domke stated that in no way is the Division of Health assigning patients to hospitals. The program in Missouri is dependent upon recommendations of health care priorities made by physicians and referrals made by physicians.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REVIEW OF HEALTH CARE IN THE PRIVATE SECTOR

■ Dr. Bradley presented information on a recent meeting of the five Missouri PSROs and the Health Insurance Association of America concerning the review of health care in the private sector. Representatives of HIAA attending the meeting indicated that their industry is interested in establishing a program for the review of private patients. This could be similar to the review presently being utilized for Medicare and Medicaid patients.

Most of the area PSRO representatives present agreed that the PSROs should undertake this review process in the private sector. It also was mentioned that a program should be developed to educate physicians as to the necessity of the review of private patients instead of trying to force such a program on them. Dr. Bradley said that with cooperation, private-sector care can stay private; withoug cooperation, there is a chance that legislation will force a review program on an unwilling private sector.

The Chairman indicated that this would be accepted for information.—**Referred to Reference Committee on Resolutions.**

REPORT OF THE DEANS

■ Dr. Lobeck, Dean of the University of Missouri School of Medicine-Columbia, expressed concern about the problems being presented by the health manpower legislation. The number of residencies is decreasing. Students will have a limited choice of residencies. Primary care residencies will be 30% of total residencies in 1977-1978; 45% in 1979 and 50% in 1980. Dr. Lobeck asked for Council support for efforts on the part of the University to obtain state support for primary care residencies. Primary care residencies are currently being paid for from third-party payers. He indicated that he felt this is an inappropriate way to pay for these residencies. With the increased number of primary care residencies required under the health manpower legislation, funds for these residencies will be hard to obtain and, perhaps, these residencies should be supported primarily by the taxpayer.

Dr. Lobeck stated that the University Hospital receives funds from the state, but he stated that he felt that legislators did not feel that residencies were educational costs.—**Referred to Reference Committee on Medical Education and Public Welfare.**

CAPE GIRARDEAU COUNTY

■ Dr. Hansbrough reported that the Cape Girardeau County Medical Society had recently reorganized. They have adopted a new Constitution and Bylaws and have changed the name to Cape Girardeau County Area Medical Society. Dr. Hansbrough stated that due to this reorganization, the Council needs to approve of these changes.

A motion to approve the new name and Constitution and Bylaws of the Cape Girardeau County Area Medical Society was seconded and approved.—**Referred to Reference Committee on Reports of Officers.**

MISSOURI CANCER PROGRAMS INC.

■ Dr. Hansbrough, who was appointed to the Board of the Missouri Cancer Programs, Inc. as the MSMA representative, gave a brief report on the activities and current status of the organization, giving background information regarding its inception and implementation. The main purpose of the organization is to develop a cancer center in Missouri. The organization was accepted as a cancer center and a grant application of $1,700,000 was approved and approximately 80% of this money has been received by the organization. Dr. Hansbrough outlined several programs that are now being initiated under the Missouri Cancer Programs, Inc. along with several now in the planning stages. He indicated that he will keep the Council up to date on these various activities. He stated that we are faced with the fact that money is flowing into the state and that it is important to see that programs are developed that can be supported by the MSMA. He stated that the director desires suggestions. He said that he feels his function in representing MSMA on the Board of MCPI is to see that patients and physicians do receive benefits from this program.

Dr. McCanse expressed concern about support of the Missouri Cancer Programs, Inc., indicating that he has difficulty separating the roles being played by Ellis Fischel State Cancer Hospital, Cancer Research Center and the Missouri Cancer Programs, Inc. Dr. Hansbrough indicated that he feels this is something we must continue to support and that the director of MCPI serves at the pleasure of the Board.

NEXT COUNCIL MEETING

The next meeting of the Council will be held on February 4 and 5, 1977 at the Hilton Inn in Columbia.

AD HOC COMMITTEE ON PHYSICIAN ASSISTANTS

Dr. Hetlage, Chairman of the Ad Hoc Committee on Physician Assistants, gave the Council an outline of the activities the Committee proposes to follow in seeking information regarding physician assistants:

INFORMATION:

1. Survey of County Societies (A questionnaire has been sent and we are currently receiving returns.)
2. Request for information regarding schools
   - A. Questionnaire from St. Louis University.
   - B. New program at Stephens College.
   - C. New program at Lindenwood College.
   - D. Other new facilities.
3. Definition of Certification versus Licensure and implications. (Staff is researching this.)
4. Health Manpower Survey.
5. Outside utilization—unsupervised.
   - A. Veterans Administration.
   - B. Insurance Companies.

ACTION:

1. Meeting in January with optometrists and ophthalmologists.

Plan for Report:

1. Survey Information.
   - A. Educational Facilities.
   - B. Location and Numbers.
   - C. Manner of Utilization.
     - 1. By V.A.; 2. By Government; 3. Of Nurse Association; 4. Of private physicians.
2. Recommendation to Council as to policy regarding:
   - A. Legislative Stance.
   - B. Utilization Standards.
   - C. Future Considerations.

It was pointed out that it might be of interest to obtain statistical information regarding total numbers of paramedical personnel in the state. Dr. Hetlage indicated that he would be happy to receive direction from the Council regarding further means of approaching this problem.

Chairman Martin indicated that this report was for the information of the Council and did not require any action at the present time.

Since the activities of the Ad Hoc Committee on Medical Defense Associates have apparently been completed, it was moved, seconded and carried that this Ad Hoc Committee be disbanded.—**Referred to Reference Committee on Medical Education and Public Welfare.**

MSMI

■ Mr. Cooper reported that presently 800 physicians have professional liability insurance under the Missouri State Medical Insurance, Inc. The following two recommendations were adopted at the last meeting of the MSMI Board of Directors:

1. Rollins Burdick Hunter exhaust the market looking for another carrier.
2. Develop some educational programs for the prevention of medical accidents for the benefit of members.

—**Referred to Reference Committee on Constitution and Bylaws.**

CONTINUING MEDICAL EDUCATION

■ Mr. Ellison said that the site team for CME has approved eight institutions for accreditation and asked Council approval for the following:

> Greene County Medical Society, Springfield; SEMO Foundation for Medical Care; Missouri State Allergy Association; Academy of Health Professions; Ellis Fischel State Cancer Hospital, Columbia; St. Louis Mercy Med-

ical Center, St. Louis; Trinity Lutheran Hospital, Kansas City; and Freeman Hospital, Joplin.

On motion, duly seconded, the Council approved CME accreditation for the above-mentioned institutions. Mr. Ellison indicated that letters will be sent to these instituions notifying them of this CME accreditation.

119TH ANNUAL SESSION

Mr. Ellison brought the Council up-to-date on the programs presently proposed for the 119th Annual Session—Practice Management Workshop; 22 scientific sessions sponsored by 13 medical specialties and two voluntary health agencies. There was a suggestion that we might have a program for those hospitals and interested people who would like to know the essentials of what an institution must meet to become accredited for CME.—**Referred to Reference Committee on Medical Education and Public Welfare.**

REPORT OF THE FIELD SECRETARY

■ Mr. Wilson gave a brief rundown on his activities as Field Secretary since the May Council Meeting. He has contacted physicians in 80% of all the medical societies since his last report. Items of major concern to physicians visited are politics, Interim Session, swine flu program, national certification, professional liability insurance and CME. He also reported that he had assisted county medical societies with some of their local problems. He further attended various meetings of medical societies, hospital staffs, etc. He stated that he would report further in February.—**Referred to Reference Committee on Reports of Officers.**

REPORT OF MEETING OF COUNTY MEDICAL SOCIETY REPRESENTATIVES

■ Mr. Swarens reported that a meeting of county medical society representatives was held on October 22-23, and that 13 county medical societies were represented. Discussion was held on several items and following is a summary of the discussion and decisions reached on the various subjects:

1. *Negotiations and Physicians*

A motion was adopted to encourage the Council or proper committee to inform state Medicaid officials that Medicaid should pay full fees of physicians and, if Title XIX funds are totally expended before the end of the fiscal year, the general public should be informed that physicians are subsidizing the Medicaid program due to lack of government appropriations.

One meeting participant highly recommended the AMA's course on negotiations and several present suggested the possibility of holding a negotiating course at the MSMA Annual Session.

2. *AMA—Unified Membership*

Boone County expressed fear of losing several MSMA members whose county and state dues are paid by the University. It was suggested the AMA investigate the possibility of separate classification of members such as university-oriented.

Participants agreed that AMA members must convince others to join and stressed that AMA should "earn" membership and tell physicians what it is doing to "earn" that membership.

3. *Continuing Medical Education*

Following discussion, it was recommended that the MSMA provide more opportunities for members to gain CME hours. It was felt that the MSMA should better explain its program to hospitals and county medical societies in order to increase participation.

4. *State-County Medical Society Relationships*

Participants agreed that a WATS line should be installed on at least a trial basis to encourage direct communications from members on problems. Other suggestions included possibly having component society members meet with Councilors and Delegates prior to Council or House meetings and to develop methods of sampling member opinions.

Mr. Swarens stated that the possibility of establishing a WATS line had been investigated and indicated that it was felt, at the present time, it is too costly to establish a WATS line.

Also, it was suggested that MSMA propose to medical specialty societies in Missouri that we handle their dues billing for them along with some other staff services.

It also was stated that physicians need better relationships with organizations of nurses, hospitals, medical technicians, etc. and suggested possible formation of a "Liaison Committee of Health Care Professions."

5. *Federal Laws-Regulations*

On the National Certification, the group felt that this should be headed off by getting commitments now from congressmen. Also, said medical societies and individual physicians should object to congressmen and HEW on proposal.

Regarding HSA, this group felt that representation of medicine is poor and physicians must work on the sub-council level for input. Medicine should seek the assistance of "senior citizen" groups which have the time to work on these boards.

6. *Malpractice Insurance*

Following an indepth report by Dr. Clark on the "whys" of MSMI, the group agreed that the MSMA membership should be given this information so they can better understand the formation of MSMI.

7. *State Legislative Program*

Opinion was expressed that "Key Men" should be informed that it is their responsibility to "get the word" to other physicians in their area.

After reviewing the resolutions introduced into the Interim Session, the group discussed all generally and made the following specific comments:

No. 3—*Physician Assistants*—Don't want PAs working on their own; they need direct supervision. We need to define (like nurses) what PAs can do. What about the programs in the state we have encouraged to train PAs.

No. 9—*"Good Samaritan"*—Felt there is a reluctance by physicians to identify themselves at emergencies due to liability worries. Voted to favor this type of legislation.

Mr. Swarens reported that dues notices had been mailed recently. Since this is the first time the dues notices have been done by computer, information regarding this new program had been mailed to county medical society secretaries and they were to either call or write the MSMA office if they had any questions.—**Referred to Reference Committee on Miscellaneous Affairs.**

REPORT OF BUDGET AND FINANCE COMMITTEE

■ The Budget and Finance Committee met on Friday afternoon, December 3, prior to the Council Meeting on Saturday. The Committee reviewed the material presented which showed Exhibit A—Actual Income through October 31, 1976; Expected Total Income for 1976; Income Budget for 1976 and Estimated Receipts for 1976; Exhibit B—Actual Expenditures through Oct. 31, 1976; Estimated Expenditures for 1976; Budget for 1976 and Proposed Budget for 1977; Exhibit C—Actual Meeting and Committee Expenses

MSMA Members Receive 50-Year Pins

Willard Ellsworth, M.D., Cainesville

Charles H. Leslie, M.D.
Kirkwood

Theodore Fischer, M.D.
Altenburg

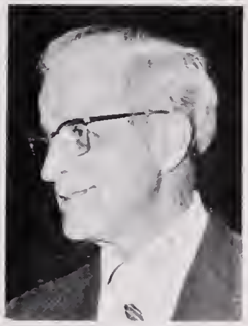
Charles S. Paddock, M.D., Joplin

Earl L. Brand, M.D.
Webster Groves

President Franklin *(right)* presents a 50-Year Pin to Louis F. Aitken, M.D. of St. Louis.

William B. Wilcoxen, M.D., Bowling Green

anford Phillips, M.D.
St. Louis



Judson M. Hughes, M.D., St. Joseph

Members of the Missouri State Medical Association who have completed 50 years in the practice of medicine are honored at the Presidents' Banquet each year.

Sixteen members who attained this distinguished accomplishment in 1977 and who attended the Banquet in St. Louis are pictured here at the time they received their 50-Year Pins and congratulations from President Max S. Franklin on behalf of the MSMA.

Members who received 50-Year Pins but did not attend the Banquet are: Claude R. Bruner, Camdenton; Lee Harrison, Clayton; Charles Grabske, Independence; Fred L. Kneibert, Poplar Bluff; Carl Lindquist, Reeds Spring; Julius G. Viraghaty, Glencoe; Paul W. Walker, Joplin; Kenneth A. Davis, John McLeod, Hubert Parker and Otto J. Printz of Kansas City; and David Flavan, Samuel Freund, Byron J. McGinnis, James A. O'Dowd, Cleitus A. Presnell, Louis A. Reuter, Melvin Roblee, Frances H. Stewart, Franklin E. Walton and Hugh M. Wilson of St. Louis.

an W. Taylor, M.D.
Bonne Terre

Jonathan Goodman, M.D., St. Louis

Sol Londe, M.D.
St. Louis

John E. Hobbs, M.D.
St. Louis

Arnold G. Klein, M.D.
St. Louis

Elmer Schluer, M.D.
St. Louis

Herbert J. Rudi, M.D.
St. Louis

through Oct. 31, 1976; Estimated Expenses for all of 1976; Budget for 1976 and Proposed Budget for 1977. A breakdown of anticipated income and expenses for the years 1976 and 1977 was also included:

Dr. Bradley, Chairman of the Budget and Finance Committee, stated that the Committee had approved the following specific recommendations for the 1977 Budget:

1. Salaries in the amount of $171,130.00 be budgeted for 1977.
2. The general expense item in the budget be increased by $2,000 to cover the increased cost of a better health ininsurance plan for Staff.
3. Recommend that the Missouri State Medical Foundation assessment be renewed for another three years and further recommend that the Foundation be studied regarding its level of turnover, interest rate structure and future in general.
4. Recommend that the pension plan be reexamined by Staff for report to the Council during the coming fiscal year.
5. Recommend the budget not be increased for Councilor coverage at the present time and that the membership be aware of the fact that no fiscal provision is being made for any Vice-Councilor unless serving in place of the Councilor.
6. Recommend that per diem for AMA Delegates be increased to $75 from $60.
7. Recommend that the surplus from the 1976 Budget remain in liquid assets balanced at the discretion of Staff, Treasurer and Executive Committee between CDs and savings and loan.
8. Recommend that Mr. Ray McIntyre be retained by the Association in the capacity of Consultant following his retirement as Executive Secretary January 1, 1977.

The Budget and Finance Committee recommends the following proposed Budget for 1977, including the specific items above:

Salaries	$171,130.00
Furniture & Fixtures	750.00
General Expense	8,000.00
Office Supplies	5,000.00
MSMF Assessment	41,605.00
Journal Expense	48,000.00
Postage	7,500.00
Equipment Rentals & Repairs	4,300.00
Telephone & Telegraph	10,000.00
Pension Expense	13,000.00
Legal & Professional	10,000.00
Payroll Taxes	10,000.00
Commission-Committee Meetings	62,500.00
Annual Session	26,000.00
Discretionary Council Fund	5,000.00
Taxes—I.R.S.	600.00
Travel Expenses	16,000.00
Building Expense	7,125.00
Improvements to Building	1,000.00
MMPAC Educational Projects	3,500.00
Interim Session	5,000.00
Countersuit Program	20,000.00
AMCAP (Computer Program)	12,000.00
TOTAL	$488,010.00

On motion, duly seconded, the report and recommendations of the Budget and Finance Committee were approved. —**Referred to Reference Committee on Reports of Officers.**

REPORTS OF THE COUNCILORS

■ *District # 10*—Dr. Hansbrough reported that the HSA in his area is going through an educational process.

District # 7—Dr. McCanse reported that the Medical Society was competing for two positions on the HSA Board in his area. Dr. McCanse indicated that health care providers, if given enough notice, are allowed two representatives on the delegation that elects the Board of Directors. Dr. McCanse stated that it was the intention of the medical society to send representatives to vote for physicians for the Board that will represent the Medical Association.

Dr. McCanse reported that an HMO began operation on November 1 in the Kansas City area. The HMO has enrolled approximately 2,000 to 3,000 people. Six impartial medical-legal reviews have been done (five in favor of the physician and one cause for suit). Jackson County Medical Society members participated in the swine flu program. For the first time in seven years, JCMS has had to raise its dues, which will be $140 per year.—**Referred to Reference Committee on Resolutions.**

■ *District # 5*—Dr. Ekern said that he had no report at this time.

District # 3—Dr. Bradley reported that St. Louis Medical Society will have its installation of officers on January 4.

District # 4—Dr. Hetlage stated that he had nothing specific to report as far as District # 4 is concerned, but indicated that he would like to make a few remarks in his capacity as Treasurer of MMPAC. The AMA will no longer have AMPAC Public Affairs Workshops in Washington. Dr. Hetlage said that he felt it would be of great benefit for the Association to send a Delegation to Washington in the spring to visit with Missouri's Congressional Delegation.

Mr. McIntyre stated that funds had been set aside under the Public Affairs budget for this project.

District # 6—Dr. Torontow reported that he will have a Councilor District meeting in February. The program is not finalized, but Dr. Torontow stated that he hopes to get his local Senators and Representatives to attend the meeting.

Dr. Torontow stated that during a recent meeting of the Ad Hoc Committee on Nurse Practitioners, a question regarding R.N.'s doing insurance physicals had been raised. He indicated that possibly this is the practice of medicine.

Mr. Gary Clark, Executive Secretary of the State Board of Registration for the Healing Arts, reported that about seven or eight months ago, the Board had received complaints about this and had investigated this procedure. At the time of the investigation, the Board was assured that the RNs were only collecting data and were not doing any interpretation and indicated that he felt no further investigation would be done unless new information indicates that they are evaluating information without the physician.

Dr. Martin asked Mr. Clark to consider looking into the above matter at this time.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ *District # 8*—Dr. German reported that Greene County Medical Society held a seminar which was attended by 85 to 90 physicians from Springfield and the surrounding areas. They underwent the rigorous examination by the CME Committee and are now accredited for a one-year period.

Dr. German stated that the swine flu program in Greene County had inoculated 55,000 to 60,000 people. A critique was held in Greene County on the Interim Session. It was the general consensus of opinion that the meeting was good, but there was some discussion as to where the meeting should be held. Dr. German stated that he and several members of Greene County had the impression that some time during the Interim Session, delegates would sit down with legislators and members of the Legislative Committee and discuss certain aspects of legislation for the coming year. This was not done at the 1976 meeting, but Dr. German indicated that he felt this idea was good and should be considered for the 1977 Interim Session.

District # 9—Dr. Cooper reported that his County Medical Society recently had a meeting where a CME program was put on by Dr. Bradshaw, along with several residents in family practice and a man from the Extension Service. Dr. Cooper stated that the Extension Service has some money available that could be used for CME and, perhaps, some of the other Councilors would like to look into this.

District # 1—Dr. Martin reported that swine flu inoculation clinics had taken place in his Councilor District.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ Dr. Martin said that the HSA in his area has had several meetings and had been divided into sub-councils.

Dr. Martin reported that the MSMA Office recently had received correspondence from a group of Clay County physicians regarding their purchase of a CAT scanner and the problems they are having with the Blues in regard to this. Dr. Martin stated that he would like to refer this matter to the Commission on Medical Economics for further study.

The Council Meeting adjourned and the Council went into Executive Session.—**Referred to Reference Committee on Resolutions.**

EXECUTIVE SESSION

■ During this Executive Session of the Council, a proposal requesting that the MSMA establish a Resident Physician Section was further discussed. It was pointed out that under MSMA Bylaws, any physician serving a full-time training internship or residency in a hospital approved by the AMA may become a junior member of MSMA and shall enjoy all of the privileges of active membership. The dues for junior members are $10 per year. AMA dues for House Staff are $35 per year. Many of the MSMA component medical societies offer free or reduced dues memberships to House Staff. It was mentioned that house staff representatives should not just represent the four medical schools mentioned, because house-staff training programs are being conducted throughout the state and there is a need to represent all House Staff and all training hospitals throughout Missouri rather than limiting this to the four schools.

On motion, duly seconded, the Council made the following recommendations:

The Council recommends that a Resident Physician Section not be established at this time; that all physicians in a full-time training program in Missouri be contacted; that all benefits of membership be described to them and all of them actively encouraged to become members of organized medicine.

It was pointed out by many of those present that if House Staff did become members of organized medicine, they could increase the number of delegates allocated to the component societies and should be able to be represented through the component society as a member of the MSMA House of Delegates. Staff was directed to implement this.

The meeting was adjourned.—**Referred to Reference Committee on Reports of Officers.**

Meeting of February 5, 1977

John N. Martin, M.D., St. Joseph, Chairman, called the meeting to order. Those present were Drs. Max S. Franklin, St. Louis; Howard J. McAlhany, Springfield; James Stokes, St. Louis; John I. Matthews, Jefferson City; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Andrew McCanse, Kansas City; Walter German, Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Robert A. Slickman, Kansas City; Rae W. Froelich, Lebanon; Hubert A. Ritter, St. Louis; Cyril Costello, St. Louis; Hugh Stephenson, Columbia; David Challoner, St. Louis; W. C. Allen, Columbia; R. K. Noback, Kansas City; Herbert R. Domke, Jefferson City; Mrs. George P. Wilson and Mrs. W. Jack Stelmach, Woman's Auxiliary; Messrs. Ron Garrett, St. Louis; Royal O. Cooper, C. C. Swarens, Ron Ellison, Donald Wilson and John W. Kuebler, Staff.

■ On motion, duly seconded, the minutes of the December 11, 1976 Council Meeting were approved as distributed.

REPORT OF THE EXECUTIVE SECRETARY

Mr. Cooper called on Mr. Swarens who read a short article that will appear in the February issue of Missouri Medicine concerning Mr. McIntyre.—**Referred to Reference Committee on Reports of Officers.**

■ Mr. Cooper indicated that correspondence has been received from the Division of Health Manpower Planning in regard to signing a contract for transfer of data. On motion, duly seconded, it was agreed that such a contract was not necessary and that a letter be written to this effect.—**Referred to Reference Committee on Medical Education and Public Welfare.**

■ Mr. Cooper stated that the MSMA Councilors' average age is 52.

The AMA is planning another trip to England in May to study the National Health Service there. Anyone interested in going at his own expense should contact the MSMA office by the middle of February.—**Referred to Reference Committee on Resolutions.**

■ Mr. Cooper reported that the MSMI currently insures approximately 800 members. Medical Defense Associates, Springfield, insures approximately 400 members. There doesn't seem to be too much of a problem of availability at the present time.—**Referred to Reference Committee on Constitution and Bylaws.**

■ The Council members were asked to remind their county societies to send in the names of their Delegates and Alternates for the upcoming Annual Session. The Council also was asked to suggest appointments to Reference Committees. The deadline on submission of resolutions to appear in the Handbook is February 28, and the Council was urged to contact their county societies regarding resolutions.

REPORT OF THE TREASURER

Dr. James Stokes gave the Council figures regarding MSMA financial status as of December 31, 1976, indicating that the full, audited financial statement of the Association for the year 1976 will be published in the March issue of Missouri Medicine.

APPOINTMENT OF EDITOR

On motion, duly seconded, the name of Dr. Joseph V. Finnegan was submitted for reappointment as the Editor of Missouri Medicine for 1977. The motion carried unanimously. Dr. Martin did point out that Dr. Finnegan indicated to him that he would take the editorship for one more year. However, he would like for the Association to begin looking for a replacement for him. Dr. Martin appointed himself as Chairman of a search committee to select a new editor, along with Dr. McCanse and Mr. Cooper.

REPORT OF THE WOMAN'S AUXILIARY

Mrs. George P. Wilson thanked the Council for their wisdom in allowing staff to name a person at the staff level to assist the Auxiliary. Miss Jean Duensing has been appointed to work with the Auxiliary. The Auxiliary is quite pleased with this appointment.

Mrs. Wilson said that the Auxiliary is having a final membership drive prior to the Annual Session. Also, there is a change in policy, namely, the 13 Auxiliary delegates going to the San Francisco meeting must be spouses of AMA members in good standing.

The Auxiliary is pleased to be involved in the upcoming meeting of the Sixth Councilor District. This is to be held on February 17 in Warrensburg.

Four Auxiliary members attended the AMA leadership Conference several weeks ago at their own expense.

The details of the State Convention for the Auxiliary have been established. Mrs. Wilson indicated that a "Marriage and Medicine" seminar sponsored by the MSMA Woman's Auxiliary and the Missouri Psychiatric Association will be held on Friday, April 15, 1 PM to 4 PM. The Public Affairs Breakfast will be held on Saturday morning with Mr. Roy Pfautch, Elections Research Analyst, as the speaker.

Mrs. Wilson invited and urged the Council to attend this breakfast.

REPORT OF THE PRESIDENT

Dr. Franklin said that he had missed the last Council Meeting and the Clinical Meeting of the AMA due to illness. However, he did attend a number of installations—St. Louis Medical, St. Louis County, Jackson County, and Greene County. He was impressed by them all. He indicated that he was happy to see so many young physicians at the Greene County installation.—**Referred to Reference Committee on Reports of Officers.**

■ Dr. Franklin reported that he had a very good meeting with Dr. Whittico, president of the State Board of Registration for the Healing Arts, regarding mutual problems and how the Association and the Board might have better communication. It was their feeling that an Ad Hoc Committee might be appointed from the Council of the MSMA and members of the Board. On motion, duly seconded, it was agreed that the Chairman of the MSMA Council appoint MSMA Council Members to such an Ad Hoc Committee. —**Referred to Reference Committee on Miscellaneous Affairs.**

REPORT OF THE COMMITTEE ON LEGISLATIVE AFFAIRS

■ Dr. Matthews gave the following report on the Committee meeting held on Saturday morning. The following five items were discussed:

1. *Allied Health Personnel*—Dr. Matthews indicated that during this session, there are numerous bills in for the licensing of allied health personnel. He stated that a resolution had been passed at the MSMA Interim Session calling for a moratorium on licensing of allied health personnel. The Committee recommended that this position be adhered to.

2. *Medicaid Update*—The current administration has recommended a budget decrease in Medicaid from last year. Dr. Peterson will testify at the Appropriation bill hearing the week of February 14.

3. *Family Practice Residencies*—Dr. Matthews reported that a bill regarding family practice residencies will be introduced. The Committee felt that they basically support primary care residencies. However, since family practice is a facet of primary care, this bill should be given qualitative support.

4. *Certificate of Need*—The Committee felt that the MSMA should oppose this bill in its present form. It was pointed out that this bill does not conform with the federal regulations.

5. *Fifth Pathway*—It was the feeling of the Legislative Committee that House Bill No. 455 relating to development and licensure of physicians and surgeons be opposed.

The current General Assembly got off to a quick start, and three of the bills the MSMA is supporting have received *Do Pass* Committee recommendations and are awaiting further action from the Senate.

Two of the bills, *SB 48* (Age of Consent to 18) and *SB 110* (Confidentiality) have been discussed on the Senate floor but have not gained Perfection due to amendments. They will probably come up again next week. *SB 50* (Definition of Death) is awaiting action on the Perfection calendar.

Several of the 42 Senate bills and 67 House bills followed by the MSMA have already received hearings, but have not been reported out by committees. These include *HB 235* (Good Samaritan), *SB 184* (Fluoridation), *HB 589* (Radiation Regulations) and *HB 211* (Licensing of Opticians).

In addition, *HB 240,* which would allow chiropractors to examine and issue health certificates to school teachers, has been heard. An Executive Session was held on this bill and a special committee set up to study it. Another Executive Session will be held Tuesday on *HB 240.* A lot of pressure is being put on the committee.

Another chiropractic bill, *SB 228,* would allow chiropractors to use diagnostic procedures and adjunctive therapies as approved by the Board of Chiropractic Examiners.

To date, the two malpractice bills have not been heard. These are *SB 327* (Structured Awards) and *HB 466* (Expert Witnesses). Another bill sought by the Association, *HB 726* (Removal of Pituitary Glands), also has been introduced.

It must be a record year for proposed licensing of allied health personnel. As mentioned, the Opticians Licensing bill has been heard along with *HB 255* (Licensing of Psychologists). Next week, *HB 245* (X-ray Technician Licensing) will be heard. In this area, the old *SB 167* (Cardiology Technician Licensing) is back plus two new bills. *SB 428* calls for licensing Physical Therapist Assistants and *HB 771* provides for licensing of Mental Health Technicians.

Another bill to be heard next week is *SB 374,* which would allow optometrists to use topically applied diagnostic drugs in their practice. The optometrists are pushing for this bill in nearly every State Legislature. It will require a maximum of effort by ophthalmologists and others to defeat this measure. Councilors were urged to contact opthalmologists in their district, to urge them to attend the hearing on this bill.

Dr. Matthews suggested that physicians should read *HB 657,* which would place in the statutes a prohibition on physicians from owning any interest in any pharmacy located within a 50-mile radius of his usual office.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ Dr. Challoner, Dean, St. Louis University School of Medicine, distributed copies of a resolution regarding the Health Professions Educational Assistance Act of 1976 (PL 94-484), which will be introduced at the upcoming MSMA Annual Session. He also presented copies of various articles which outline his opposition to this Act for the Councilors' perusal. He briefly outlined the events leading to the passage of this bill along with his reasons for opposing it. The Council commended Dr. Challoner for his courageous stand against PL 94-484 and agreed with his position. The Council instructed the AMA Delegates to support this stand in the AMA House of Delegates.—**Referred to Reference Committee on Medical Education and Public Welfare.**

MISSOURI STATE MEDICAL FOUNDATION

■ Mr. Ellison reported that during 1976, the Foundation made 153 loans in the amount of $111,350 and has made

78 loans for a total of $57,750 for the current semester. Payments received during 1976 for outstanding loans totaled $61,677.39, which is roughly a 15% return. The Foundation is pleased with this return and each year this is increasing. Federal funds are not as abundant as they once were for student loans. Therefore, it was requested that the Council recommend the extension of assessment to the House of Delegates. On motion, duly seconded, it was agreed that the assessment of the membership for $10.00 per member should be continued for the years 1978, 1979 and 1980. At the end of this period, the assessment will again be reviewed.—**Referred to Reference Committee on Constitution and Bylaws.**

REPORT ON AMCAP COMPUTER PROGRAM

■ Mr. Swarens reported that the new billing system is working well. Many societies are getting their dues in early and there was not as much confusion with the new system as was expected. For the first time, there was a delinquency date on MSMA dues billings. Those members whose dues have not been received will receive a second dues notice on approximately February 15. County Medical Society Secretaries have been informed about this second mailing of dues notices.—**Referred to Reference Committee on Reports of Officers.**

REPORT OF COMMISSION ON MEDICAL ECONOMICS, THIRD PARTY MEDICINE AND GOVERNMENTAL RELATIONS

■ In the absence of Dr. C. W. Chastain, Chairman of the Commission, Dr. John Torontow, a member of the Commission, reported that the Commission had held a meeting on January 12 and discussed the following four items:

1. *Medicaid Program in Missouri*—Dr. Peterson discussed with the Commission the fact that, because of the changes in state government, uncertainty about the budget and Medicaid appropriations will exist for some time to come. He emphasized the need to inform the newly elected and appointed members of state government of the health needs of the state. The Medicaid Fee Committee reported that Mr. Gourley submitted an appropriation request large enough to provide Medicaid reimbursement equal to Medicare's Area I 75th percentile. The appropriation request is subject to review by both the Governor and Legislature. Staff was directed to submit a documented written report to the Senate Appropriations Committee that traces the development of the current situation and explains the necessity for the appropriation request.

2. *AMA Uniform Claims Form*—The Commission noted the progress toward private insurer use of the AMA Uniform Claims Form and requested that the form be resubmitted to the Department of Social Services after the changes in leadership are announced.

3. *Health Insurance Benefits for Surgical Second Opinions*—The Commission reviewed the announcement of an insurance company that provides payment for surgical second opinions. Discussion centered around the AMA suggestions to change the terminology from "elective" surgery to "non-urgent" surgery and to study the benefit before more companies adopt it.

The Commission expressed concern that programs which make a second opinion mandatory and do not give the patient free choice of physician will not have the intended effect of improving patient care and will only increase costs.

4. *Blue Shield CAT Scanner Reimbursement Policy*—An explanation was given of the actions of a partnership of physicians which purchased a CAT Scanner to be used on property leased from a hospital in the Kansas City area. Kansas City Blue Shield announced that it would not pay for any services of a CAT Scanner unless the purchase was approved by the local planning agency. The physicians are not required to obtain a planning-agency approval under present law. It was indicated that a civil suit would be imminent if payments under contract are denied.

The Commission expressed its concern by adopting unanimously the following resolution:

> WHEREAS, Kansas City Blue Shield has decided to refuse to pay for certain services provided by private physicians, in some instances using physician-owned equipment located within a hospital, unless HSA approval is obtained, and
> WHEREAS, Kansas City Blue Shield will make payments for identical services when provided by hospitals using hospital-owned and HSA approved equipment, and
> WHEREAS, This policy will limit patient access to needed services in certain areas, therefore be it
> *Resolved*, That the MSMA opposes this Kansas City Blue Shield policy and urges its members working with Kansas City Blue Shield to urge Kansas City Blue Shield to reverse this decision as being a policy detrimental to proper patient care.

A motion was made, seconded and adopted to accept the report of the Commission on Medical Economics, Third Party Medicine and Governmental Relations with the exception of Item 4, which is to be referred back to the Commission for further study.—**Referred to Reference Committee on Resolutions.**

REPORT OF AD HOC COMMITTEE ON PHYSICAN ASSISTANTS

■ Dr. Hetlage, Chairman of the Committee, reported that copies of the Committee's report had been distributed to the Council. Dr. Hetlage then briefly outlined the contents for the Council.

A motion was made, seconded and adopted to include this report, for information only, in the Delegates Handbook for the upcoming 119th Annual Session.

Dr. Martin thanked Drs. Hetlage, Ekern and Torontow for the excellent job that they had done.—**Referred to Reference Committee on Medical Education and Public Welfare.**

COMMITTEE ON ARRANGEMENTS

■ Dr. Martin stated that due to Dr. Judd's resignation from the Council, a new Chairman for the Committee on Arrangements for the 119th Annual Session needed to be appointed. Chairman Martin appointed Dr. Richard Bradley as Chairman of the Committee on Arrangements. The other members of the Committee are Drs. Hetlage and Hansbrough.

NEXT COUNCIL MEETING

Dr. Martin stated that the next Council meeting will be held at 3:30 PM on Wednesday, April 13 in the Spirit of St. Louis Room, Stouffer's Riverfront Towers in St. Louis.—**Referred to Reference Committee on Reports of Officers.**

REPORT ON THE COMMITTEE ON VOLUNTARY HEALTH AGENCIES

■ Dr. William Allen, Chairman of the Committee, stated that at a recent meeting of the Committee, discussion was held regarding the various services offered by the voluntary health agencies and the fact that physicians in Missouri may not know about the services offered by these agencies. Dr. Allen stated he would request that the Council give the Committee $500 to print a six-page insert in an issue of MISSOURI MEDICINE which would list the statewide agencies and include the services which they offer.

A motion was made by Dr. McCanse to approve the above request for $500. The motion was seconded by Dr. Hansbrough and was adopted.

REPORT OF THE DIRECTOR OF THE DIVISION OF HEALTH

Dr. Domke reported that there was some confusion within the state in regard to the status of the flu vaccination program due to the fact that there has been an outbreak of B influenza in the state.

Dr. Domke stated that the new Director of the Department of Social Services is agreeable to his continuing as the Director of the Division of Health. Dr. Domke indicated that a report is being published that shows that there has been a 13% increase in the number of hospital beds in Missouri since 1971 and that there has been a 3% decrease in the occupancy rate. Dr. Domke stated that this report probably would stir some interest on the part of the Legislature and probably would have some impact on the certificate of need bill.

Dr. Domke stated that a report published in Missouri Medicine showed that there had been a small increase in physician supply in Missouri. Dr. Domke indicated that the report also showed that for the first time there had been a small increase in the number of physicians practicing in rural Missouri.

REPORTS OF DEANS

In the absence of Dr. Lobeck, Dean of the University of Missouri School of Medicine-Columbia, Dr. William Allen reported another Dr. William C. Allen will be joining the University as the new Director of the Department of Orthopedics.

Dr. Noback, Dean of the University of Missouri-Kansas City, reported the move into the new Truman Medical Center had been accomplished on December 18. Dr. Noback invited all those present to visit the new Medical Center if they are in Kansas City.

Dr. Noback stated that he would like to bring the Council up-to-date on the status of the school's probation. The Liaison Committee will revisit the school on April 12-15, 1977. Dr. Noback stated that he felt optimistic that the school would be taken off probation.

Dr. Noback stated that in the *JAMA* education issue, there is a report indicating that 24 of the 112 medical schools in the country now have some type of program in which students can enter medical schools after graduating from high school. The basic science program at the school is going very well and applications for the school continue to be high in number and higher in quality.

Dr. Challoner, Dean of St. Louis University School of Medicine, reported that a symposium on influenza will be held on February 17 in the newly opened Learning Resources Center.

Dr. Challoner expressed his personal thanks to organized medicine for support of his appointment to the AMA Advisory Committee on Undergraduate Medical Education.—**Referred to Reference Committee on Medical Education and Public Welfare.**

AMA REPORT

■ Dr. Ritter, a member of the AMA Board of Trustees, reported that at the last Council meeting, a motion had been passed recommending that Dr. Stanley Peterson be appointed to the AMA Section on Negotiations. Dr. Ritter stated that at first there had been some confusion at the AMA level as to whether we were recommending Dr. Peterson be employed by the Section or whether we were recommending that he be appointed as a member of the Section on Negotiations.

Dr. Ritter indicated that he had presented this recommendation to the AMA Board of Trustees and had explained to them that when physicians are appointed to the Section on Negotiations, the MSMA would like to recommend that Dr. Peterson be placed at the top of the list.—**Referred to Reference Committee on Resolutions.**

■ Dr. Matthews stated that at this time, he would like to present a motion that is designed to increase component medical society participation.

Dr. Matthews moved that a meeting of the Executive Secretaries be held within a month to see if they can develop methods to improve membership participation in medical society meetings. The motion was seconded and carried.—**Referred to Reference Committee on Reports of Officers.**

COUNCILOR DISTRICT REPORTS

■ *District #5*—Dr. Ekern reported that Boone County had a meeting with Legislators and this meeting was very successful. Legislators are asking for opinions from physicians on health matters.—**Referred to Reference Committee on Miscellaneous Affairs.**

■ Dr. Ekern stated that a District #5 meeting had to be canceled because of the weather, but he indicated that another would be planned, Dr. Ekern said that the HSA and PSRO in his area are functioning.—**Referred to Reference Committee on Resolutions.**

■ *District #7*—Dr. McCanse reported that Dr. Irving H. Clark had recently been installed as the new President of Jackson County Medical Society. Dr. Franklin attended this meeting and installed the new officers.—**Referred to Reference Committee on Reports of Officers.**

■ *District #10*—Dr. Hansbrough stated that he had nothing specific to report from his District, but indicated that he would like to discuss the AMA Section on Negotiations. Dr. Hansbrough stated that at the present time, there are no physicians working in the Section on Negotiations and indicated that he would like to see our AMA Delegates present a resolution calling for the appointment of physicians to the Section on Negotiations. Dr. Froelich stated that the AMA Delegates could prepare a resolution in this regard, but indicated that he felt that a resolution from the MSMA House of Delegates would have more impact. Dr. Froelich pointed out that the MSMA Annual Session will be held in sufficient time for a resolution to be submitted to the AMA.

It was moved that the AMA Section on Negotiations be enlarged to include practicing physicians who have particular expertise in the field of negotiations. The motion was seconded and adopted.—**Referred to Reference Committee on Resolutions.**

■ *District #9*—Dr. Cooper reported that a meeting of a medical society in his District had recently been held and there was considerable discussion regarding legislative matters. Physician Assistants were also discussed at this meeting and it was the opinion of those present that we should oppose licensure for physician assistants.—**Referred to the Reference Committee on Medical Education and Public Welfare.**

■ *District #6*—Dr. Torontow reported that a multi-phasic screening group from Nashville had been in his District doing examinations. The information from the examination is sent back to the base in Nashville and, under a signature of a physician, the results of the tests are sent to each person's family physician. Patients are notified that their family physician has received the results of the tests and instructs the patient to contact their physician for guidance. Dr. Torontow stated that he questioned whether or not this was all above board and whether or not the physician signing the test results was licensed to practice medicine in the state of Missouri. He indicated that he would like to see this matter referred to the Board of Healing Arts for investigation.—**Referred to Reference Committee on Miscellaneous Affairs.**

MSMA Auxiliary Installs New Officers

Members of the MSMA Woman's Auxiliary elected and installed new officers for 1977-1978 during the Annual Convention in St. Louis. They include *(first row, left to right)* Mrs. Sam Gaston, Fourth Vice-President; Mrs. Rudy Ruhling, First Vice-President; Mrs. W. Jack Stelmach, President; Mrs. A. J. Campbell, President-Elect; and Mrs. Larry Ozenberger, Third Vice-President. *(Second row, left to right)* Mrs. William R. McPhee, Parliamentarian; Mrs. Calvin E. Engelmann, Corresponding Secretary; Mrs. Harold Kanagawa, Recording Secretary; Mrs. J. Otto Lottes, Third District Director; Mrs. James Haddock, Auditor; Mrs. F. T. H'Doubler, Treasurer; Mrs. William C. Allen, Fifth District Director; Mrs. Richard King, Sixth District Director.

(Left to right) Honored guests at the installation luncheon and convention included Mrs. Chester L. Young of Kansas City, Kan., President-Elect of the AMA Auxiliary with Mrs. George P. Wilson, President of the MSMA Auxiliary; Dr. R. Allen Chandler, Immediate Past-President of the MSMA; Mrs. Wilson; MSMA President Max S. Franklin; Dr. John N. Martin, Chairman of the MSMA Council (Dr. Chandler and Dr. Martin served on the MSMA Advisory Council to the Auxiliary); Mrs. W. Jack Stelmach, President-Elect of the Auxiliary, and Dr. Howard J. McAlhany, President-Elect of the MSMA.

Auxiliary convention participants included *(left to right)* Mrs. Wallace R. Stacey, installing officer for Mrs. W. Jack Stelmach, President for 1977-1978; Mrs. William M. Walker, Director and National Coordinator-AMA Auxiliary Project Bank; Royal O. Cooper, Executive Secretary of the MSMA; Mrs. Richard A. Sutter, a Past-President of the AMA Auxiliary; and Mrs. Linus W. Hewit of Tampa, Fla., President of the Southern Medical Association Auxiliary. Mrs. Stacey, Mrs. Walker and Mrs. Sutter are past-presidents of the Auxiliary.

■ Dr. Torontow indicated that he would like to bring to the Council's attention to a matter regarding the Division of Family Services. The Division of Family Services requires a 72-hour waiting period from the time a form is signed authorizing a voluntary sterilization procedure and the sterilization actually being done. If the sterilization is done before the end of the 72 hours, the Division of Family Services will not pay for the procedure. Dr. Torontow stated that he had written a letter to the Division five or six weeks ago regarding this matter, but he had not as yet received a reply.

Dr. Domke stated that there is a Medical Advisory Committee to the Division of Family Services and he presumed that MSMA had members on it. Dr. Domke indicated that this was the appropriate place to present this matter.—**Referred to Reference Committee on Resolutions.**

■ Dr. Torontow reported that he would have a Councilor District Meeting on February 17 at the Holiday Inn in Warrensburg and invited all those present to attend.

District #4—Dr. Hetlage stated that a Councilor District meeting had been held and several items were discussed.

One matter considered was the discussion of Medicare's movement to select nursing home assignments for patients in any designated area based on availability level. Dr. Hetlage stated that he would like for staff to look into this and indicated that, perhaps, this matter should be brought before the Commission on Medical Economics.

Dr. Hetlage reported that several physicians in his area had received a letter from HEW requesting that physicians keep a log of each patient seen for a week. Each patient log information would require the use of name, address and other privileged information. The letterhead implied endorsement by the AMA. Dr. Hetlage stated that he would like for staff to look into this and report back as to whether or not providing this information would be a violation of confidentiality.

Mr. Don Wilson, MSMA Field Secretary, attended the meeting and discussed legislative activities. The report of the Commission on Medical Economics was considered in detail.

Considerable discussion was held on the need for the addition of resolutions at the Annual Meeting dealing with the means for extending medical care and the containment of costs. It was suggested that one of the means for doing this would be by the elimination of the middle man by means of physician-owned and managed prepaid UCR groups reinsured by insurance companies.

Dr. Hetlage reported that it was the feeling of the delegates that the society had spent far too much time dealing with politics and spending insufficient amounts of time concerning itself with patient care. Perhaps a redirection of our priorities to satisfy both needs is in order at this time.—**Referred to Reference Committee on Resolutions.**

■ *District #8*—Dr. German stated that through the course of the day, there had been discussion on the licensing of various people. Dr. German then outlined for the Council a situation regarding an emergency medical technician that developed in his area. Dr. German stated that a suit had been filed and a hearing was held by the licensing officer.

District #1—Dr. Martin reported that Dr. Richard Craig is the new President of the Buchanan County Medical Society.

Dr. Martin stated that the Board of Healing Arts was investigating a situation similar to that in District #6 where a group of people come in and give health examinations. Dr. Martin reported that 97 persons had taken the State Board examination and that 49 had failed. He indicated that this is a larger percentage of failures than there had been in a long time.—**Referred to Reference Committee on Miscellaneous Affairs.**

REPORT OF THE COMMISSION ON INTERSPECIALTY MEDICINE

■ Dr. Costello, Chairman of the Commission, reported that several months ago, President Franklin had urged the Commission to become more active. The Commission has held several meetings and the discussion at these meetings had increasingly centered around who is in charge of medicine. This discussion has been generated by all the recent problems with optometrists, physician assistants, nurse practitioners, etc. Dr. Costello stated that the Commission would like to recommend that the MSMA bring real pressure upon the Board of Healing Arts to enforce the laws that now exist regarding the practice of medicine.

Dr. Hansbrough moved that the above recommendation be approved. His motion was seconded and carried.

JUNE COUNCIL MEETING

The June meeting of the Council will be held on June 3 and 4 at the Ramada Inn in Jefferson City.—**Referred to Reference Committee on Medical Education and Public Welfare.**

Supplementary Council Report

Dr. Martin presented a supplementary report on the Council Meeting held on Wednesday, April 13, 1977 at Stouffer's Riverfront Inn. He reported as follows:

"The MSMA Council met at Stouffer's Riverfront Inn in St. Louis on April 13, 1977 with a majority present and Chairman John N. Martin presiding.

"The Chairman introduced Carla Neuschel of the AMA Department of Federation Communications and Dr. John Budd, AMA President-Elect.

"On motion, duly seconded, the minutes of the Council meeting of February 5, 1977 were approved.

"The Executive Secretary, Mr. Royal O. Cooper, reported that as of December 31, 1976, there were 4,916 members of the MSMA. This represents a gain of 126 members over 1975. MSMA has grown at a rate of 12% per year since 1972. Approximately 75% of MSMA members are also members of the AMA.

"Mr. Cooper reported that both the MSMA and MMPAC were requested by the Federal Elections Commission to submit information on various allegations of violations of the Federal Election Law. MSMA legal counsel prepared information and it has been submitted to the Federal Elections Commission.

(The Speaker referred this portion of the report to the Reference Committee on Reports of Officers.)

"At the September 25, 1976 Council Meeting, the MSMA agreed to underwrite a portion (up to $10,000) of the funding for the Missouri Health Data Corporation. This can be accommodated by a signature loan. The Council adopted a Resolution authorizing the Executive Secretary to sign for this loan.

(The Speaker referred this portion of the report to the Reference Committee on Resolutions.)

"Mr. Cooper indicated that a letter had been sent to the U. S. Postal Commission requesting that a commemorative stamp be issued honoring Dr. William Beaumont.

(The Speaker referred this portion of the report to the Reference Committee on Reports of Officers.)

"Mr. Cooper reported that rules regarding generic drugs that will be reimbursed under Medicaid had been issued by the Division of Family Services and indicated we would

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

write a letter in opposition to these rules. Chairman Martin urged the councilors to write individual letters of opposition to the Division of Family Services.

(The Speaker referred this portion of the report to the Reference Committee on Resolutions.)

"President Franklin reported that an ad hoc committee had been established to provide liaison with the State Board of Registration for the Healing Arts. This Committee will consist of three members each from the MSMA, MAOPS and the Board of Healing Arts. The presidents of these three organizations will be ex officio members of this committee. President Franklin stated that he had been invited to attend a recent meeting of the Board of Healing Arts that was being held in St. Louis. Being unable to attend, he wrote to the president of the Board and expressed his opposition to the possibility of reexamination for physician relicensure. He suggested to the Board that they consider a plan similar to the voluntary AMA-CME program.

(The Speaker referred this portion of the report to the Reference Committee on Miscellaneous Affairs.)

"Dr. Franklin mentioned that he had received several letters from MSMA members stating why they did not belong to the AMA. In reply to these letters, he stated many reasons for belonging to the AMA as outlined by AMA President, Dr. Richard Palmer. Dr. Franklin called the Council's attention to the fact that a Resolution regarding unified membership would again be considered at this Annual Session.

(The Speaker referred this portion of the report to the Reference Committee on Constitution and Bylaws.)

"Dr. Costello, Chairman of the Commission on Interspecialty Medicine, reported that a meeting of the Commission had been held recently. The Commission will submit two resolutions to the House of Delegates regarding actions taken at this meeting.

(The Speaker referred this portion of the report to the Reference Committee on Medical Education and Public Welfare.)

"Mrs. Wilson, President of the MSMA Woman's Auxiliary, reported that the Auxiliary membership totaled approximately 1,650 and these members are quite involved in Auxiliary activities. The Auxiliary has raised approximately $32,000 this year. Approximately $8,000 of these funds have been allocated to the AMA-ERF and $3,000 has been allocated to the MSMF. Mrs. Wilson thanked the Council members for the pleasure of working with them during the past year. She then introduced Mrs. Jack (Pat) Stelmach, the incoming Auxiliary President. The Council commended Mrs. Wilson for her splendid work as Auxiliary President.

"Dr. Finnegan suggested to the Council that the present members of the Publications Committee and Editorial Board be retained for the coming year. On motion, duly seconded, the Council agreed to accept Dr. Finnegan's recommendation.

"The Chairman thanked Dr. Finnegan for the outstanding job he has done as Editor of MISSOURI MEDICINE.

(The Speaker referred this portion of the report to the Reference Committee on Reports of Officers.)

"Dr. Clark, Chairman of the Commission on Medical Legal Affairs, presented a report of a recent meeting of his Commission, including the suggested changes in the interprofessional code that have been accepted by the Missouri Bar Association and the Missouri Association of Osteopathic Physicians and Surgeons. The Council accepted Dr. Clark's report.

"Dr. Clark brought the Council up to date on the progress of the Missouri State Medical Insurance, Inc. He reported that the malpractice insurance market is improving and the MSMI is currently studying the possibility of obtaining an occurrence-type policy to replace the claims-made policy now offered. Hopefully, this can be accomplished by early summer. He indicated that they also were studying the possibility of obtaining excess insurance coverage. The MSMI now insures approximately 600 members.

(The Speaker referred this portion of the report to the Reference Committee on Constitution and Bylaws.)

"Dr. Torontow stated that the Commission on Medical Economics had adopted the following Resolution:

WHEREAS, Kansas City Blue Shield has decided to refuse to pay for certain services provided by private physicians, in some instances using physician-owned equipment located within a hospital, unless HSA approval is obtained, and

WHEREAS, Kansas City Blue Shield will make payments for identical services when provided by hospitals using hospital-owned and HSA-approved equipment, and

WHEREAS, This policy will limit patient access to needed services in certain areas, therefore, be it

Resolved, That the Missouri State Medical Association reaffirms the right, and even the obligation, of the physician to own such equipment as he feels necessary to provide good care for his patients and to expect reasonable reimbursement for the use of this equipment, and be it further

Resolved, That a special committee of the Commission on Medical Economics be established to evaluate the effects of third-party payer decisions on the location of medical equipment and to recommend policies to encourage appropriate and effective utilization of equipment needed for patient care.

On motion, duly seconded, the Council accepted the above Resolution as written.

(The Speaker referred this portion of the report to the Reference Committee on Resolutions.)

"Mr. Cooper gave the following legislative report for Dr. Matthews:

" 'With the current General Assembly at the halfway point, the MSMA is keeping track, to varying degrees, of 48 Senate bills and 74 House bills.

" 'Several bills supported by the MSMA have passed one house and are awaiting action by the remaining legislative body. These include *Senate Bill #48*, which would lower the age of consent for medical treatment to 18; *Senate Bill #50*, which includes "brain death" in the states' definition of death; *Senate Bill #322*, which requires health insurance policies to cover hospitalization for alcoholism; and *House Bill #341*, which decriminalizes alcoholism; and *House Bill #726*, which would allow coroners to harvest pituitary glands and other useable tissues and organs when performing autopsies.

" 'Four other bills have been reported favorably by legislative committees and are on the calendar to be heard in floor debate. These include *Senate Bill #305*, which provides loans to medical students who agree to serve in rural areas or urban areas of need; *House Bill #235*, a "Good Samaritan" bill; *House Bill #791*, which would provide funding for additional family practice residency programs in the state; and *Senate Bill #275*, which rewrites state laws on commitment of mental patients to state institutions.

" 'A bill designed to protect confidentiality of medical records, *Senate Bill #110*, met several challenges and a special committee will be established to study the problem this summer. In addition, the "Certificate of Need" bill, *Senate Bill #231*, was postponed for additional study prior to next January.

" 'Three bills dealing with the malpractice situation have been heard, but are still in committee. These bills join several others dealing with attorneys, malpractice insurance and product liability insurance, which have been slowed to date. The bills are *Senate Bill #327*, which would require that malpractice judgments of over $200,000 be awarded over a period of years rather than in a lump sum; *Senate Bill*

#440, which seeks to reduce a malpractice award by deducting payments made from other sources; and *House Bill #466,* which requires that a medical expert witness in malpractice cases be from Missouri or a contiguous state.

"'Fortunately, three bills opposed by the MSMA have been effectively killed for this session. These bills are *House Bill #240,* which would have allowed chiropractors to examine and furnish health certificates to school teachers; *House Bill #850,* which provided for licensing of physicians' assistants; and *Senate Bill #36,* which would have required physicians to write prescriptions on numbered forms.

"'However, three bills which the MSMA opposed are still alive and MSMA members are urged to contact their senator and representative and express their opposition. Two of these bills, *Senate Bill #228,* which would allow chiropractors to use diagnostic procedures and adjunctive therapies approved by the Board of Chiropractors; and *Senate Bill #374,* which would allow optometrists to use topically applied diagnostic drugs, have been reported out of Senate Committees and are awaiting possible floor debate. Although the bills are far down on the calendar, we are still working to defeat them.

"'The other bill, *House Bill #589,* which would place strict regulations on who could use X-ray equipment and calls for the licensing of X-ray technicians, has passed the House. Again, Senators should be told of medicine's opposition.

"'The Association is continuing its efforts to gain an increase in Medicaid funds for physician services.

"'Following several meetings with the past State administration, the Association was able to secure a hefty increase in funding in the budget recommendations by the Department of Social Services. However, when the Administration changed in January, so did the money situation. Whereas the funding level for fiscal 1977 was $20.8 million, the new Administration requested just $18.2 million for the coming year.

"'Working with members of the House Appropriations Committee early this month, the Association helped secure an amendment that set the funding level for 1978 at $23 million, $4 million more than asked by the governor. This figure passed the House, but will face several crucial tests prior to the final decision.'"

(The Speaker referred this portion of the report to the Reference Committee on Miscellaneous Affairs.)

"Mr. Speaker, this concludes the supplementary report of the Council."

(The supplementary report of the Council was accepted.)

NOMINATING COMMITTEE

Dr. Franklin named the following members to the Committee on Nominations:

Dr. Donald A. Fakhoury, *First District;* Dr. Michael J. Bukestein, *Second District;* Dr. Francis X. Lieb, *Third District,* Chairman; Dr. Vernon H. Balster, *Fourth District;* Dr. Benjamin N. Jolly, *Fifth District;* Dr. A. J. Campbell, *Sixth District;* Dr. Irving H. Clark, *Seventh District;* Dr. Stanley S. Peterson, *Eighth District;* Dr. Jack N. Wiles, *Ninth District;* and Dr. George H. Ladyman, *Tenth District.*

At this time, Dr. Franklin presented checks for the American Medical Association-Educational and Research Foundation (AMA-ERF) Grants to the representatives of the four medical schools in Missouri. He explained that the grants represent Missouri's portion of approximately $1.2 million which will be awarded to various medical schools throughout the nation this year. The grants are made possible by contributions to AMA-ERF by medical society auxiliaries, physicians, medical societies and friends of medicine. He pointed out that the medical society auxiliaries are responsible for raising more than half the total of contributions.

The amount of the AMA-ERF grants presented to the medical schools and their representatives are as follows: $10,233, Washington University School of Medicine represented by Dean M. Kenton King; $4,878, University of Missouri-Columbia School of Medicine represented by Dr. William C. Allen on behalf of Dean Charles Lobeck; $15,397, St. Louis University School of Medicine represented by Dean David Chalmer; $3,193, University of Missouri-Kansas City School of Medicine represented by Dr. Fred D. Fowler on behalf of Dean Richardson K. Noback.

At this time, the Speaker asked members of the House of Delegates and all others present to pay tribute to the 64 members who had died since the 1976 Annual Session by standing for a moment of silence in their memory and as indication of approval of the following resolution which he read:

Courtesy Resolution on Deceased Members

Whereas, There have been 64 deaths among our members since the 1976 Annual Session, and

Whereas, Each of these members is missed as an individual as well as for his contributions to the practice of medicine and to the Missouri State Medical Association, and

Whereas, The loss of each member is felt by all members, as well as his loved ones and close associates and the patients he has served with dedication, and

Whereas, Condolences in the form of the Memoriam Perpetuam have been sent to the immediate family of each deceased member, therefore, be it

Resolved, That the House of Delegates now pay personal tribute by standing for a moment of silence in memory of each of the 64 members we have lost and whose names will be recorded in the minutes of this Annual Session.

Members Deceased Since the 1976 Annual Session

McFadden, James F., Sr., St. Louis
Gordon, Morris P., Kansas City
Woodruff, Robert A., Jr., St. Louis
Smolik, Edmund A., St. Louis
Kieber, Robert W., St. Joseph
Zellermayer, Jacob, Shawnee Mission, Kan.
Webb, Paul K., St. Louis
Meglitsch, Randall J., St. Louis
Harting, Hugh R., St. Louis
Leming, Ben L., St. Louis
Irick, Carl C., N. Ft. Myers, Fla.
Benson, Leo J., Jr., Kennett
Harland, Robert E., La Jolla, Calif.
Perry, Ralph, Kansas City
Grossman, Marvin, Fredericktown
Mowrer, Marie O., St. Louis
Conrad, Adolph, Jr., Clayton
Gay, Elizabeth K., Florissant
Weidmaier, Edward J., Kansas City
Sulzbach, John F., St. Louis
Crider, Russell J., St. Charles
Lanning, Robert J., Hannibal
Freedman, Harold, St. Louis
Aschman, Theodore H., Kansas City
Tesson, James A., Shawnee Mission, Kan.
Blackman, Nathan, St. Louis
Rose, Dalton K., St. Louis
Hogan, Daniel F., Brownsville, Tex.
Winterer, Roland A., St. Louis
Merz, Jean J., St. Louis
Gaunt, Frank P., St. Louis
Brookerson, Alton F., Poplar Bluff
Dulick, Michael, St. Louis
Brown, Eugene E., St. Louis
Lam, Robert L., St. Louis
Clasen, Arthur C., Miami Beach, Fla.
Guldner, Edmond, Lamar
Lawton, Lawrence M., St. Louis
Williams, Robert S., Mexico
Cremer, William J., Fulton

Hennelly, John J., St. Louis
Schaefer, George J., St. Louis
Mullinax, Orr, St. Joseph
Hopkins, Florian G., Gideon
Thompson, Ian M., Columbia
Braverman, Elliot M., Sedalia
Taylor, Helen L., St. Louis
Peterson, George L., Kansas City
Ferguson, Ralph L., Joplin
Boyd, Arthur M., St. Louis
Rauch, James E., Kansas City
Staley, Harry R., Kansas City
Ford, William, Farmington
Kovac, Albert P., Kansas City
DeMaria, Peter F., Kansas City
Meyers, Harold L., Kansas City
Broun, Goronwy, St. Louis
Lichtor, Alexander, Kansas City
DeMotte, John A., Kansas City
Ferguson, Ralph L., Joplin
Zink, Oscar C., St. Louis
Gaines, Quentin, Kirkwood
Heideman, Milo L., St. Louis
Turner, Clarence M., St. Louis

Unfinished Business

The Speaker called for unfinished business.

The Speaker then asked the delegates to consider two amendments to the Constitution and Bylaws which had been held over from the 118th Annual Session of the MSMA in 1975.

(The Speaker referred to the Report of the Committee on Constitution and Bylaws [see page 298].)

The first proposed amendment to be considered is as follows:

ARTICLE VI—SESSIONS AND MEETINGS

Section 1. The Association shall hold an annual Spring session and an interim Fall session of the House of Delegates, at places fixed by the House of Delegates, the time of which shall be fixed by the Council.

(It was moved and seconded that this amendment be adopted. The motion was approved by a two-thirds vote.)

The second proposed Constitutional amendment is as follows:

ARTICLE VII—OFFICERS

Section 2. The officers shall be elected annually. The terms of Councilors and Vice-Councilors shall be two years. Half of the membership of the Council shall be elected each year. The Secretary and the Treasurer shall be elected by the Council. The delegates present from each Councilor District shall meet prior to the last day of the Annual Session and elect the Councilor and Vice-Councilor from that district. In the event of death, resignation or removal of any Councilor, the Vice-Councilor shall automatically fill the vacancy. All of the officers shall serve until their successors are elected and installed.

(It was moved and seconded that the amendment be adopted. The motion was carried by a two-thirds vote.)

There being no additional unfinished business, the Speaker called for new business.

Introduction of New Business

The Speaker noted that since Resolutions #1 through #24 had been submitted in time for inclusion in the Delegates Handbook, their introduction from the floor is not required. These resolutions are as follows:

Resolution #1—Health Professions Educational Assistant Act

(Introduced by William Stoneman, III, M.D., St. Louis Medical Society)

Whereas, The Health Professions Educational Assistance Act of 1976 (PL 94-484) contains as a requirement for any school of medicine to receive capitation grant support for its students, that the school must accept for advanced placement a student quota established by the Secretary of HEW for those U. S. citizens in foreign medical schools who have passed Part I of the National Boards without consideration of any other academic requirements for admission; and

Whereas, This provision constitutes a precedent-setting direct Federal intervention in the selection for admissions process of schools of medicine and becomes, therefore, an historic intrusion on the academic freedom and independence of universities; and

Whereas, The academic freedom and independence of our society's universities and medical schools are fundamental to advancement in a free society; and

Whereas, These provisions appear to be inconsistent with congressional intent in its enactment, concurrently with PL 94-484, of amendments to the Higher Education Act of 1965 wherein the Secretary of HEW is barred from deferring or limiting Federal financial assistance on the basis of an institution's failure to comply with the imposition of quotas on the student admissions process; and

Whereas, The Health Professions Educational Act of 1976 as enacted will also punish the students in those schools of medicine which do not comply with the above requirement on grounds of academic freedom by denying students enrolled at such medical schools access to the new program of Federally Insured Health Professions loans for their education; and

Whereas, The net effect of this action for such schools who decline to participate will be to deny equal access to medical education to all socioeconomic groups in our society; therefore, be it

Resolved, That the MSMA urges the AMA to exert its offices to seek early amendment of these provisions by (1) deletion of the admissions requirement on U. S. citizens in foreign medical schools; or (2) conversion to a special project program to which each school could apply and comply as it saw fit, giving up its prerogatives voluntarily and under control; or as a minimum, (3) by unlinking the new Federally insured health professions student loan program from a school's compliance with these capitation requirements.

(Referred to Reference Committee on Medical Education and Public Welfare.)

Resolution #2—Direct Dues Billing by AMA

(Introduced by St. Louis Medical Society)

Whereas, The AMA is suggesting a campaign for separate dues billings in an attempt to get more members, and

Whereas, Dues bills are now sent out by the State and County Societies; and

Whereas, The bills also include solicitations for MMPAC/AMPAC contributions; and

Whereas, It is quite likely that there will be marked confusion among the doctors as to who to pay for MMPAC/AMPAC and state and county society dues, and

Whereas, When a member of the MSMA sends in dues for the MSMA, but not for the AMA, a letter is sent by the MSMA asking him to reconsider, and

Whereas, It has always been a precedent that members of the AMA must first join their local and state medical societies, therefore, be it

Resolved, That the MSMA House of Delegates goes on record as opposing direct dues billing by the AMA and be it also

Resolved, That the Missouri Delegates to the AMA be instructed to vote against direct billing, and also be it

Resolved, That a copy of this resolution be sent to Dr. James H. Sammons, Executive Vice-President of the American Medical Association.

(Referred to Reference Committee on Reports of Officers.)

Resolution #3—Relationships of Third-Party Payers, Patients and Physicians

(Introduced by W. Gary Sherman, M.D., St. Louis County Medical Society)

Whereas, There is widespread confusion among patients with medical insurance concerning the benefits covered, the fact that coverage may not cover all of the fee, the fact that there are many steps involved in the initiation of a claim and the fact that the patient himself is responsible for payment of fees to a physician, and

Whereas, There have been growing misconceptions that physicians who charge more than an insurance company pays are overcharging the patient, and

Whereas, There have been unreasonable delays in obtaining payment on claims from many third-party payers, for a variety of reasons, and

Whereas, There are many insurance forms completed when there is, in fact, no coverage available to the patient, thus wasting time and increasing burden on a physician's staff unnecessarily, therefore be it

Resolved, That the MSMA will prepare a brochure clearly expressing the fact that a patient is responsible for his own bill; that this responsibility cannot be passed on to a third-party payer. The point should be made that the patient must be familiar with his own insurance plan. It should detail the steps to be taken in getting reimbursed for covered services from promptly supplying insurance forms to his physician to promptly returning them to his employer or directly to his insurance carrier. The point should be made that there are a variety of types of coverage, i.e., major medical, deductible, hospital coverage only, etc. The type of coverage may alter the amounts paid for services. The point should be made that a physician is entitled to payment for his services without unreasonable delay and that the insurance company will reimburse the insured for payments that are made for covered services (by the insured), and be it further

Resolved, That should the fee be a substantial one, alternatives should be illustrated, such as working out a comfortable payment schedule with the physician or, if desired by the patient, payment by means of a loan from a credit union, savings and loan or bank, and be it further

Resolved, That a committee should be established by the MSMA to work with all third party carriers to discourage the amount of delay involved in getting a claim processed, and to decrease the amount of clerical work imposed on the physician. Specifically:

(1) The physician's billing statement should be acceptable if it contains his federal tax ID number, the name and age of the individual receiving services, the itemized list of charges, a diagnosis or diagnoses, where and when services were rendered and the physician's signature. Any additional, superfluous information unrelated to the condition treated (such as length of time off from work in the case of a child, or "related to Pregnancy" in the case of suturing a laceration of the hand) should not be required. The itemized statement, along with the insurance form completed by patient and patient's employer, should be clipped together, and should be ready for immediate processing.

(2) The need for insurance forms to pass through the hands of an employer, when covered by a third-party payer, should be eliminated. The company insuring the claim should have all of the necessary information to decide if payment is indicated or not.

(3) Third-party payers should provide to their customers a *SIMPLE* description of services covered so that the consumer can easily understand what benefits *ARE NOT* covered. This information should also include the facts about how the amount of the fee covered is determined and an explanation that the lack of 100% payment does not imply overcharging for these services.

(4) Third-party payers should provide telephone computer hook-ups so that the consumer can dial a number, punch in his insurance policy numbers (requires a touch tone phone) and hear a simple recording of what services are covered by his policy. This should be available to physicians who, given the policy number by the patient, would be able to prevent the unnecessary filing of a claim when the services are clearly not covered, and be it further

Resolved, That a Bill should be introduced into the Missouri legislature requiring a third party payer to pay a specified interest rate (prime rate in area?) on any outstanding sum due to a policyholder who has paid for physician, hospital or nursing home services out of his own resources. The interest should accrue from 30 working days from the date the insurance claim is mailed to the carrier to the date the check is mailed to the policyholder or physician. In cases of assignment of benefits, the interest would be paid to the provider of services.

(Referred to Reference Committee on Resolutions.)

Resolution #4—Coverage of Chemotherapeutic Costs

(Introduced by Lily Ann Hanes, M.D.,
St. Louis Medical Society)

Whereas, The diagnosis and treatment of cancer often constitutes a long-term excessive financial burden for the cancer patient and cancer patient's family; and

Whereas, The usage of cancer chemotherapeutic agents is rapid-y increasing in number of agents employed concomitantly and duraion of long-term administration due to evolution of knowledge of he benefits of various chemotherapeutic agents and improved survival in many types of cancer treated with chemotherapeutic agents; and

Whereas, Although a few chemotherapeutic agents are very inexpensive, those most commonly administered because of proven wider range and degree of efficacy are exceedingly expensive due to imited production within the United States or for other reasons; and

Whereas, Treatment with chemotherapeutic agents is done cyclically; and

Whereas, Most insurance companies currently fail to reimburse he patient for outpatient costs of the purchase and administration of chemotherapeutic agents which may represent a wholesale cost of as much as $150 per injection of a single agent; therefore, be it

Resolved, That the Missouri State Medical Association sponsors ppropriate legislation that would make reimbursements for cost nd administration of chemotherapeutic agents mandatory above a mall monthly minimum cost such as $50 per month, under all inurance policies issued in the State of Missouri.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution #5—Task Force on Professional Liability

(Introduced by Cape Girardeau County Medical Society)

Whereas, The malpractice problem in the State of Missouri still exists as evidenced by the statistics of the National Association of nsurance Commissioners and it is mandatory, therefore, that this roblem be promptly addressed with a structured and integrated approach; and

Whereas, The Illinois State Medical Society has been successful with such an approach by establishing a Task Force on Professional iability; now, therefore, be it

Resolved, That the Missouri State Medical Association develops and establishes a Task Force on Professional Liability similar to the one which is operating successfully in the State of Illinois.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution #6—Licensure of Physician's Assistants

(Introduced by Louis P. Hetlage, M.D., Councilor of
Fourth District, Chairman, Ad Hoc Committee
on Physician's Assistants)

Whereas, The need for physician's assistants was strongly indicated by circularization of the entire MSMA membership in 1971, as shown in the Stoneman report, and

Whereas, The concept of the physician's assistant has been approved by the AMA as a useful adjunct to patient care, and

Whereas, The AMA has an ongoing program for accreditation of educational institutions graduating Type A physician's assistants, and

Whereas, There are now 52 such educational facilities accredited, and

Whereas, Based upon the indicated need for physician's assistants in Missouri and AMA encouragement of the use of such individuals, two educational facilities have been established and accredited in Missouri, one in St. Louis and the other in Columbia, and

Whereas, There are 51 Type A physician's assistants currently working with physicians in Missouri without legal status of licensure, and

Whereas, Forty-one states have passed licensure laws for the licensing of Type A physician's assistants, and

Whereas, The nature of licensure protects the consumer of health services from misrepresentation by poorly trained or uncertified individuals representing themselves as Type A physician's assistants, and

Whereas, Presently the use of physician's assistants by physicians in the daily care of hospital patients is counter to current policy under the hospital licensure division of the State Board of Healing Arts until those physicians assistants receive legal status through licensure, therefore, be it

Resolved, That the Missouri State Medical Association goes on record as favoring legislation which would license Type A physician's assistants under the Board of Healing Arts, and further be it

Resolved, That the MSMA favors only such legislation which is sufficiently restrictive, both to the physician's assistant and the phy-

Sojourn in the Ozarks
for sports, scenery
and CME

AMA's Regional CME
Tan-Tar-A Golf and
Tennis Resort
Osage Beach, Missouri
Sept. 16-18, 1977

Write:
Dept. of Meeting Services
American Medical Association
535 N. Dearborn St.
Chicago, Ill. 60610

sician employing the physician's assistant, that injudicious and improper utilization of such individuals would be unlikely without revocation from the Board of Healing Arts, and be it further

Resolved, That such licensure apply only to Type A physician's assistants who are graduates of AMA accredited schools and who hold certification from the National Certifying Board for Physician's Assistants.

(Referred to Reference Committee on Medical Education and Public Welfare.)

Resolution #7—Funding for Resident Participation in Organized Medicine

(Introduced by Hubert A. Ritter, M.D.,
St. Louis Medical Society)

Whereas, The future of organized medicine, namely the Missouri State Medical Association and the federation of all state and territorial medical associations and the AMA, is dependent upon the young doctors of today, and

Whereas, These young doctors are organized into the Resident Physician Section of the AMA with section representation in the AMA House of Delegates, and

Whereas, Resident members should be actively sought by the Missouri State Medical Association and, also, be urged to be represented by their peers, and

Whereas, The Missouri section of the AMA Resident Physicians Section has not been actively participating at the national level due more to lack of money to send duly elected representation to the AMA Resident Physician Section than any other reason, therefore, be it

Resolved, That Missouri State Medical Association members be assessed $2 each annually to establish a fund for the purpose of sending duly elected representatives from the Resident Physicians Section of the Missouri State Medical Association to regularly called meetings of the Resident Physicians Section of the AMA and the AMA House of Delegates.

(Referred to Reference Committee on Reports of Officers.)

Resolution #8—Mandatory AMA Membership

(Introduced by Jackson County Medical Society)

Whereas, The American Medical Association (AMA) is the only national professional association which represents *all* physicians regardless of their individual medical specialties or types of practice; and

Whereas, In recent years, the structure and programs of the AMA have been significantly changed to more truly reflect the philosophy, opinions and wishes of the majority of its members; and

Whereas, These changes in AMA structure and activities have resulted in a more positive and aggressive organizational attitude thus benefiting *all* physicians; and

Whereas, The strength and influence of the AMA would be further enhanced if *all* physicians were members of the Association; therefore, be it

Resolved, That the Missouri State Medical Association officially endorses the concept of a unified medical profession, acting at the will of the majority but always protecting the rights of the minority; and be it further

Resolved, That, in accord with this concept, the Constitution and Bylaws of the Missouri State Medical Association be amended to provide that any physician holding membership in a county medical society in Missouri and in the Missouri State Medical Association shall be required to hold membership in the American Medical Association.

(Referred to Reference Committee on Constitution and Bylaws.)

Resolution #9—Impaired Physicians

(Introduced by Jackson County Medical Society)

Whereas, The Missouri State Medical Association is dedicated to "the protection of public health" and "the betterment of the medical profession"; and

Whereas, These two objectives imply a profession whose individual members are healthy and whole in mind and body; and

Whereas, The Missouri State Medical Association has no active and ongoing program for identifying physicians who are in some manner less than whole and are, therefore, a threat to the well-being of their patients and themselves; and

Whereas, The American Medical Association and other state medical associations already have adopted methods for identifying physicians with physical, mental or emotional impairments and have initiated programs to rehabilitate such individuals and return them to productive professional service; now, therefore, be it

Resolved, That the Missouri State Medical Association establishes an ad hoc *Committee on the Impaired Physician* to (1) study the incidence of this problem in Missouri and (2) review and evaluate remedial programs which have been developed by the American Medical Association and other state medical associations; and be it finally

Resolved, That the ad hoc *Committee on the Impaired Physician* returns to this House of Delegates at its next meeting with a report of its findings and recommendations as to appropriate action which should be considered by the Missouri State Medical Association.

(Referred to Reference Committee on Reports of Officers.)

Resolution #10—Definition of Primary Care Physician

(Introduced by Butler-Wayne-Ripley-Carter County
Medical Society)

Whereas, The Federal Government is having problems in defining primary health care, and

Whereas, Many people not engaged in medical care are seeking primary care designation and

Whereas, We feel that only physicians should be responsible for medical care of all types; therefore, be it

Resolved, That primary medical care shall be defined as that care given by a licensed graduate of a medical or osteopathic school.

(Referred to Reference Committee on Medical Education and Public Welfare.)

Resolution #11—Physician on AMA Department of Negotiations

(Introduced by the MSMA Council)

Whereas, The AMA instituted a Department of Negotiations to deal with the ever-increasing need of physicians to negotiate with government agencies and third-party payors, and

Whereas, The AMA Department of Negotiations is currently staffed with very competent attorneys and lay personnel, but has no physician representation, and

Whereas, Any negotiations carried out by physicians require the professional, ethical and social knowledge only another experienced physician can recognize, therefore, be it

Resolved, That in order to enhance the overall effectiveness of the AMA Department of Negotiations, a physician or physicians be added as participating members of the Department.

(Referred to Reference Committee on Reports of Officers.)

Resolution #12—Optometric Legislative Activity

(Introduced by H. B. Ivy, M.D.,
Greene County Medical Society)

Whereas, Optometry has had introduced into the legislature a bill to permit their board of non-medical people to establish criteria to license non-medically trained people to place topically applied drugs into the eye and secondarily into the whole body, and

Whereas, This is a blatant attempt to legislate non-medically trained people into becoming doctors without the necessary training and medical education as long established, and

Whereas, Optometry has introduced into each physician's assistant bill a clause which would deprive the ophthalmologists in the state the use of assistants, and

Whereas, These actions are dangerous and detrimental to the health and welfare of the people of Missouri, therefore, be it

Resolved, That members of the Missouri State Medical Association, individually and collectively, actively oppose and reiterate their stand that people of slight training shall not be allowed to practice medicine in any guise on the unsuspecting citizens of Missouri, and be it further

Resolved, That a copy of this resolution be sent on the official stationery of the MSMA to each member of the state legislature and to the chairmen of each board dealing with health matters, as well as the Governor of Missouri.

(Referred to Reference Committee on Medical Education and Public Welfare.)

Resolution #13—Financing of Medicaid Program

(Introduced by Greene County Medical Society)

Whereas, The state budget for the Division of Family Services was reduced 10% in the area of Medicaid reimbursement funds for physicians' fees, and

Whereas, The amount budgeted last year was woefully inadequate, and

Whereas, The number of physicians participating in the Medicaid Program is declining at the present level of reimbursement, and

Whereas, The latest insult to the physicians in Missouri will result in even more physicians leaving the program, and

Whereas, This development will even further cause the deterioration of what was once a model Medicaid program, and

Whereas, This will result in even more difficulty in finding medical care for those for whom the State has assumed responsibility, therefore, be it

Resolved, That the Missouri State Medical Association calls upon the Governor and the General Assembly to adequately finance the Medicaid physicians' reimbursement section of the Division of Family Services at the $32 million level.

(Referred to Reference Committee on Resolutions.)

Resolution #14—Care of the Poor

(Introduced by Greene County Medical Society)

Whereas, Physicians reimbursement section of the Missouri Division of Family Services (Medicaid) is severely underfinanced, and

Whereas, This is resulting in the threat of collapse of the Medicaid program, therefore, be it

Resolved, That the physicians of Missouri, either by or through the Missouri State Medical Association, develop contingency plans for the care of the poor in the event the collapse of the Medicaid program occurs.

(Referred to Reference Committee on Resolutions.)

Resolution #15—Opposition to Physician's Assistants

(Introduced by Greene County Medical Society)

Whereas, Licensing of physician's assistants for use as "cut-rate physicians" is clearly not in the best interests of quality patient care, therefore, be it

Resolved, That the Missouri State Medical Association be unalterably opposed to licensing of physician's assistants.

(Referred to Reference Committee on Medical Education and Public Welfare.)

Resolution #16—Opposition to Generic Formulary

(Introduced by Greene County Medical Society)

Whereas, The policy of the Missouri State Medical Association states that "the Missouri State Medical Association is opposed to governmental interference into the practice of medicine through mandated generic prescribing of drugs," and

Whereas, The medical advisory committee to the Division of Family Services was overwhelmingly opposed to a generic formulary as not being in the best interests of good patient care, therefore, be it

Resolved, That the Missouri State Medical Association again registers its opinion with the Division of Family Services that a generic formulary is not in the best interests of good patient care, and be it further

Resolved, That the contemplated generic program for the Missouri Division of Family Services should not be implemented.

(Referred to Reference Committee on Resolutions.)

Resolution #17—Involvement in HSAs

(Introduced by Greene County Medical Society)

Whereas, The Health Systems Agency, under the National Health Planning and Development Act of 1974, is a health program, and

Whereas, The HSA may well be one of the most important regulatory bodies for health affairs at the present time, and

Whereas, The future of good care of patients not only in facil- ties presently covered by the law but, also, in "ambulatory facilties," namely physicians' offices, is potentially threatened by this agency if proper direction is not provided, therefore, be it

Resolved, That all physicians be mindful of the threat of the Health Systems Agency in their area, and be it further

Resolved, That physicians provide leadership through active involvement in this agency.

(Referred to Reference Committee on Resolutions.)

Resolution #18—Sever Relations with PSRO

(Introduced by Greene County Medical Society)

Whereas, PSRO is a bad law and should be repealed, and

Whereas, In 1975, the Missouri State Medical Association requested a two-year trial in governmental hospitals and a report back on the benefits derived and problems encountered and this report as not been received, and

Whereas, The physicians of Missouri are providing the federal government with free review services which the government cannot provide because of lack of funds and expertise, and

Whereas, PSRO employees are publicly stating that they will oon be reviewing "ambulatory facilities," namely physicians' offices, herefore, be it

Resolved, That physicians in Missouri should sever all relations with PSRO so that the PSRO can do the mandated reviews as they re able.

(Referred to Reference Committee on Resolutions.)

Resolution #19—Medicaid Financing

(Introduced by Leslie F. Bond, M.D., St. Louis Medical Society)

Whereas, Title XIX of Social Security Act (Medicaid) was es- ablished to provide medical care to the indigent people of these ates, and

Whereas, The doctors of the State of Missouri voluntarily and willingly did agree to participate in this program to deliver medical are to these people at rates set by the State with guidelines estab- shed by state physicians and federal directives which were within urrent percentiles of recognized charges of the state, and

Whereas, Each year the gap between Medicaid payments to doc- ors and payments by other third parties has widened, and

Whereas, The proposed budget of payments to the doctors of he program has been cut this year by $2.2 million from last year's udget by the Governor of the State of Missouri, and

Whereas, The concern of the Governor and the legislators of the tate of Missouri for these actions is very callous, and

Whereas, The recommendations of the Medical Advisory Committee to the Missouri Medicaid Program have never been accepted, therefore, be it

Resolved, That unless the payments to Missouri physicians be brought within reasonable guidelines of other third-party payors, that the Missouri State Medical Association highly recommends to their constituents not to participate in the Missouri Medicaid Program until rectification has occurred.

(Referred to Reference Committee on Resolutions.)

Resolution #20—Care for Indigent Patients

(Introduced by Leslie F. Bond, M.D., St. Louis Medical Society)

Whereas, The Medicaid reimbursement by the Division of Family Services to the physicians of the State of Missouri have declined proportionately since its inception in 1968, and

Whereas, The present level of reimbursement is at such a low level that many physicians are finding it difficult to participate in the program and are leaving the program, and

Whereas, There has been a rapid deterioration of what had begun as a model program in 1968, and

Whereas, The reimbursements made to physicians for individual services rendered ranks in the lower 10% of all states within the Medicaid program, therefore, be it

Resolved, That the Missouri Medicaid program be funded up to the level of $32 million as recommended by the Medical Advisory Committee to the Medicaid Program of the Division of Family Services and, if the program is caused to be collapsed as a result of the cut in the budget by the Governor of Missouri, be it further

Resolved, That by or through the Missouri State Medical Association, a program be designed to care for the indigent patients involved in the Medicaid program.

(Referred to Reference Committee on Resolutions.)

Resolution #21—Preservation of Quality Medical Care

(Introduced by Clay County Medical Association)

Whereas, The United States Congress contiuues to consider legislating national health care, and

Whereas, The President of the United States has continually stated his determination that he will see a form of National Health Insurance legislated before the end of 1977, therefore, be it

Resolved, That the Missouri State Medical Association, through its Council and members, plans ahead to be in the strongest possible position to *negotiate* terms and/or policies that will best protect the continued delivery of quality medical care to persons needing it, and be it further.

Resolved, That the Missouri State Medical Association develops liaison to coordinate and cooperate with existing organizations of physicians and surgeons with whom such negotiations can be strengthened, and be it further

Resolved, That this resolution be brought to the attention of the American Medical Association to encourage the AMA to develop a similar policy.

(Referred to Reference Committee on Resolutions.)

Resolution #22—Battered Child Syndrome

(Introduced by St. Louis Medical-Legal Committee for
Continuing Study of the Battered Child Syndrome)

Whereas, The St. Louis Medical-Legal Committee ("The Committee") commends the new Missouri statute on "child abuse," Section 210.110, revised Statutes of Missouri (1975), certain suggestions, observations and proposals for amendments to Section 210.110 et seq. were approved, and

Whereas, The Missouri State Medical Association is holding its regular meeting in St. Louis, Missouri on April 14-17, 1977, to which Association it is the desire of this Committee to have this resolution presented for their deliberations, therefore, be it

Resolved, That the following legislative amendments or other implementation be proposed to the Missouri State Medical Association for whatever action the Association deems appropriate:

1. That sufficient funds be appropriated by the Missouri General Assembly, in particular, for the additional social service workers of the Child Abuse and Neglect Unit of the Missouri Division of Family Services in order that more time and study can be devoted to the continuing problem of child abuse and specific cases of the child abuse syndrome.
2. That the statute as it is now constituted should provide for the appointment of and compensation for sufficient legal counsel and representation for the Child Abuse and Neglect Unit of the Missouri Division of Family Services in enabling the Division to prepare and present their cases to any juvenile court or any other court of competent jurisdiction in the State of Missouri.
3. That under Section 210.160 RSMo (1975), it is suggested that the provision for a guardian ad litem should be amended to provide further for that guardian ad litem's retention of an adequately compensated legal counsel in each case.
4. That the statute should in each case provide for an adequately qualified and compensated medical witness to testify at any juvenile court or any other court of competent jurisdiction.
5. That sub-section (5) of Section 210.145 RSMo (1975) should be amended to provide for the prevention of returning custody of the child adjudicated to have been abused to the person or legal custodian in whose custody the child was at the time that the adjudication of the abuse occurred, without frequent and timely visits to the legal custodian's home both before return of the child and for a reasonable period thereafter.

(Above) MSMA Councilors reelected for two-year terms are *(left to right)* Drs. Eugene T. Hansbrough, Poplar Bluff, Tenth District; Walter A. German, Springfield, Eighth District; Lewis P. Hetlage, Troy, Fourth District; and R. John Torontow, Nevada, Sixth District. *(Left)* Newly elected members of the MSMA Council are Dr. Richard C. Hedges *(left)*, Excelsior Springs, First District, and Dr. John H. Walterscheid, Hannibal, Second District.

6. That Section 210.110 RSMo (1975) should be amended to provide a definition of the term "protective social services."

7. A new section should be inserted into Section 210.110 RSMo (1975) et seq. setting out, by name, certain "child abuse centers" in hospitals in cities and counties where practicable such as the City of St. Louis, St. Louis County, Jackson County (Kansas City), Greene County (Springfield), Buchanan County (St. Joseph) with adequate state funding where a child suspected of being abused as defined in Section 210.110 (1) RSMo (1975) can be taken for examination or treatment.

8. That if a child suspected of having been abused within the meaning of the statute either dies after receiving medical attention or is dead on arrival at a child abuse center or hospital, the deceased child's body shall be autopsied by a pathologist experienced in diseases of infants and children.

9. Section 211.031 RSMo (1975) be reviewed to assure that it adequately enables juvenile courts or other courts of competent jurisdiction to intervene effectively in incidents where child abuse is reasonably apparent.

10. That it is suggested that the Medical-Legal Committee on the Battered Child Syndrome as it is now and shall be in the future constituted shall become a permanent committee of the Missouri State Medical Association.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution #23—Psychiatric Representation on State Mental Health Commission

(Introduced by Edward H. Kowert, M.D., St. Louis Medical Society, for the St. Louis Medical Society Mental Health Committee)

Whereas, There is a need for more psychiatrists on the Missouri State Mental Health Commission and top administrative posts of the Missouri Department of Mental Health, and

Whereas, The present Mental Health Commission has among its seven members only two M.D.s, of whom only one is a psychiatrist, and

Whereas, The present director of the Department of Mental Health is a Ph.D. in education rather than a psychiatrist, and

Whereas, Better care for psychiatric patients would be more apt to occur with psychiatrists in charge, therefore, be it

Resolved, That the Missouri State Medical Association urges the Governor and the State Legislature to reconstitute the Mental Health Commission so that at least four of the seven members are M.D.s, of whom at least two are psychiatrists and, furthermore, require that the director of the Department of Mental Health be a psychiatrist.

(Referred to Reference Committee on Miscellaneous Affairs.)

Resolution #24—Establish MSMA Data Collection Commission

(Introduced by James M. Stokes, M.D., St. Louis Medical Society)

Whereas, Physicians and other health care providers are required to submit basic health care data, including charges and other economic material to both private insurers and governmental agencies, and

Whereas, The access to this original data provided by health providers is subsequently denied to physicians and provider organizations on a regular basis, and

Whereas, The accumulated basic data is used to determine restrictions and priorities of patient care, cost, reimbursement and medical care services by these third parties without prior review by the original data provider with the same information, therefore, be it

Resolved, That the Missouri State Medical Association be provided direct access to the original and derived data provided from their own sources in the State of Missouri including private and public, Blue Cross-Blue Shield data submitted by physicians and health care organizations to any and all agencies with due protection of patient, institutional and physician privacy and be it further

Resolved, That the MSMA establishes a pilot commission to procure relevant health data on a continuing voluntary basis with the cooperation of other health care organizations and this data then be analyzed by competent statisticians of the MSMA for the purpose of providing the patient, the public, the medical profession and all health agencies the health care data to compare that of the State of Missouri with other areas and to provide alternative interpretations to data presented unilaterally by governmental and other third parties without confirmation or independent analysis, and be it further

Resolved, That the Division of Insurance of the State of Missouri be advised of this request under the Freedom of Information Act and that Veterans Hospitals and other governmental institutions be required to submit the same or similar data, and be it further

Resolved, (1) That the Missouri State Medical Association has direct access to the original and derived data from Missouri including private and public patients, Blue Cross-Blue Shield submitted by physicians and hospitals and other health care providers and all agencies with due protection of patient, physician, and institutional privacy; (2) That the Missouri State Medical Association establishes a permanent commission to procure or provide relevant health data on a continuing basis with cooperation of the AMA or other health organizations; (3) That this data be analyzed by competent statisticians for the purpose of providing the public, the medical profession and other health agencies with relevant health care data; (4) That this data be used to relate and compare our regional medical care statistics to other areas and (5) To provide alternative interpretation to data presented unilaterally by governmental agencies and third party private health insurers.

(Referred to Reference Committee on Reports of Officers.)

The Speaker invited additional new business. Dr. Albert Cross presented the following proposed amendments to the Bylaws of the Missouri State Medical Foundation.

Proposed MSMF Bylaws Amendments

Article III. Trustees

Section 1. The affairs of the Foundation shall be managed by a Board of Trustees who shall be members of the Foundation. The Board shall, in 1981, consist of 10 members to be elected as hereinafter provided and the President of the Missouri State Medical Association who shall be a member ex officio of the Board. Each year, two Trustees of the Board shall be elected to five-year terms by the members of the Foundation. A majority vote of members present and voting shall be necessary for election.

Article V. Election of Officers

Section 1. The President of the Foundation on the first day of the Annual Session shall select a Committee on Nominations consisting of two members of the Board of Trustees to propose candidates for offices on the Board of Trustees. The Committee on Nominations shall report on the result of its deliberations to the regular Board of Trustees meeting in the form of a ticket containing the name of one member for each of the offices listed in Article IV of the By-Laws of the Missouri State Medical Foundation.

Section 2. All elections of officers shall be by unanimous consent of the Board of Trustees unless ballot is called for. The majority of the votes cast shall be necessary to elect each officer.

(The Speaker noted that the proposed MSMF Bylaws amendments would lay on the table for one day. They will be removed from the table and voted on at the Second Session of the House of Delegates.)

The Speaker then reminded the Delegates that, according to the Constitution and Bylaws, introduction of new resolutions not included in the Delegates' Handbook would be in order at the Second Session of the House provided that 200 copies of the resolution or funding for same are made available and presented to the Delegates 24 hours before the meeting, that ten copies be submitted to the Secretary and that introduction of each resolution is approved by a two-thirds vote of the House of Delegates.

Members who had fulfilled the above requirements, however, were invited to read the resolves of the resolutions to be introduced at the Second Session.

At this time, Dr. Edwin K. Burford, Jr., Vice-Speaker, assumed the gavel. There being no further business, he adjourned the First Session of the House of Delegates.

SECOND SESSION

Friday, April 15, 1977

The Second Session of the House of Delegates was called to order at 4 PM by Dr. James T. Brown, Speaker, who presided.

Dr. Gunn, Chairman of the Credentials Committee, reported that a quorum was present.

The Speaker instructed the Delegates to consider the reference committee reports as the resolutions upon which they would vote.

The Speaker invited Dr. George Hawkins, Chairman of the Reference Committee on Constitution and Bylaws, to present his report.

CONSTITUTION AND BYLAWS

The Reference Committee on Constitution and Bylaws met at 3:30 PM in the Clark Room at Stouffer's Riverfront Towers on April 14, 1977.

The Council matters referred to the Reference Committee on Constitution and Bylaws were reviewed and approved.

Mr. Speaker, I move the approval of this portion of the report.

(This portion of the report was approved.)

The report of the Committee on Constitution and Bylaws was discussed. It is recommended that the Bylaws be changed to comply with constitutional amendments of *Article VI. Sessions and Meetings* adopted by the House of Delegates on Thursday, April 14 as follows:

Section 1. The Association shall hold an annual Spring Session and an interim Fall Session of the House of Delegates, at places fixed by the House of Delegates, the time of which shall be fixed by the Council.

The Reference Committee recommends the following Bylaws change:

Amendment to Bylaws—Chapter III. House of Delegates. Section 1(b)

Chapter III. House of Delegates. Section 1(b). The House of Delegates shall meet annually at an interim Fall Session at places fixed by the House of Delegates and at times fixed by the Council.

Mr. Speaker, I move the approval of this portion of the report.

(The motion to approve carried by a unanimous vote and this Amendment to the MSMA Bylaws was adopted.)

Conforming with the constitutional change concerning *Article VII. Officers* adopted by this House on April 14, 1977, the Reference Committee recommends that the Bylaws be amended in *Chapter 4. Election of Officers* as follows:

Amendment to Bylaws—Chapter IV. Election of Officers. Section 4

Section 4. Delegates present at the Annual Session from Council District whose Councilors' and Vice-Councilors' terms expire shall hold meetings on or before the morning of the last day of the Annual Session and elect a Councilor and Vice-Councilor for their District for a term of two years. The names of the elected Councilor and Vice-Councilor shall be given on prescribed forms to the Secretary for presentation to the House of Delegates. Each candidate for Councilor or Vice-Councilor must reside or practice in the district for which he is elected.

Mr. Speaker, I move that this portion of the report be adopted.

(The motion was approved and this amendment to the MSMA Bylaws was adopted by a two-thirds vote.)

Concerning the MSMA Bylaws change relating to the extension of the assessment of the Missouri State Medical Education Fund (Foundation), the Committee recommends the adoption of the following Bylaws change:

Amendment to Bylaws—Chapter VIII. Dues and Assessments

Section 1(b). An assessment of $10 per year on each active member of the Association shall be applicable for a three-year period beginning in 1978. The assessment shall be payable with the dues of the Association, and the monies collected therefrom shall be remitted to the Missouri State Medical Foundation.

Mr. Chairman, I move the adoption of this portion of the report.

(The motion to adopt this portion of the report was approved by a two-thirds majority and the amendment to the Bylaws was adopted.)

The report of the Commission on Medical Legal Affairs was considered by the Reference Committee and we recommend its adoption.

Mr. Speaker, I move the adoption of this portion of the report.

(This portion of the report was adopted.)

Resolution #8—Mandatory AMA Membership

In regard to Resolution #8—Mandatory AMA Membership, discussions from the floor, pro and con, were heard, and the Committee recommends that Resolution #8 be submitted to the House of Delegates for discussion and a vote.

The resolves of Resolution #8 are as follows:

Resolved, That the Missouri State Medical Association officially endorses the concept of a unified medical profession, acting at the will of the majority, but always protecting the rights of the minority; and be it further

Resolved, That, in accord with this concept, the Constitution and Bylaws of the Missouri State Medical Association be amended to provide that any physician holding membership in a County Medical Society in Missouri and in the Missouri State Medical Association shall be required to hold membership in the American Medical Association.

(The Speaker noted that since Resolution #8 will require a change in the MSMA Constitution, it will lay on the table until the 1978 Annual Session (for one year), at which time it will be removed from the table and be voted on by the House of Delegates. Its approval will require a two-thirds vote of the delegates then present and attending.)

Resolution #5—Task Force on Professional Liability

Resolution #5—Task Force on Professional Liability was considered.

Mr. Joel Edelman of the Illinois State Medical Society Task Force supplied information concerning the activities of the Illinois State Medical Society in reducing the number of medical liability cases. The majority of the functions of the Illinois Task Force have already been implemented by the Missouri State Medical Association.

Therefore, in lieu of Resolution #5, the Committee recommends adoption of the following substitute Resolution:

Substitute Resolution #5

Whereas, The malpractice problem in the State of Missouri still exists as evidenced by the statistics of the National Association of Insurance Commissioners, it is mandatory, therefore, that this problem be promptly addressed with a structured and integrated approach; and

Whereas, Statistics in the State of Illinois indicate that the successful conclusion of a countersuit in a medical liability case has a significant effect on lessening the incidents of frivolous suits; therefore, be it

Resolved, That the Missouri State Medical Association expends funds from the Missouri State Medical Insurance funds relegated for medical liability defense to obtain suitable legal counsel to perform the basic legal research necessary for the successful pursuit of counterclaims in medical liability cases.

Mr. Speaker, I move that Substitute Resolution #5 be adopted.

(The motion to adopt Substitute Resolution #5 was approved.)

The Speaker invited Dr. Charles J. Ash, Chairman, to present the report of the Reference Committee on Resolutions.

RESOLUTIONS

The meeting of the Reference Committee on Resolutions was held at 4 pm in the Spirit of St. Louis Room on April 14, 1977.

The Committee considered the Council minutes which were referred to the Committee. The Reference Committee recommends that the Council minutes be adopted with the exception of a portion of the May 24, 1976 minutes regarding the Resolution on "Missouri State Medical Association Official Recognition of Blue Cross."

The Committee recommends that this item be referred back to the Council for further consideration.

Mr. Speaker, the Reference Committee recommends adoption of this portion of the report.

(This portion of the report was adopted.)

The Committee also considered the supplemental report of the Council of April 13, 1977. The Committee recommends adoption of these minutes with the exception of the portion of the report dealing with a Resolution submitted by the Commission on Medical Economics, Third Party Medicine and Governmental Relations.

The Committee recommends that the following Substitute Resolution be adopted in place of the Resolution submitted by the Commission:

Whereas, Kansas City Blue Shield has decided to refuse pay for certain services provided by private physicians, in some instances using physician-owned equipment located within a hospital unless HSA approval is obtained, and

Whereas, Kansas City Blue Shield will make payments for identical services when provided by hospitals using hospital-owned and HSA-approved equipment, therefore be it

Resolved, That a special committee of the Commission on Medical Economics be established to evaluate the effects of third-party payer decisions on the location of medical equipment and to recommend policies to encourage appropriate and effective utilization of equipment needed for patient care.

Mr. Speaker, the Reference Committee recommends adoption of this portion of the report.

(This portion of the report was adopted.)

The Reference Committee considered the report of the Commission of Medical Economics, Third Party Medicine and Governmental Relations.

Mr. Speaker, The Committee recommends adoption of this report.

(The motion to adopt was approved.)

The Reference Committee on Resolutions considered the following resolutions:

Resolution #3—Relationships of Third-Party Payers, Patients and Physicians

The Committee recognizes the importance of the problems outlined in Resolution #3. The Committee, however, feels the actions recommended are not all properly in the province of the MSMA and would be too cumbersome to implement adequately. The Committee recognizes that some physicians are using brochures as outlined in the Resolution, but felt that these brochures need to be tailored to individual practices.

Therefore, Mr. Speaker, the Reference Committee recommends that this Resolution not be adopted.

(The Speaker called for a vote on Resolution #3. Resolution #3 was not adopted.)

Resolution #13—Financing of Medicaid Program

Resolution #14—Care of the Poor

Resolution #20—Care for Indigent Patients

Since these three resolutions deal with the same subject, the Reference Committee would like to submit the following Substitute Resolution:

Substitute Resolution

Whereas, The Medicaid reimbursement by the Division of Family Services to the physicians of the State of Missouri have declined proportionately since its inception in 1968, and

Whereas, The present level of reimbursement is at such a low level that many physicians are finding it difficult to participate in the program and are leaving the program, and

Whereas, There has been a rapid deterioration of what had begun as a model program in 1968, and

Whereas, This is resulting in the threat of collapse of the Medicaid program, and

Whereas, The reimbursements made to physicians for individual services rendered ranks in the lower 10% of all states within the Medicaid program, therefore, be it

Resolved, That the Missouri Medicaid program be funded up to the level of $32 million as recommended by the Medical Advisory

Committee to the Medicaid program of the Division of Family Services, and, if the program collapses as a result of the cut in the budget by the governor of Missouri, be it

Resolved, That the physicians of Missouri, either by or through the Missouri State Medical Association, develop contingency plans for the care of the poor in the event of collapse of the Medicaid program.

Mr. Speaker, the Reference Committee moves the adoption of this Substitute Resolution.

(The Substitute Resolution for Resolution #13, #14, and #20 was adopted.)

Resolution #19—Medicaid Financing

The Committee feels that Resolution #19 would cause adverse publicity and pose a threat of antitrust action. It is also felt, with the agreement of Dr. Leslie Bond, that Resolutions #13, #14 and #20, as encompassed in the above Substitute Resolution just passed, basically fulfill the intent of Resolution #19's sponsor, Dr. Bond. Therefore, the Committee recommends that Resolution #19 not be adopted.

(The Speaker called for a vote on Resolution #19. The Committee's recommendation was approved and Resolution #19 was not adopted.)

Resolution #16—Opposition to Generic Formulary

Mr. Speaker, the Committee recommends that Resolution #16 be adopted.

(The Speaker called for a vote on Resolution #16. The Committee's recommendation was approved and Resolution #16 was adopted.)

Resolution #17—Involvement in HSAs

Mr. Speaker, I move the adoption of Resolution #17.

(The motion to adopt was approved.)

Resolution #18—Sever Relations With PSRO

The Reference Committee had an enlightening discussion of Resolution #18 both pro and con. The Reference Committee recommends that the *Resolves* of Resolution #18 be amended to read as follows:

Resolved, That physicians in Missouri should suspend all relations with PSRO until such time as the program can be reevaluated based on the benefits derived and problems incurred in the two-year trial in governmental hospitals, and be it further

Resolved, That PSRO can do mandated reviews, until that time, as they are able.

Mr. Speaker, I move the adoption of these two *Resolves* and the Resolution #18 as amended.

(The Speaker called for discussion. Dr. Fred Fowler spoke to the resolution and moved that it be referred back to the MSMA Council for review. The motion was seconded and carried. Resolution #18 was referred back to the Council.)

Resolution #21—Preservation of Quality Medical Care

The Reference Committee considered Resolution #21 and recommends that it be adopted.

(The motion was seconded and carried. Resolution #21 was adopted.)

The Speaker invited Dr. John Laird, Chairman, to present the report of the Reference Committee on Miscellaneous Affairs.

MISCELLANEOUS AFFAIRS

The meeting of the Reference Committee on Miscellaneous Affairs was held at 3:30 PM in the Eugene Field Room at Stouffer's Riverfront Towers on April 14, 1977. All members of the committee were present.

The Reference Committee considered the Council minutes of May 24, 1976; September 24, 1976; December 11, 1976; February 5, 1977; and the supplemental Council report of April 13, 1977 that were referred to our Committee, and recommend that these minutes be approved as published.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved.)

The annual report of the Commission on Public Affairs was reviewed. The Reference Committee recommends approval of this report.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved.)

The report of the Committee on Legislative Affairs was reviewed by the Reference Committee. The Committee recommends the change in the wording from "key man" to "key person." The Reference Committee otherwise approves the report in its entirety.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved.)

Resolution #4—Coverage of Chemotherapeutic Costs

The Reference Committee considered Resolution #4 which pertains to a legislative proposal concerning costs of chemotherapeutic agents. The Committee recommends amending the resolution to read as follows:

Resolved, That the Missouri State Medical Association sponsors appropriate legislation that would make mandatory the offering of insurance coverage for reimbursement of chemotherapeutic agents.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved and Resolution #4 was adopted as amended.)

Resolution #22—The Battered Child Syndrome

The Reference Committee considered Resolution #22 for the continuing study of the battered child syndrome. The Committee recommends that this resolution not be approved since the Committee had difficulty understanding the specifics of Resolution #22 and there was no one to speak on its clarification and interpretation.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion was approved and Resolution #22 was not adopted.)

Resolution #23—Psychiatric Representation on State Mental Health Commission

The Reference Committee next considered Resolution #23. The Committee recommends that Resolution #23 be amended to read as follows:

Whereas, The present Mental Health Commission has among its seven members only two M.D.'s of whom only one is a psychiatrist, and

Whereas, Better care for psychiatric patients could be expected with psychiatrists in charge, therefore, be it

Resolved, That the Missouri State Medical Association urges the governor and the state legislature to reconstitute the Mental Health Commission so that at least four of the seven members are M.D.'s, of whom at least two are psychiatrists.

Mr. Speaker, I move the adoption of this portion of the report.

(After discussion, the motion was approved and Resolution #23 was adopted as amended.)

The Speaker invited Dr. William D. Hoadley, Chairman, to give the report of the Reference Committee on Medical Education and Public Welfare.

MEDICAL EDUCATION AND PUBLIC WELFARE

The meeting of the Reference Committee on Medical Education and Public Welfare was held at 3 PM in the Daniel Boone Room of Stouffer's Riverfront Towers on April 14, 1977. All members of the Committee were present.

The Reference Committee considered the items referred to it and submits the following report:

The Council minutes referred to the Committee on Medical Education and Public Welfare, including the Supplementary Report, were revised and the Committee recommends approval of those portions.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved.)

The Reference Committee then reviewed the report of the Committee on Voluntary Health Agencies and the Committee recommends approval of this report.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved.)

The report of the Ad Hoc Committee on Continuing Education and Health Manpower was reviewed and the Reference Committee recommends approval of this report.

I move adoption of this portion of the report.

(The motion to adopt was approved.)

The report of the Commission of Interspecialty Medicine was reviewed and the Reference Committee recommends approval of this report.

I move adoption of this portion of the report.

(The motion to adopt was approved.)

Resolution #1—Health Professions Educational Assistants Act

The Reference Committee recommends adoption of the following Substitute Resolution for Resolution #1:

Substitute Resolution #1

Resolved, That since PL 94-484, known as the Health Professions Educational Act of 1976, intrudes on academic freedom and discriminates against students in the United States two-year schools in favor of foreign graduates, the MSMA urges the AMA to exert its offices to seek early amendment of these provisions by (1) deletion of the admissions requirement on U.S. citizens in foreign medical schools; or (2) conversion to a special project program to which each school could apply and comply as it saw fit, giving up its prerogatives voluntarily and under control; or as a minimum, (3) by unlinking the new Federally insured health professions student loan program from a school's compliance with these capitation requirements.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved and Substitute Resolution #1 was adopted.)

Resolution #6—Licensure of Physician's Assistants

After considerable discussion, the Reference Committee recommends that Resolution #6 not be adopted. However, the Committee does recommend that the second *Resolve* be referred to the MSMA Council for further consideration. The second *Resolve* reads as follows:

Resolved, That the MSMA favors only such legislation which is sufficiently restrictive, both to the physician's assistant and the physician employing the physician's assistant, that injudicious and improper utilization of such individuals would be unlikely without revocation from the Board of Healing Arts.

Mr. Speaker, I move that this portion of the report be adopted.

(The Speaker called for a vote on the Committee's recommendation that Resolution #6 not be adopted. Resolution #6 was not adopted. The Speaker called for a vote on the Committee's recommendation that the second Resolve *of Resolution #6 be referred to the MSMA Council. It was voted to refer the Resolution to the Council.)*

Resolution #15—Opposition to Physician's Assistants

The Reference Committee reviewed Resolution #15 and recommends that the following substitute resolution be adopted:

Substitute Resolution #15

Resolved, That the Missouri State Medical Association be opposed to licensing of physician's assistants at this time, pending further study by the MSMA Council.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion was approved and Substitute Resolution #15 was adopted.)

Resolution #10—Definition of Primary Care Physician

The Reference Committee considered Resolution #10 and recommends adoption of the following substitute resolution:

Substitute Resolution #10

Resolved, That primary health care shall be defined as only that care given by a licensed graduate of a medical or osteopathic school.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion was approved and Substitute Resolution #10 was adopted.)

Resolution # 12—Optometrie Legislative Activity

The Reference Committee considered Resolution #12 and recommends that the following substitute for the first *Resolved* be adopted:

Resolved, That members of the Missouri State Medical Association, individually and collectively, actively oppose the expansion of the Optometric Act by the use of drugs by optometrists and reiterate their stand that people of slight training shall not be allowed to practice medicine in any guise on the unsuspecting citizens of Missouri.

Mr. Speaker, the Committee recommends the adoption of this Substitute Resolution.

(After a discussion, Dr. Donald A. Potts moved that the proposed resolution be amended by striking all words after the word "optometrists." His motion was seconded and approved.

The amended Resolution reads as follows:

Resolved, That members of the Missouri State Medical Association, individually and collectively, actively oppose the expansion of the Optometric Act by the use of drugs by optometrists.

(Resolution #12 was adopted as amended.)

The Speaker invited Dr. Roy W. Pearse, Jr., Chairman, to present the report of the Reference Committee on Reports of Officers.

REPORTS OF OFFICERS

The meeting of the Reference Committee on Reports of Officers was held at 3:30 PM in the Lewis Room at Stouffer's Riverfront Towers on April 14, 1977. All members of the Committee were present.

The Reference Committee considered the items referred to it and submits the following report:

The Council Minutes referred to the Committee were reviewed. The Committee recommends approval of those portions of the Minutes of the Council referred to the Reference Committee on Reports of Officers.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion to adopt was approved.)

The Committee reviewed the report of Dr. Max Franklin, President. We wish to thank him for his excellent service and recognize the efforts he has put forth during the past year. We recommend approval of Dr. Franklin's report.

The Committee reviewed the report of Dr. Howard J. McAlhany, President-Elect. We wish to take this opportunity to wish him success in his year as President. The Committee recommends approval of Dr. McAlhany's report.

The Committee reviewed the report of Dr. John I. Matthews, Secretary, and recommends approval of Dr. Matthews' report.

The Committee reviewed the report of Dr. James M. Stokes, Treasurer, and recommends approval of Dr. Stokes' report.

The Committee reviewed the report of Mr. Royal O. Cooper, Executive Secretary, and recommends approval of Mr. Cooper's report.

The Committee reviewed the excellent report of Mrs. George P. Wilson, President of the Woman's Auxiliary. We commend her activities and those of the Auxiliary in the past year. The Committee recommends approval of Mrs. Wilson's report.

The Committee reviewed the report of the Committee on Publications and recommends approval of this report.

The Committee reviewed the report of the Committee on Planning and recommends approval of this report.

Mr. Speaker, I move the approval of the above portions of this report.

(The motion was approved.)

The Reference Committee on Reports of Officers considered the following resolutions:

Resolution #2—Direct Dues Billing by the AMA

Resolution #2 was discussed by the delegates present and additional information was presented by Dr. John H. Budd, President-Elect of the AMA. We particularly wish to thank Dr. Budd for his contributions and for appearing before the Committee.

The Reference Committee recommends adoption of Resolution #2.

(The motion was approved and Resolution #2 was adopted.)

Resolution #7—Funding for Resident Participation in Organized Medicine

Resolution #7 was discussed by its sponsor, Dr. Hubert Ritter, and by the members of the Association who were present.

The Reference Committee recommends the adoption of the following substitute resolution:

Substitute Resolution #7

Resolved, That the Council of the MSMA be instructed to form a Resident Physician Section of the MSMA with appropriate repreentation to the AMA Resident Physician Section. The Council is nstructed to submit an appropriate change of Bylaws to the next meeting of the MSMA House of Delegates.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion carried and Substitute Resolution #7 was adopted.)

Resolution #9—Impaired Physicians

Resolution #9 was discussed by its sponsor, Dr. Don McIntosh, with additional discussion from the floor.

Mr. Speaker, the Reference Committee recommends adoption of Resolution #9. I move the adoption of this portion of the report.

(The motion carried and Resolution #9 was adopted.)

Resolution #11—Physician on AMA Department of Negotiations

Resolution #11 was discussed on the floor and the Reference Committee recommends adoption of Resolution #11.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion was approved and Resolution #11 was adopted.)

Resolution #24—Establish MSMA Health Data Corporation Subcommittee

Resolution #24 was discussed by Dr. James Stokes and by the delegates on the floor. The Reference Committee recommends adoption of the following Substitute Resolution:

Substitute Resolution #24

Resolved, That the Missouri State Medical Association through the Health Data Corporation be provided direct access to the original and derived data provided from their own sources in the State of Missouri including private and public, Blue Cross-Blue Shield data submitted by physicians and health care organizations to any and all agencies with due protection of patient, institutional and physician privacy, and be it further

Resolved, That the MSMA requires a health data corporation to establish a reporting schedule of at least quarterly reports to the MSMA Council by a designated MSMA member from each of the existing PSRO districts in Missouri for the purpose of providing the medical profession, the Missouri Division of Health and all health agencies, with equal opportunity to compare the data with other geographical areas and to provide alternative interpretation of these data which are frequently published unilaterally by HEW and other third parties without confirmation of independent analysis, and be it further

Resolved, That the Division of Health of the State of Missouri be advised of this request under the Freedom of Information Act and the Veterans Hospitals and other governmental institutions be required to submit the same or similar data, and be it further

Resolved, (1) That the Missouri State Medical Association through Health Data Corporation communicate their results to MSMA members by the Journal or other written reports of the Council, and

(2) That the information be used by the Missouri State Medical Association in a positive manner to increase the quality of health care and efficiency of health costs to the patients of Missouri with the cooperation of physician input and independent assessment.

Mr. Speaker, I move the adoption of this portion of the report:

(After a discussion, Dr. Fred Fowler moved that the Resolution be amended by deleting the word "direct" in line 2 [above] and after the words "derived data" in line 3, adding the words "which is in the public domain" so that the first Resolve would read as follows:

Resolved, That the Missouri State Medical Association through the Health Data Corporation be provided access to the original and derived data which is in the public domain, provided from their own sources in the State of Missouri including private and public, Blue Cross-Blue Shield data submitted by physicians and health care organizations to any and all agencies with due protection of patient, institutional and physician privacy, and be it further

Dr. Fowler's motion to amend the Resolution was seconded and carried.

The Speaker called for the vote on Substitute Resolution #24. Substitute Resolution #24 was adopted as amended.)

Unfinished Business

The Speaker invited consideration of unfinished business.

The Speaker then asked the Delegates to consider two amendments to the Bylaws of the Missouri State Medical Foundation which had been held over from the First Session of the House on Thursday, April 14, 1977.

They are as follows:

ARTICLE III. TRUSTEES

Section 1. The affairs of the Foundation shall be managed by a Board of Trustees who shall be members of the Foundation. The Board shall, in 1981, consist of ten members to be elected as hereinafter provided and the President of the Missouri State Medical Association who shall be a member Ex-Officio of the Board. Each year, two Trustees of the Board shall be elected to five year terms by the members of the Foundation. A majority vote of members present and voting shall be necessary for election.

ARTICLE V. ELECTION OF OFFICERS

Section 1. The President of the Foundation on the first day of the Annual Session shall select a Committee on Nominations consisting of two members of the Board of Trustees to propose candidates for offices on the Board of Trustees. The Committee on Nominations shall report on the result of its deliberations to the regular Board of Trustees meeting in the form of a ticket containing the name of one member for each of the offices listed in Article IV of the Bylaws of the Missouri State Medical Foundation.

Section 2. All elections of officers shall be by unanimous consent of the Board of Trustees unless ballot is called for. The majority of the votes cast shall be necessary to elect each officer.

(It was moved that both amendments to the MSMF Bylaws be adopted and seconded. The motion was approved.)

Introduction of New Business

The House of Delegates approved the introduction of Resolution #25 by a two-thirds vote. The resolution was introduced by Jackson County Medical Society.

Resolution #25—Repeal of the Delaney Amendment

Whereas, The Delaney Amendment (Food Additive Amendments of 1958 to the Food, Drug and Cosmetics Act) prohibits the addition to food of any chemical which has been associated with an increased incidence of cancer in animals; and

Whereas, This prohibition is so sweeping that research tests of questionable validity and/or applicability have forced government officials to ban the use of certain chemicals and food additives whose benefits to human subjects may far outweigh any potential harm; therefore, be it

Resolved, That the Missouri State Medical Association urges Congress to repeal the Delaney Amendment and replace it with a law which is more realistic in its intent to protect the public from chemicals and food additives which may be deleterious to human beings; and be it further

Resolved, That copies of this resolution be sent to members of the Missouri Congressional delegation and submitted for consideration by the House of Delegates of the American Medical Association.

(Referred to the Reference Committee on Resolutions.)

The House of Delegates approved the introduction of Resolution #26 by a two-thirds vote. The resolution was introduced by Jackson County Medical Society.

Resolution #26—Reversal of Saccharin Ban

Whereas, There have been no conclusive studies proving that the use of saccharin has any harmful effect on human subjects, and

Whereas, Many physicians regard artificial sweetners as an important adjunct to dietary management for some disease entities, and

Whereas, Professional judgment combined with informed patient choice is an integral part of sound medical care; therefore, be it

Resolved, That the Missouri State Medical Association urges the Food and Drug Administration and the Secretary of the Department of Health, Education and Welfare to (1) reconsider their recent action relative to the use of saccharin in the human diet and (2) initiate appropriate changes in laws and/or regulations so as to permit the use of saccharin, provided all containers in which the artificial sweetener may be found bear a label indicating the amount of saccharin contained and identifying it as an ingredient of unproven safety; and be it further

Resolved, That copies of this resolution be sent to members of the Missouri Congressional delegation and submitted for consideration by the House of Delegates of the American Medical Association.

(Referred to the Reference Committee on Resolutions.)

The House of Delegates approved the introduction of Resolution #27 by a two-thirds vote. It was introduced by Marion-Ralls-Shelby County Medical Society.

Resolution #27—FDA Ban of Saccharin

Whereas, The Food and Drug Administration has decided to ban the sale of saccharin, and

Whereas, This action seems to have been taken without adequate scientific documentation of the harmful effects of saccharin in humans, and

Whereas, This action seems to have been taken without regard to the far-reaching effects on the public, specifically on diabetic patients, therefore be it

Resolved, That the Missouri State Medical Association goes on record as publicly opposing the FDA decision to ban saccharin as an arbitrary and capricious action by the Federal bureaucracy.

(Referred to the Reference Committee on Resolutions.)

Resolution—Members of the Commission on Interspecialty Medicine Serving as Delegates to the House of Delegates

Resolution—Chairman of the Commission on Interspecialty Medicine Designated an Ex Officio Member with Vote to the MSMA Council

Since the two resolutions named above did not receive a two-thirds vote of approval by the House of Delegates for introduction, their introduction was not allowed and they were not considered by the House. Copies of the above resolutions had been given to the Delegates at the First Session of the House of Delegates on Thursday, April 14, 1977.

Dr. Burford, Vice-Speaker, assumed the chair. There being no further business, the Vice-Speaker adjourned the Second Session of the House of Delegates.

THIRD SESSION

Sunday, April 17, 1977

The Third Session of the MSMA 119th House of Delegates was called to order by the Speaker, Dr. James T. Brown at 7:30 AM.

Dr. Walter Gunn, chairman, gave the report of the Credentials Committee and declared the presence of a quorum. With unanimous consent, the Speaker dispensed with a roll call.

Dr. Francis X. Lieb, Chairman, was invited to present the report of the Nominating Committee.

NOMINATING COMMITTEE

The Nominating Committee, made up of representatives from each of the Councilor Districts, met Thursday following the recess of the House of Delegates and again Friday following that recess and discussed the various nominees for the offices.

The Nominating Committee submits to the House of Delegates the names of the following members on the slate of officers for the ensuing year for approval by the Association:

Vice-President—Dr. Stanley S. Peterson, Springfield
Vice-President—Dr. Irving H. Clark, Kansas City
Vice-President—Dr. Ernest Wadlow, St. Joseph

(The Speaker invited additional nominations from the floor. Hearing none, he entertained a motion that nominations cease and that a unanimous ballot be cast for the slate of vice-presidents as presented by the Nominating Committee. The motion was seconded and carried.)

The Nominating Committee submits to the House the following names of two members to serve as Delegates to the American Medical Association for two-year terms beginning on Jan. 1, 1978:

AMA Delegate—Dr. Melvin C. Kasten, Cape Girardeau
AMA Delegate—Dr. Robert A. Slickman, Kansas City

(The Speaker invited additional nominations from the floor. Dr. Lawrence W. O'Neal nominated Dr. Donald Judd of St. Louis.

After extensive discussion by the Delegates, the Speaker called for a ballot on the candidates for Delegates to the AMA. Dr. Robert Slickman and Dr. Melvin Kasten were elected as Delegates to the AMA by the MSMA House of Delegates.)

The Nominating Committee submits to the House of Delegates the following names of members nominated as Alternate Delegates to the AMA:

AMA Alternate Delegate—Dr. Francis X. Lieb, St. Louis (one-year term)

AMA Alternate Delegate—Dr. Hugh E. Stephenson, Jr., Columbia (two-year term)

(The Speaker invited additional nominations from the floor. Dr. Donald Judd, St. Louis, was nominated to fill the unexpired term of Dr. Kasten and for a two-year term.

The Speaker entertained a motion that nominations cease and that a unanimous ballot be cast for the three nominees for Alternate Delegates to the AMA. The motion was seconded and carried.)

The Nominating Committee submits to the House of Delegates the following names of members nominated for the offices of Speaker and Vice-Speaker:

Speaker—Dr. Edwin K. Burford, Jr., Cape Girardeau
Vice-Speaker—Dr. Lily Ann Hanes, St. Louis

(The Speaker invited additional nominations from the floor. Hearing none, he entertained a motion that nominations cease and that Dr. Burford and Dr. Hanes be elected by acclamation. The motion was seconded and carried.)

Dr. John I. Matthews, Secretary, announced that the following Councilors and Vice-Councilors had been elected for two-year terms:

First District, Dr. Richard C. Hedges, Excelsior Springs
  Vice-Councilor, Dr. Gary Dyer, St. Joseph
Second District, Dr. John H. Walterscheid, Hannibal
  Vice-Councilor, Dr. Patricio Avila, Hannibal
Third District
  Vice-Councilor, Dr. Richard Fallon, St. Louis
Fourth District, Dr. Louis P. Hetlage, Troy
  Vice-Councilor, Dr. Frederick D. Peterson, St. Louis
Fifth District
  Vice-Councilor, Dr. Mary J. McCaffree, Jefferson City
Sixth District, Dr. John Torontow, Nevada
  Vice-Councilor, Dr. Roy W. Pearse, Jr., Nevada
Seventh District
  Vice-Councilor, Dr. Irving H. Clark, Kansas City
Eighth District, Dr. Walter A. German, Springfield
  Vice-Councilor, Dr. Marvin Singleton, Joplin
Ninth District
  Vice-Councilor, Dr. Jack Wiles, West Plains
Tenth District, Dr. Eugene T. Hansbrough, Poplar Bluff
  Vice-Councilor, George H. Ladyman, Poplar Bluff

At this time, the Speaker invited nominations for the ffice of President-Elect. Dr. Joseph L. Fisher of St. Joseph ominated Dr. John N. Martin of St. Joseph. The nominaion was seconded by Dr. Doyle C. McCraw of Bolivar,)r. Walter T. Gunn of St. Louis, Dr. Vernon H. Balster of t. Louis County, Dr. Irving H. Clark of Kansas City, Dr. Ielvin Kasten of Cape Girardeau and Dr. James M. Whitco of St. Louis.

(Dr. Burford, Vice-Speaker entertained a motion that Dr. Martin be elected President-Elect by acclamation. The motion was seconded and approved.)

The President-Elect was escorted to the Speaker's stand where he made a brief acceptance statement. Mrs. Martin also was escorted to the Speaker's stand.

Dr. Charles J. Ash, Chairman, was invited to present the additional report of the Reference Committee on Resolutions.

RESOLUTIONS

The Reference Committee on Resolutions met in the Lewis Room of Stouffer's Riverfront Towers on April 15, 1977.

Resolution #25—Repeal of Delaney Amendment

The Committee noted that a copy of the Delaney Amendment was not available for study by the Committee and the sponsor of Resolution #25 was not at the meeting to present testimony. Therefore, it was felt inappropriate to recommend repeal of this amendment. Mr. Speaker, the Reference Committee recommends that Resolution #25 be referred to the Council for further study.

Mr. Speaker, I move the adoption of this portion of the report.

(This portion of the report was approved.)

Resolution #26—Reversal of Saccharin Ban

Resolution #27—FDA Ban of Saccharin

The Reference Committee considered Resolutions #26 and #27 together as they deal with the same subject and recommends the adoption of the following substitute resolution:

Substitute Resolution

Whereas, There have been no conclusive studies proving that the use of saccharin has any harmful effect on human subjects, and

Whereas, Many physicians regard artificial sweeteners as an important adjunct to dietary management for some disease entities, including diabetes, and

Whereas, Professional judgment combined with informed patient choice is an integral part of sound medical care; therefore be it

Resolved, That the Missouri State Medical Association urges the Food and Drug Administration and the Secretary of the Department of Health, Education and Welfare to (1) reevaluate their recent action relative to the use of saccharin in the human diet and (2) initiate appropriate changes in laws and/or regulations so as to permit the use of saccharin, provided all containers in which the artificial sweetener may be found bear a label indicating the amount of saccharin contained and identifying it as an ingredient of unproven safety; and be it further

Resolved, That copies of this Resolution be sent to members of the Missouri Congressional Delegation and submitted for consideration by the House of Delegates of the American Medical Association.

Mr. Speaker, I move the adoption of this portion of the report.

(The motion was approved and the Substitute Resolution was adopted.)

UNFINISHED BUSINESS

At the request of some Delegates, the Speaker referred his decision on Resolution #8 to the House of Delegates for a vote on whether to table Resolution #8 for one year.

Resolution #8—Mandatory AMA Membership

Resolved, That the Missouri State Medical Association officially endorses the concept of a unified medical profession acting at the will of the majority but always protecting the rights of the minority, and be it further

Resolved, That in accord with this concept, the Constitution and Bylaws of the Missouri State Medical Association be amended to provide that any physician holding membership in a County Medical Society in Missouri and in the Missouri State Medical Association shall be required to hold membership in the American Medical Association.

(After extensive discussion, the Speaker called for a standing vote on the motion to table Resolution #8. The

motion carried by a vote of 98 in favor, 82 against and two abstaining.)

Installation of Officers

The Speaker invited the Officers and Councilors to stand in front of the podium where the Association Secretary, Dr. John I. Matthews, administered the oath of office.

The Speaker invited President Howard J. McAlhany to announce his committee and commission appointments for the 1977-1978 year. Members whose terms had not expired were not mentioned and it is assumed that they will continue to serve.

Committee Appointments

Committee on Constitution and Bylaws—Miles C. Whitener, St. Louis County (term to expire in 1980); R. Stacy Long, Kansas City, Chairman for 1977-1978.

Committee on Legislative Affairs—John I. Matthews, Jefferson City, Chairman; Robert E. Bregant, Jefferson City; Hubert A. Ritter, St. Louis; Howard J. McAlhany, Springfield; John N. Martin, St. Joseph.

Committee on Planning—William W. Hanie, Butler; J. Will Fleming, Moberly (terms to expire in 1982); Paul H. Rother, St. Charles, Chairman for 1977-1978.

Committee on Voluntary Health Agencies—William C. Allen, Columbia; Carl F. Dennison, St. Louis (terms to expire in 1980 to fill remaining term of Dr. Cassell [1978]); William C. Allen, Columbia, Chairman for 1977-1978.

Commission Appointments

Commission on Public Affairs—Richard H. Loeb, Springfield; Donald R. Germann, Kansas City; George Q. Dunmire, Kennett; Jill M. Clayton, St. Louis County; John M. Laird, St. Louis County (terms to expire in 1980; Byron E. Watts, Jefferson City, Chairman for 1977-1978.

Commission on Continuing Education and Health Manpower—George D. Comfort, Mexico (to fill unexpired term of Dr. Roland Lohmar—term expires in 1978); George N. Trimble, Kansas City (to fill unexpired term of Dr. Robert Matthews—term expires in 1979); Ronald T. Hill, Dexter; Wilbur A. Mullarky, St. Louis County; Marvin A. Singleton, Joplin; W. Wayne Boydston, Odessa; W. Thomas Morgan, Jr., West Plains (terms to expire in 1980); George H. Ladyman, Poplar Bluff, Chairman for 1977-1978.

Commission on Medical Economics, Third Party Medicine and Governmental Relations—E. Warren Allen, Carrollton; John A. Griffith, Kansas City; Charles H. Dozean, Cape Girardeau; L. M. Magruder, Nevada; Arturo Montes, St. Louis County (terms to expire in 1980); Max A. Heeb, Sikeston, Chairman for 1977-1978.

Commission on Medical-Legal Affairs—Joseph S. Cope, Lexington; Jerome I. Simon, St. Louis; Irving H. Clark, Kansas City; Vincente D. Deles, Crystal City; George P. Wilson, Columbia (terms to expire in 1980); Charles P. Ash, Springfield, Chairman for 1977-1978.

Commission on Interspecialty Medicine—(It is the policy for the President of the Association to appoint representatives of the specialty organizations making up the Commission on Interspecialty Medicine as recommended by the specific organizations. Some of these organizations had not provided names of their proposed representatives by this date. Following are appointments of representatives who had been recommended. The name of the Representative will be followed by the name of the Alternate.)

Missouri State Allergy Association—Donald Youll, Kansas City and J. Allen Thiel, St. Louis; *Missouri Society of Anesthesiologists*—J. O. Alyea, Columbia; *Missouri Dermatological Society*—Larry E. Millikan, Columbia and William K. Hall, St. Charles; *Missouri ENT Association*—William P. Lampros, St. Louis and Bernard C. Adler, St. Louis; *Missouri Academy of Family Physicians*—Charles W. Chastain, North Kansas City and Walter C. Gray, Farmington; *Missouri Society of Internal Medicine*—Clement B. Grebel, St. Louis and T. W. Burns, Columbia; *Missouri Society of Neurosurgeons*—C. Keith Whittaker, Kansas City and George E. Mendelsohn, St. Louis; *Missouri Ob-Gyn Society*—Carol F. Williams, St. Louis; *Missouri Ophthalmological Society, Inc.*—Michael F. Pernoud, St. Louis; *Missouri Orthopedic Association*—Robert E. Kuhlman, St. Louis; *Missouri Society of Pathologists*—Thomas J. Cooper, St. Louis and Thomas J. Fritzlen, Kansas City; *Missouri Chapter, American Academy of Pediatrics*—to be announced; *Physical Medicine and Rehabilitation*—Franz U. Steinberg, St. Louis and Charles Peterson, Columbia; *Missouri Psychiatric Association*—Elizabeth Heimburger, Columbia; *Missouri Radiologic Society*—William McAlister, St. Louis and Ronald G. Evans, St. Louis; *Missouri Chapter, American College of Surgeons*—Raymond O. Frederick, St. Louis and Andrew McCanse, Kansas City; *Missouri State Surgical Society*—Cyril Costello, St. Louis; *Missouri Thoracic Society*—John Soucy, St. Charles and Daniel J. Hurst, Columbia; *Federation of Missouri Urologists*—Milton B. Ozar, Kansas City.

The Speaker requested an invitation for the meeting place of the 1977 Interim Session of the House of Delegates. On behalf of Greene County Medical Society, a Delegate invited the MSMA to hold its 1977 Interim Session in Springfield on Nov. 2-3, 1977. The invitation was accepted.

The Speaker requested an invitation for the meeting place for the next Annual Session of the Association. On behalf of Jackson County Medical Society, Dr. Clark invited the MSMA to hold its 120th Annual Session in Kansas City on April 13-16, 1978. The invitation was accepted.

Dr. Fisher introduced a resolution congratulating Dr. James T. Brown for his successful term as Speaker of the House of Delegates. Approval of the resolution was unanimous.

There being no additional business, the Vice-Speaker declared the 119th Annual Session adjourned.

Give now to your student loan fund!
Send A Generous Contribution To
MISSOURI STATE MEDICAL FOUNDATION
113 Madison, Jefferson City, Missouri 65101

REGISTRATION OF THE 119TH ANNUAL SESSION

First Councilor District—37

Bare, Edward, Tarkio
Bauman, Henry C., Maryville
Bohnsack, Ralph W., Brookfield
Bowles, Richard P., Liberty
Burke, E. K., Liberty
Christ, Martin H., St. Joseph
Cook, Jerry W., Kansas City
Cross, Albert D., Trenton
Demoncourt, John E., Smithville
Dixon, John R., Brookfield
Dyer, Gary A., St. Joseph
Ellsworth, Willard, Trenton
Fakhoury, Donald, Kansas City
Fisher, Joseph L., St. Joseph
Gearhart, Merriam, Bethany
Harr, Patrick B., Maryville
Hedges, Richard C., North Kansas City
Herman, Allen I., St. Joseph
Hughes, Judson M., St. Joseph
Kuenzi, D. E., Kansas City
McDonald, Wallace, St. Joseph
McDonald, Wilbur P., St. Joseph
McPhee, William R., Kansas City
Mandler, George, Chillicothe
Martin, John N., St. Joseph
Matteson, Frank B., Grant City
Moen, B. H., St. Joseph
Ozenberger, Larry A., Plattsburg
Peterson, H. E., St. Joseph
Platz, John H., Carrollton
Redmond, William, St. Joseph
Schertz, Truman B., North Kansas City
Soper, William D., Liberty
Staton, R. Hamilton, Carrollton
Trinidad, H. R., Chillicothe
Wadlow, Ernest E., St. Joseph
Yoon, Jin Soo, Chillicothe

Second Councilor District—19

Buben, Robert W., Hannibal
Bukstein, Michael, Hannibal
Campbell, James E., Macon
Cohrs, Clarence C., Moberly
Collins, Gretchen D., Macon
Comer, J. Russell, New London
Fleming, J. Will, Moberly
Hall, Stanley G., Hannibal
Hudson, G. R., Moberly
Hori, Jose M., Moberly
Kruse, Carl R., Palmyra
Kwon, Y., Hannibal
Martin, W. Joe, Louisiana
Middleton, John W., Louisiana
Plowman, Edward M., Hannibal
Stuerman, Lawrence G., Louisiana
Tarvydas, Francis, Edina
Walterscheid, J. H., Hannibal
Wilcoxen, W. B., Bowling Green

Third Councilor District—217

Acker, Harry L., St. Louis
Adelmann, E., St. Louis
Ahadi, Abd ul Ahad, St. Louis
Ahern, Arch M., St. Louis
Albert, Ingrid R., St. Louis
Allen, Henry C., St. Louis
Allen, William E., St. Louis
Alonso, J. M., Jr., St. Louis
Anglo, Luis B., St. Louis
Arney, William G., St. Louis
Bajaj, Arun R., St. Louis
Banton, William C., St. Louis
Barner, Hendrick, St. Louis
Baula, Armindo G., St. Louis
Behrens, Donald, St. Louis
Bergman, Hugo F., St. Louis
Biddy, Ralph L., St. Louis
Bleisch, Nadya, St. Louis
Bleisch, Virgil R., St. Louis
Block, Arnold S., St. Louis
Blythe, James, St. Louis
Bohigian, George, St. Louis
oldizar, A. G., St. Louis
olton, Robert L., St. Louis
ond, Leslie F., St. Louis
owerman, Harold H., St. Louis
radley, Richard V., St. Louis
rady, Harry, St. Louis
rown, Seymour, St. Louis
rodeur, Armand, St. Louis
rookes, Robert D., St. Louis
rown, James M., St. Louis
ryan, James H., St. Louis
rvan, William T. K., St. Louis
urns, Francis, St. Louis
asey, Edwin J., St. Louis
ooper, T. J., St. Louis
ostello, Cyril, St. Louis
stello. J., St. Louis
eeths, Tony, St. Louis
e Ungria, Pablo C., St. Louis
evine, John B., St. Louis
eza, P. C., St. Louis
ick, Earl, St. Louis
olan, J. T., Jr., St. Louis
orton, Robert K., St. Louis
ubuque, T. J., Jr., St. Louis
dwards, James E., St. Louis
gan, Thomas, St. Louis
vens, Ronald, St. Louis
erman, E. L., St. Louis
llon, Richard, St. Louis
eley. Donald R., St. Louis
nk, LeRoy, St. Louis
nnegan, Joseph V., St. Louis
anklin, Max S., St. Louis
aser, Daniel M., St. Louis
Frederick, R. O., St. Louis
Freund, Samuel J., St. Louis
Friedrich, Ernst R., St. Louis
Fries, Armand D., St. Louis
Fries, John, St. Louis
Furla, Gus J., St. Louis
Gavini, Rajendra R., St. Louis
Geise, August W., St. Louis
Geisse, Guillermo, St. Louis
Gilula, Louis A., St. Louis
Giraparnont, Bang Orn, St. Louis
Gladney, John H., St. Louis
Grevel, Clement B., St. Louis
Gulick, Charles R., St. Louis
Gunn, Walter T., St. Louis
Hamilton, E. G., St. Louis
Hampton, Stanley F., St. Louis
Hanes, Lily Ann, St. Louis
Harrell, Alex, St. Louis
Hatfalvi, Bela I., St. Louis
Hawker, W. D., St. Louis
Hawkins, George L., St. Louis
Headrick, John A., St. Louis
Hill, XaCadene A., St. Louis
Hironimus, John E., St. Louis
Hilbert, Paul H., St. Louis
Hofstatter, Leopold, St. Louis
Hogan, P. C., St. Louis
Hunleth, Frank, St. Louis
Ishida, Yasuo, St. Louis
Jacob, Karl A., St. Louis
Jacobs, Charles C., St. Louis
Jones, Augustin, St. Louis
Jones, James H., St. Louis
Jones, Otey S., St. Louis
Judd, Donald, St. Louis
Kaminski, D. L., St. Louis
Kayes, Jack, St. Louis
Keller, Louis, St. Louis
Kelly, John J., St. Louis
Kendig, John H., St. Louis
Kerr, David N., St. Louis
Kim, Jong K., St. Louis
King, Francis C., St. Louis
King, John V., St. Louis
King, M. Kenton, St. Louis
Kinsella, Edward, St. Louis
Kinsella, Peter W., St. Louis
Knopf, Harry, St. Louis
Kodner, Ira J., St. Louis
Kowert, Edward H., St. Louis
Kuczer, Arnoldo, St. Louis
Lane, Clinton W., St. Louis
Lang, John J., St. Louis
Larsen, Virginia L., St. Louis
Liang, Howard S., St. Louis
Liao, Kun T., St. Louis

Third Councilor District *(Continued)*

Lieb, Francis X., St. Louis
Loeffel, Ellen, St. Louis
Logie, M. B., St. Louis
Londe, Alan M., St. Louis
Luedde, Philip S., St. Louis
McAlister, William H., St. Louis
McNamara, John J., St. Louis
MacDonald, Robert, St. Louis
Machek, Otakar, St. Louis
Maher, Thomas F., St. Louis
Maminta, Napoleon, St. Louis
Manasala, Antonio Q., Arnold
Manes, Jose L., St. Louis
Maranan, Diosdado L., St. Louis
Martin, David S., St. Louis
Max, Paul F., St. Louis
Mell, Roger, St. Louis
Mendelsohn, George E., St. Louis
Menendez, M. F., St. Louis
Mercado, R., St. Louis
Meyer, John S., St. Louis
Meyer, Melvin E., St. Louis
Michaelree, John F., St. Louis
Miller, Geoffrey, St. Louis
Milster, C. R., St. Louis
Monofo, William, St. Louis
Morris, Mary E., St. Louis
Mueller, C. E., St. Louis
Mueller, Robert, St. Louis
Nahmi, Chang, St. Louis
Nester, Charles A., St. Louis
Niedermeyer, George J., St. Louis
Nimmagadda, Haranadha B., St. Louis
Nishi, Toshio, St. Louis
Oetter, Donald L., St. Louis
O'Neal, Lawrence W., St. Louis
Ong, Eng Liat, St. Louis
Ong, Ofelia S., St. Louis
Orenstein, Joseph M., St. Louis
Ostapowicz, Frank, St. Louis
Ott, William J., St. Louis
Paletta, Theodore L., St. Louis
Paletta, Francis X., St. Louis
Partap, Prabha, St. Louis
Pennington, F. Eugene, St. Louis
Pernoud, F. G., St. Louis
Philpott, Gordon, St. Louis
Pittman, Gerald, St. Louis
Portuondo, B. C., St. Louis
Potter, Reese H., St. Louis
Presant, Cary, St. Louis
Pruett, B. S., St. Louis
Quick, Richard T., St. Louis
Rahman, Moududur, St. Louis
Rao, S. N., St .Louis
Reese, Lester T., St. Louis
Reisler, David M., St. Louis
Rhee, S. E., St. Louis
Ring, Edward M., St. Louis
Ritter, Hubert A., St. Louis
Rosell, Louis V., St. Louis
Roulhac, George E., St. Louis
Rusan, T. E., St. Louis
Ryan, Robert E., St. Louis
Schaan, Robert C., St. Louis
Schwartz, Henry G., St. Louis
Sciortino, John S., St. Louis
Scott, Elwin P., St. Louis
Scopelite, Joseph A., St. Louis
Shah, Anwar, St. Louis
Shaw, Edward J., St. Louis
Shen, Jerome T. Y., St. Louis
Sherwin, Charles, St. Louis
Signorelli, A. J., St. Louis
Sletten, Ivan, St. Louis
Smith, Kenneth, St. Louis
Soorya, Narendir T., St. Louis
Spalding. Donald G., St. Louis
Stanley, Robert J., St. Louis
Steele, J. T., St. Louis
Steinberg, Franz U., St. Louis
Stokes, James M., St. Louis
Stoneman, William, St. Louis
Sullivan, Clement J., St. Louis
Temporal, J. A., St. Louis
Thiel, J. Allen, St. Louis
Trotter, Francis O., Jr., St. Louis
Ulett, George, St. Louis
Velasco, Ernest T., St. Louis
Virant, John A., St. Louis
Wacker, Leo L., St. Louis
Walker, Francis S., St. Louis
Walker, J. Leslie, St. Louis
Wall, Emmett D., St. Louis
Wall, Lester, St. Louis
Walz, Bruce J., St. Louis
Whittico, James M., St. Louis
Williams, Carol F., St. Louis
Willis, H. Robert, St. Louis
Willman, Martin L., St. Louis
Winter, Tyrus D., St. Louis
Wissner, Seth. St. Louis
Wochner, R. Dean, St. Louis

Fourth Councilor District—105

Aff-Drum, Helen, St. Louis
Alvarez, Ulises C., St. Louis
Ayvazian, Vatche, St. Louis
Bailey, W. H., St. Louis
Baker, Donald L., Union
Balster, Vernon H., St. Louis
Barragan, Hector, St. Louis
Becker, Robert, St. Louis
Boles, C. Read, St. Louis
Bolinske, Robert E., St. Louis
Bonney, S. C., Washington
Brody, Arnold, St. Louis
Burstein, Robert, St. Louis
Callahan, D. E., St. Louis
Canty, E. J., St. Charles
Clayton, Jill M., St. Louis
Cohen, Frank, St. Louis
Cunningham, E. J., St. Louis
Davidson, Morris, St. Louis
Davis, Ed, St. Louis
Deles, Vicente D., Crystal City
Del Pizo, Ferdinand, Jr., St. Charles
Del Rosario, H. O., St. Louis
Diehr, M. A., St. Louis
Donley, Leo, Jr., St. Louis
Ecker, Decider, Pacific
Edwards, Waldo B., St. Louis
Eidelman, Jack R., St. Louis
Exarhou, Klark, St. Louis
Fabito, Daniel C., St. Louis
Fischer, John R., St. Louis
Fish, Richard, St. Louis
Floro, Mariano N., St. Louis
Fox, Leon J., St. Louis
Giraparnont, P., St. Louis
Grundmann, William H., St. Louis
Gupta, Jitendra K., St. Louis
Hallazgo, S. Y., St. Louis
Hammes, Roman E., Lake Saint Louis
Hardy, Guerdan, St. Louis
Hetlage, Louis P., Troy
Hughes, Robert G., St. Louis
Jain, Savitri, St. Louis
Jatala, Ijaz A., St. Louis
Johnson, Tom, Jr., St. Louis
Jottey, Richard, St. Louis
King, Eustace E., St. Louis
Laird, John, St. Louis
Lauber, Joseph J., St. Louis
Lewin, W. Howard, St. Louis
Lipschitz, Ervin, St. Louis
Lund, Robert H., St. Louis
Macleod, Angus, St. Louis
Magness, Guy N., St. Louis
Margolis, Richard, St. Louis
Meneses, Orlando G., St. Louis
Meyer, J., St. Louis
Middleton, Jerry N., St. Louis
Moellenhoff, Robert, Washington
Mueller, Robert J., St. Louis
Mullarky, W. A., St. Ann
Obando, Francisco J., Troy
Oglesby, Richard, St. Louis
Ohlms, David L., St. Louis
O'Keefe, Joseph, St. Louis
Peterson, Frederick D., St. Louis
Philip, Varkey, St. Louis
Phillips, Hanford, St. Louis
Phipatanakul, Chintana S., Florissant
Phipatanakul. Supote, St. Louis
Poggemeier, William H., St. Charles

Fourth Councilor District *(Continued)*

Powell, John A., St. Louis
Racadio, S. M., St. Louis
Rachlin, Maxwell, St. Louis
Reed, Leslie, St. Louis
Rendleman, David, St. Louis
Richardson, George A., Union
Richardson, W. R., Union
Rother, Paul H., St. Charles
Ruhling, Rudy, St. Louis
Rumelt, Michael B., St. Louis
Rutledge, John F., Crystal City
Schaerer, J. P., St. Louis
Schoentag, John S., St. Louis
Schwartz, Melvin M., St. Louis
Shea, James G., Washington
Sherman, W. Gary, St. Louis
Sisk, James C., St. Louis
Skilling, David M., Jr., St. Louis
Soucy, John C., Jr., St. Charles
Stein, Harry J., St. Louis
Steiner, A. J., St. Louis
Sutter, Richard A., St. Louis
Toon, Thomas J., St. Louis
Ulett, Pearl C., St. Louis
Umali, E. C., Washington
Vafi, H., St. Charles
Valach, Frank J., St. Louis

Fifth Councilor District—69

Ajans, Zaki A., Mexico
Allen, William C., Columbia
Almond, Carl H., Columbia
Anderson, Philip C., Columbia
Anderson, T. R., Columbia
Baker, A. S., Columbia
Baker, James M., Columbia
Black, Samuel P., Columbia
Bradshaw, W. D., Columbia
Byland, Samuel J., Wellsville
Chapel, James L., Columbia
Cooper, Charles W., Jefferson City
Craig, H. W., Columbia
Davis, Leonard, Jr., Mexico
Durst, Henry, Fulton
Eggers, G. W. N., Columbia
Ekern, H. Peter, Mexico
Esterly, James, Columbia
Exon, C. S., Jefferson City
Ford, Thomas E., Columbia
Fuchs, George, Columbia
Garner, Royal S., Jefferson City
Hart, William M., Columbia
Heimburger, Elizabeth, Columbia
Hoxworth, Gerald M., Mexico
Hubbell, Ira G., Columbia
Ide, Carl H., Columbia
Jackson, Vernon B., Fulton
Jolly, Ben N., Mexico
Joseph, D. J., Columbia
Kanagawa, Harold, Jefferson City
Kauffman, Ruth, Versailles
Keown, Kenneth, Columbia
Leeper, Claude K., Columbia
Litwiller, R. W., Columbia
Loyd, Earl L., Holts Summit
Lyle, Ray, Versailles
McCaffree, Mary K., Jefferson City
McCluer, Shirley, Columbia
Mackaman, Bert J., Columbia
Marco, Philip, Columbia
Matthews, John, Jefferson City
Millikan, L. E., Columbia
Mitchell, Frank L., Columbia
Moon, Agnes, Columbia
Moranville, B. A., Columbia
Perez-Mesa, Carlos, Columbia
Peterson, Charles R., Columbia
Pulliam, Morris, Columbia
Sanders, J. S., Jefferson City
See, William B., Columbia
Simonds, John F., Columbia
Siu, Kenneth, Jefferson City
Stauffer, Larry K., Jefferson City
Stephenson, Hugh E., Columbia
Struessel, Kenneth, Columbia
Summers, Joseph S., Jefferson City
Tanner, Robert H., Jefferson City
Thomas, Horace E., Columbia
Walters, John H., Columbia
Walters, Laura, Columbia
Washburn, J. Loren, Versailles
Watts, Byron E., Jefferson City
Watts, Clark, Columbia
Werth, Joseph A., Jefferson City
White, Joseph M., Columbia
Wilson, George P., Columbia
Yarbo, J. W., Columbia
Yeager, Helen, Columbia

Sixth Councilor District—26

Boydston, Catherine, Odessa
Boydston, Wayne, Odessa
Campbell, Albert J., Sedalia
Cook, Thomas B., Richmond
Edmonds, Robert W., Sedalia
Eklund, A. W., Pleasant Hill
Emert, Frank, Sedalia
Jones, Keith D., Warrensburg
Kelling, Jordan, Waverly
King, Richard H., Clinton
Knipschild, B. F., Marshall
LaHue, W. C., Lexington
Lederer, C. M., Warrensburg
McBurney, C. Alex, Slater
McCorkle, E. Lee, Marshall
Magee, Robert L., Eldorado Springs
Maxson, T. Reed, Warrensburg
Meyer, Jerry L., Concordia
Mou, Bin, Nevada
Pearse, Roy W., Nevada
Rayner, Richard, Marshall
Reid, James A., Marshall
Riley, Charles T., Richmond
Smith, James O., Clinton
Torontow, R. John, Nevada
Wray, Rolla B., Nevada

Seventh Councilor District—83

Adler, Federico, Kansas City
Amoury, Raymond, Kansas City
Arst, H. E., Kansas City
Ashby, Jennifer, Kansas City
Baer, A. J., Kansas City
Barloon, J. H., Kansas City
Bauer, Lafe W., Prairie Village, Kan.
Beatty, Arch J., Mission, Kan.
Brown, Menzie, Kansas City
Buhler, Victor B., Kansas City
Calfrey, Raymond J., Kansas City
Chandler, R. Allen, Kansas City
Childs, Donna, Kansas City
Childs, Richard M., Kansas City
Clark, I. H., Grandview
Cortner, Mary C., Kansas City
Crow, Martin L., Kansas City
Davidson, Kendrick C., Leawood, Kan.
Deeken, James, Kansas City
Devins, George, Kansas City
Engelmann, C. E., Kansas City
Evans, Lawrence L., Kansas City
Fowler, Fred D., Kansas City
Freeman, Jerry C., Kansas City
Fritzlen, Thomas J., Kansas City
Garthier, Charles P., Kansas City
Graham, Wallace H., Kansas City
Griffith, John A., Kansas City
Hartwig, F. H., Kansas City
Hazen, Robert M., Kansas City
Herman, Edwin M., Kansas City
Hickerson, William H., Independence
Hoadley, William D., Kansas City
Holman, Joseph, Kansas City
Hyde, L. L., Kansas City
Johnson, Dallas, Kansas City
Jonas, Harry S., Kansas City
Kaft, Nicola, Kansas City
Kelling, Douglas, Overland Park, Kan.
Kerr, H. Harper, Kansas City
Lindren, C. J., Kansas City
Link, Vance E., Independence
McCanse, Andrew, Kansas City
McIntosh, Donald, Kansas City

Seventh Councilor District *(Continued)*

MacGee, Edwin E., Kansas City
MacInnis, Floreuce E., Kansas City
Mallow, James F., Kansas City
Medlicott, William J., Kansas City
Miller, Gerald L., Kansas City
Morgan, David B., Kansas City
Morgan, W. R., Kansas City
Munyan, E. A., Kansas City
Ozar, Milton B ., Kansas City
Pakula, Sidney F., Kansas City
Piepergerdes, Larry G., Kansas City
Potts, Donald A., Independence
Racela, Antonio S., Kansas City
Robinett, Wade V., Kansas City
Rubin, Harvey P., Kansas City
Sabates, Felix N., Kansas City
Sauer, Gordon C., Kansas City
Schottman, G. W., Kansas City
Slickman, R. A., Kansas City
Smith, Othello Dale, Kansas City
Sneid, Philip, Kansas City
Spalding, Wilber B., Kansas City
Stelmach, W. J., Kansas City
Tillema, David, Kansas City
Tuohy, G. F., Kansas City
Vergarand, Gerardo G., Kansas City
Villanueva, Angela A., Prairie Village, Kan.
Volk, Goerge, Kansas City
Wade, Frederick, Kansas City
Wall, Harry C., Kansas City
Weir, Robert K., Kansas City
Wells, John H., Kansas City
Williams, George P., Kansas City
Willoughby, James W., Kansas City
Woods, S. Dwight, Kansas City
Youll, Donald, Kansas City
Youmans, Ronald A., Kansas City
Young, James E ., Kansas City
Youngblood, James P., Kansas City

Eighth Councilor District—72

Anthony, Dallas D., Springfield
Ash, Charles, Springfield
Ashley, Thomas E., Springfield
Back, Donald K., Springfield
Benson, Ronald G., Springfield
Betz, Richard J., Neosho
Betz, Robert F., Neosho
Bonebrake, M. D., Springfield
Brent, Lanny R., Springfield
Brown, James T., Springfield
Burkey, Jordan W., Springfield
Clark, Michael J., Springfield
Clary, William F., Springfield
Cory, F. M., Springfield
Crighton, John C., Springfield
DeTar, B. E., Joplin
Dixon, Herbert K., Joplin
Domann, Darrel D., Springfield
Esparrago, F. R., Monett
Esther, John, Joplin
Ferguson, John P., Springfield
Ferrell, Thomas, Springfield
Gaston, Sam L., Joplin
German, W. A., Springfield
Glover, Kenneth, Mt. Vernon
Griffin, Evelyn, Riverfront
Griffin, O. A., Buffalo
Gwin, Edward, Springfield
Hall, David W., Springfield
H'Doubler, F. T., Springfield
H'Doubler, Peter B., Springfield
Hilton, Paul E., Joplin
Huewe, Douglas, Springfield
Hurst, Daniel, Columbia
Husain, Arshad, Columbia
Ivy, Berry, Springfield
Jameson, James E., Springfield
Key, James S., Springfield
Knabb, Kenneth E., Springfield
Lemmon, George, Jr., Springfield
Lockhart, Charles E., Springfield
Loeb, Richard, Springfield
Lorenc, Ernest, Springfield
Lurie, Hal, Springfield
Lynch, Thomas W., Springfield
McAlhany, Howard, Springfield
McCraw, Doyle, Bolivar
Macdonnell, Thomas, Marshfield
Maher, Robert W., Springfield
Milne, Jay L., Springfield
Moore, DeArmond, Springfield
Olson, E. Rule, Springfield
Overend, Don S., Springfield
Paddock, Charles S., Joplin
Penninger, W. H., Springfield
Peterson, Stanley S., Springfield
Quinn, Paul S., Springfield
Roberts, Howard, Joplin
Roper, S. D., Ozark
Sammon, T. J., Springfield
Silsby, Don J., Springfield
Simpson, Emerson L., Springfield
Singleton, Marvin, Joplin
Spalding, D. L., Springfield
Sweeney, Thomas P., Springfield
Vensel, Lee H., Springfield
Walker, William M., Springfield
Warres, Herbert L., Springfield
Whitlock, C. C., Springfield
Willcoxon, Robert, Joplin
Wooldridge, Wilfred E., Springfield
Wommack, Fred L., Crane
Wyrsch, Leo M., Springfield

Ninth Councilor District—18

Bhati, Deo K., Salem
Cooper, Claude W., Thayer
Dreyer, William F., Houston
Froelich, R. W., Lebanon
Grannemann, H. Neal, Rolla
Hasek, James A., Mountain Grove
Langevin, Jack A., West Plains
Morgan, W. T., West Plains
Pojanasomboon, Pichat, Rolla
Runez, Manuel W., Houston
Russell, Barbara E., Rolla
Shukla, J., Salem
Smith, C. Franklin, Willow Springs
Spears, Joe, Cabool
Stricker, E. A., St. James
Tang, T. C., Salem
White, Eugene F., Rolla
Wiles, Jack N., West Plains

Tenth Councilor District—35

Ahlvin, Robert C., Sikeston
Burford, E. K., Cape Girardeau
Camp, Richard V., Poplar Bluff
Canlas, E. M., Poplar Bluff
Chapman, J. A., Cape Girardeau
Cozean, Charles H., Cape Girardeau
Dunmire, George Z., Kennett
Farmer, Norma D., Farmington
Fischer, Theodore, Altenburg
Frazier, R. L., Sikeston
Gray, Walter C., Farmington
Hansbrough, E. T., Poplar Bluff
Heeb, Max, Sikeston
Holcomb, John K., Cape Girardeau
Hunt, Robert S., Cape Girardeau
Johnson, E. D., III, Cape Girardeau
Jung, J. Marshall, Cape Girardeau
Kandalaft, Faud, Dexter
Kasten, Melvin, Cape Girardeau
Laatsch, Robert H., Poplar Bluff
Ladyman, George H., Poplar Bluff
Masters, Ed, Sikeston
Mullen, Jack, Bonne Terre
Ramirez, Ricardo, Poplar Bluff
Ritter, Raymond A., Cape Girardeau
Ritter, Raymond A., Jr., Cape Girardeau
Ruff, T. Eugene, Poplar Bluff

Tenth Councilor District *(Continued)*

Sargent, John P., Sikeston
Talaban, Raymond, Fredericktown
Talbert, C. R., Cape Girardeau
Taylor, Van W., Bonne Terre
Terry, J. W., Cape Girardeau
Tuma, A. T., Poplar Bluff
Turner, Kirby, Poplar Bluff
Vibulakaopun, Pairat, Bonne Terre

Guest Physicians—94

Alias, Susy, Columbia
Auer, Richard L., Las Vegas, Nev.
Avery, Wilbur G., South Miami, Fla.
Bernards, Walter C., Portland, Ore.
Brown, David E., Dayton, Ohio
Bront, Thomas A., West Des Moines, Ia.
Brucker, Wilma K., Columbia
Buckingham, Richard A., Chicago, Ill.
Budd, John H., Cleveland, Ohio
Callahan, Daniel J., St. Louis
Campbell, Allan C., Peoria, Ill.
Chernosky, Marvin, Houston, Tex.
Chow, David, Bloomington, Ill.
Cole, Theodore, Minneapolis, Minn.
Cooper, Theodore, Bethesda, Md.
Crane, James P., St. Louis
Cruz, Marcos, St. Louis
Deckert, Gordon, Oklahoma City, Okla.
DiTraglia, Frank, Far Hills, N. J.
Dunagin, William G., Columbia
Essex, Alexander, Great Britain
Falko, James M., Fort Worth, Tex.
Galloway, Gregg M., Coraville, Ia.
Giehelhausen, Eric, Rock Hill
Goldstein, Bernard, St. Louis
Graves, Kathryn S., Prairie Village, Kan.
Grogg, Edward P., Urbana, Ill.
Gun, Victoria. Columbia
Hahn, Mike, Columbia
Hanshaw, William J., Quincy, Ill.
Harris, Elizabeth S., St. Louis
Hart, John L., Columbia
Hurwitz, C. Norman, Iowa City, Ia.
Johnson, Henry G., St. Louis
Johnson, J. Martin, Belleville, Ill.
Johnson, Michael K., Bridgeton
Grayson, Leonard D., Quincy, Ill.
Jones, Robert S., Columbia
Kattus, Albert A., Los Angeles, Calif.

Guest Physicians *(Continued)*

Kawanove, Setsuo, Flossmoor, Ill.
Knutson, Lee, Monroe, Wis.
Koss, Leopold G., Bronx, N. Y.
Kretchmar, Alan, St. Louis
Lee, B. M., Normal, Ill.
Lefrank, Stephen, St. Louis
Lewis, Robert D., St. Louis
Luger, Alan, Columbia
Lytton, George J., Hastings, Neh.
McElfresh, Arthur, St. Louis
Martin, Robert L., St. Louis
Mayes, Ben R., Jr., St. Louis
Melton, Ruby R., Chesterfield
Menendez, Silvana, Ballwin
Mezoff, John M., Columbia
Monteleone, Patricia, St. Louis
Montgomery, W. O. Paducah, Ky.
Moore, Morris, St. Louis
Mosquera, Z. T., Clarendin Hills, Ill.
Newton, Patricia A., St. Louis
Oversby, Charles E., Lebanon, Ill.
Palermo, Vincent G., St. Louis
Palmer, Russell H., Palmyra
Paul, John, Carmel, California
Putterman, Allen, Chicago, Ill.
Rau, Jerold M., Kansas City, Kan.
Rodgers, Dorothy L., Columbia
Roller, James, Columbia
Roney, J. W., Lebanon Junction, Ky.
Ryall, Jo-Ellyn M., St. Louis
Saadatnejadi, Zahra, Columbia
Sabet, A., St. Louis
Saifee, Shameem, St. Louis
Schulman, Jeff, St. Louis
Shair, Hillard M., Quincy, Ill.
Short, Charles D., St. Louis
Sneid, David St., St. Louis
Somani, I. K., Merrillville, Ind.
Sommer, Robert W., Libertyville, Ill.
Sundaram, M,, St. Louis
Tchou, Howard P., O'Fallon, Ill.
Temporal, Adelaide Almeda, St. Louis
Thomas, Antoinette G., Carbondale, Ill.
Thurston, Donald L., St. Louis
Tichenor, Rowan E., Kansas City, Kan.
Tweedal, Daniel C., Evansville, Ind.
Varela, F., Moline, Ill.
Velez, Mario, St. Louis
Vicik, Gary J., Belleville, Ill.
Waters, C. N., Salina, Kan.
Wenger, Nanette K., Atlanta, Ga.
Whitley, Douglas M., Overland Park, Kan.
Wolharsht, Richard, St. Louis
Wrigley, Wayne O., Port Charlotte, Fla.
Yoselevsky, Robert S., St. Louis

There were 681 members, 94 guest physicians, 173 exhibitors, 205 Woman's Auxiliary, 160 guests and 20 staff members. Total registration was 1,333.

119TH ANNUAL SESSION EXHIBITORS

. W. Alban & Company, Inc., St. Louis
merican Medical Facilities Corporation, Maryland Heights
yerst Laboratories, New York, N. Y.
iomedical Laboratories, Inc., Burlington, N. C.
io-Science Laboratories, St. Louis
lue Cross-Blue Shield, St. Louis-Kansas City
oehringer Ingelheim, Ltd., Elmsford, N. Y.
rand & Company, St. Louis
ristol Laboratories, Syracuse, N. Y.
ancer Research Center, Columbia
iba Pharmaceutical Company, Kansas City
hromalloy Office Equipment Company, St. Louis
oca-Cola USA, Chicago, Ill.
ata Service Agency, Inc., Maryland Heights
he Doctors House, Division of Midwest Medical Supply, Maryland Heights
urrell Security, Inc., St. Louis
lectronic Communications Ltd., St. Louis
ncyclopaedia Britannica, Inc., Chicago, Ill.
orrest T. Jones & Company, Inc., Kansas City
red S. James & Company of Missouri, Inc., Kansas City
oechst-Roussel Pharmaceuticals, Inc., Somerville, N. J.
omemakers Upjohn, Kalamazoo, Mich.
nvestment Management & Research, Inc., St. Louis
hnson & Johnson, New Brunswick, N. J.
he Key Company, St. Louis
emmon Pharmacal Company, Sellersville, Pa.
Life Support Equipment Corporation, Woburn, Mass.
McNeil Laboratories, Inc., Fort Washington, Pa.
The Medical Protective Company, Fort Wayne, Ind.
Meyer Laboratories, Inc., Fort Lauderdale, Fla.
Medical Defense Associates, Ltd.—Missouri Malpractice Managers, Springfield
Missouri National Guard, Jefferson City
Missouri State Medical Insurance, Inc., Jefferson City
Munns Medical Supply Company, Topeka, Kan.
Organon Pharmaceuticals, West Orange, N. J.
Phone-A-Gram System, Inc., San Francisco, Calif.
Rowell Laboratories, Inc., Baudette, Minn.
Sandoz Pharmaceuticals, East Hanover, N. J.
Schering Corporation, Dallas, Tex.
Searle Laboratories, Chicago, Ill.
Seiler Instrument & Manufacturing Company, Inc., St. Louis
Smith Kline Clinical Laboratories, Inc., Creve Coeur
Smith Kline & French Laboratories, Philadelphia, Pa.
Bureau of Disability Insurance, Social Security Administration, Kansas City
Southern Medical Association, Birmingham, Ala.
Stuart Pharmaceuticals, Wilmington, Del.
Syntex Laboratories, Inc., Palo Alto, Calif.
Tab Products Company, St. Louis
United Medical Equipment Company, Kansas City
The Upjohn Company, Kalamazoo, Mich.
Wyeth Laboratories, Philadelphia, Pa.

In lieu of Exhibits, the following firms made cash donations to assist in the sponsorship of Scientific Sessions:

Eli Lilly and Company, Indianapolis, Ind.
Geigy Pharmaceuticals, Ardsley, N. Y.
Mead Johnson Laboratories, Evansville, Ind.
Merck Sharp and Dohme, West Point, Pa.
Parke, Davis and Company, Detroit, Mich.
A. H. Robins Company, Richmond, Va.
Roche Laboratories, Nutley, N. J.

Missouri State Medical Foundation

Minutes of the Annual Meeting
Stouffer's Riverfront Towers, St. Louis
April 15, 1977

The meeting was called to order at 3:30 PM by Albert D. Cross, M.D., President. A quorum was declared present.

Dr. Cross stated that the minutes of the 1976 Annual Meeting in Kansas City on April 2 had been published in the July 1, 1976 issue of MISSOURI MEDICINE. The minutes were approved as published.

Dr. Cross directed attention to the financial statement of the Foundation as of Dec. 31, 1976, which reads as follows:

MISSOURI STATE MEDICAL FOUNDATION
DECEMBER 31, 1976

LENNERTSON & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

ST. LOUIS, MISSOURI 63144

January 28, 1977

Missouri State Medical Foundation
113 Madison
Jefferson City, Missouri 65101

Gentlemen,

An examination was made of the balance sheet of Missouri State Medical Foundation as of December 31, 1976, and the related statements of support, revenue and expenses and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the aforementioned statements present fairly the assets and liabilities of Missouri State Medical Foundation at December 31, 1976, arising from cash transactions, and the revenues collected and expenditures made by it during the year ended, on a basis consistent with that of the preceding year.

Yours very truly,
LENNERTSON & COMPANY

EXHIBIT A

Missouri State Medical Foundation
Balance Sheet (Cash Basis), December 31, 1976

Assets		
Cash		
Checking Account	$ 51,102.42	
Savings Account #05842586	46,371.63	
Total Cash		$ 97,474.05
Loans Receivable from Medical Students	$625,318.98	
Less Reserve for Losses	9,248.10	616,070.88
		$713,544.93
Fund Reserve		
Balance January 1, 1976		$654,454.17
Additions for the Year 1976		
Interest on Student Loans	$ 11,896.66	
Interest on Bank Deposits	2,371.48	
Contributions (detailed below)	14,834.57	
Assessment of Members, Active $10.00	41,435.00	70,537.71
		$724,991.88
Less Expenses for the Year 1976		
Administrative Services	$ 6,600.00	
Professional Fees	600.00	
Printing, Meeting and Misc. Expense	441.05	
Provision for Losses on Student Loans	3,805.90	11,446.95
		$713,544.93

Contributions	
Albert C. Cross, M.D.	$ 100.00
Max S. Franklin, M.D.	100.00
Woman's Auxiliary to MSMA	300.00
Woman's Auxiliary to MSMA	1,287.54
Woman's Auxiliary to Pettis County Medical Society	100.00
Woman's Auxiliary to Jackson County Medical Society	100.00
Estate of Mae Gay Schwab in memory of George Gay, M.D.	10,000.00
Sub Total	$11,987.54
Contributions under $100 each	2,847.03
Total Contributions	$14,834.57

Missouri State Medical Foundation
Notes to Financial Statements
December 31, 1976

1. *Income.* Accrued interest on outstanding loans at December 31 1976 amounted to $39,889.74 and is not included in the loa balances in Exhibit A.

2. *Student Loans.* Summary of Loans Receivable.

Loans Receivable January 1, 1976	$567,407.8
Uncollectible Loan Reinstated	464.8
	$567,872.7
Loans made during the year	111,350.0
	$679,222.7
Less Loan Repayments	49,778.7
	$629,443.9
Deceased Student Loan	3,625.0
Uncollectible Loans Charged Off	500.0
Loans Receivable December 31, 1976	$625,318.9

3. *Reserve for Losses.* This reserve is carried to offset uncollectibl loans and to charge off student loan balances in the event of deat of the borrower.

A motion to approve the 1976 financial statement wa seconded and approved.

Dr. Mary K. McCaffree, Chairman of the Nominatin Committee, presented the names of two members nominate to serve on the Board of Trustees for five-year terms. Dr Mary E. S. Case was nominated to replace Dr. Charle R. Doyle, who has served on the Board of Trustees sinc 1960, when the Missouri State Medical Foundation was established. Dr. Miles Whitener was nominated for reelectio to serve another five-year term on the Board.

Both nominees were elected unanimously.

The Ex-Officio member of the Board will be Dr. Howar J. McAlhany, the incoming President of the Missouri Stat Medical Association.

The President then called for introduction of new business. There being no new business, he announced that meeting of the MSMF Board of Trustees would immediatel follow the Annual Meeting of the Missouri State Medica Foundation.

The meeting was adjourned.

Minutes of MSMA
Board of Trustees Meeting
Stouffer's Riverfront Towers, St. Louis
Friday, April 15, 1977

The meeting of the Board of Trustees of the Missou State Medical Foundation was called to order by Albert D Cross, M.D., President, immediately after the adjournmen of the Annual Meeting.

The first order of business was the election of officers. O behalf of the Nominating Committee, Dr. Mary K. McAffree, Chairman, nominated the following slate of officers fo one-year terms:

President—Albert D. Cross, M.D., Trenton

Vice-President—Miles C. Whitener, M.D., St. Loui County

Secretary-Treasurer—Robert H. Tanner, M.D., Jefferso City

Assistant Secretary—Ron Ellison, MSMA Staff, Jefferso City

It was moved, seconded and approved that these officer be elected by acclamation.

Mr. Ellison reported that the MSMF had received contributions of $14,834.57 in 1976. This amount include $10,000 from the estate of Mae Gay Schwab.

After discussion, it was decided to continue to solicit co tributions and memorial donations from the full membership of the MSMA through communications to be published in Missouri Medicine.

Dr. Tanner, Secretary-Treasurer, discussed the suggested purchase of a check writer to be used in the signing of the Foundation checks. The motion to approve the purchase of an appropriate check writing machine was seconded and carried.

There was a discussion regarding the Student Loan Approval Committee. It was pointed out that if the three members to be appointed to this Committee live in Jefferson City, the convenience of their close proximity to each other and the MSMA headquarters office will increase the efficiency of that Committee and eliminate travel time and expenses of previous years. A motion to adopt this suggestion was seconded and carried.

There being no further business, the meeting was adjourned.

The Council Reports

Meeting of April 17, 1977

Howard J. McAlhany, M.D., Springfield, President, and Andrew McCanse, M.D., Kansas City, Chairman, presided at the meeting at Stouffer's Riverfront Towers in St. Louis. Those present were Drs. McAlhany and McCanse; John N. Martin, St. Joseph; John I. Matthews, Jefferson City; James Stokes, St. Louis; Max S. Franklin, St. Louis; Richard Hedges, Excelsior Springs; John Walterscheid, Hannibal; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Walter German, Springfield; Claude W. Cooper, Thayer; E. T. Hansbrough, Poplar Bluff; Roy W. Pearse, Nevada; Gary Dyer, St. Joseph; Mary McCaffree, Jefferson City; I. H. Clark, Kansas City; Marvin Singleton, Joplin; Jack Wiles, West Plains; Mr. Ron Garrett, St. Louis; Mr. Roger Weis, Kansas City; Messrs. Royal O. Cooper, C. C. Swarens, Ron Ellison, Don Wilson and John Kuebler, Jefferson City, Staff.

ELECTION OF OFFICERS

President McAlhany opened the organizational meeting of the Council and introduced the new Councilors, who are Dr. Richard Hedges, Excelsior Springs, First District and Dr. John Walterscheid, Hannibal, Second District. He also extended his congratulations to the Councilors who were re-elected. They are Drs. Louis P. Hetlage, Troy, Fourth Disrict; R. John Torontow, Nevada, Sixth District; Walter A. German, Springfield, Eighth District; and Eugene T. Hansbrough, Poplar Bluff, Tenth District.

Dr. Andrew McCanse was elected Chairman of the Counil and thereby became the presiding officer.

Dr. Richard V. Bradley was elected Vice-Chairman of the Council, Dr. John I. Matthews was elected Secretary and Dr. James M. Stokes was elected Treasurer.

Dr. McCanse introduced the newly elected Vice-Councilors, who are Drs. Gary Dyer, St. Joseph, First District; Patricio Avila, Hannibal, Second District; Richard Fallon, t. Louis, Third District; Frederick Peterson, St. Louis County, Fourth District; Mary McCaffree, Jefferson City, Fifth District; Roy Pearse, Nevada, Sixth District; Irving H. Clark, Kansas City, Seventh District; Marvin A. Singleton, oplin, Eighth District; Jack Wiles, West Plains, Ninth Disrict and George H. Ladyman, Poplar Bluff, Tenth District.

OFFICE OF MSMA VICE-PRESIDENT

Dr. Cooper indicated that over the years, the MSMA has ad excellent vice-presidents of MSMA and it seems that heir knowledge and experience should be used to assist the ssociation. He said that he would like to see the vice-presdents become more involved in the Association affairs. Dr. Hetlage stated that he felt that the vice-presidents should e kept aware of the ongoing business of the society and at least one of the vice-presidents should be invited to Council Meetings. Following a brief discussion, the motion was made, seconded and carried that a vice-president of the MSMA, designated by the President, be requested to attend all Council Meetings, until such time as a study of the vice-president situation can be made. His expenses are to be paid as an encouragement for him to attend the meetings. The Chairman is to appoint a committee to study this entire vice-president situation.

VICE-COUNCILOR ATTENDANCE AT COUNCIL MEETINGS

A question was raised regarding the vice-councilors' attendance at Council Meetings. The Chairman pointed out that vice-councilors will be invited to attend all Council Meetings. However, the MSMA will only assume the expenses of the vice-councilor if he is acting in the Councilor's absence.

BUDGET AND FINANCE COMMITTEE

Chairman McCanse indicated that he would appoint a Budget and Finance Committee for 1977-1978 before the next Council Meeting.

NEXT COUNCIL MEETING

The next meeting of the MSMA Council will be held on Friday evening, June 3 and Saturday, June 4 at the Ramada Inn in Jefferson City.

Dr. Richard V. Bradley, St. Louis *(left)*, was elected Vice-Chairman and Dr. Andrew McCanse, Kansas City, was elected Chairman of the MSMA Council at the meeting which followed the 119th Annual Session.

If the AMA didn't speak for the profession, who would?

Who would speak for the profession on the 2,500 health bills introduced in every Congress? Or the regulations issued by federal agencies?

Who would state the profession's views on national health insurance? Utilization Review Regulations? The Health Planning Act of 1974? Maximum Allowable Cost Regulations? Health Manpower?

Who would provide the scientific input and the practitioner's experience and knowledge so essential to legislation on drugs, cancer, heart disease, communicable diseases? Can you think of anyone?

The fact is, there is only one organization th
can — and does — speak for the profession as
whole. The AMA.

It does so to protect the basic freedoms
medical practice in any federal health progra
that might be enacted; and even more importar
to promote legislation for better health care f
the entire public.

The AMA's voice can only be as strong as th
members of the profession choose to make
With your support, the AMA can be even mo
effective spokesman.

AMA
AMERICAN MEDICAL ASSOCIATION

Join us.
We can do much more together.

Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name ____________________

Address ____________________

City/State/Zip ____________________

New Members

Justo J. Cabanas, M.D., 1314 N. 38th, Suite 105, Kansas City, Kansas 66102, has become a member of Jackson County Medical Society. Dr. Cabanas is a native of Havana, Cuba. He received his M.D. degree at the Madrid University Medical School in 1965. He specializes in psychiatry.

Victor G. Clever, M.D., 10007 Kennerly Rd., St. Louis 63128, has become a member of the St. Louis County Medical Society. Dr. Clever is a native of St. Louis, received his preliminary education at St. Louis University and his M.D. degree at the University of Missouri-Columbia in 1971. He specializes in ophthalmology.

Isbella S. Collins, M.D., 1716 Kenmont Rd., St. Louis 63124, has become a member of the St. Louis Medical Society. Dr. Collins is a native of Nebraska, received her preliminary education at Vassar College and her M.D. degree at Johns Hopkins University in 1950. She specializes in anesthesiology.

Gamal Garas, M.D., 2109 Cedaroyal Dr., St. Louis 63131, has become a member of the St. Louis Medical Society. Dr. Garas is a native of Egypt. He received his M.D. degree at the Faculty of Medicine, Cairo, Egypt in 1962. He specializes in anesthesiology.

Roche P. Ramos, M.D., 2105 Independence Blvd., Kansas City 64124, has become a member of Jackon County Medical Society. Dr. Ramos is a native f Manila, Philippines, received his preliminary ducation at Manila Central University and his M.D. degree at Manila Central University in 1965. He specializes in pathology.

Christine A. Robb, M.D., 615 W. 3rd, Lee's ummit 64063, has become a member of Jackson County Medical Society. Dr. Robb is a native of t. Louis, received her preliminary education at Mills College and her M.D. degree at Indiana Uniersity in 1971. She is in general practice.

Philip Robbins, M.D., 621 S. New Ballas Rd., St. ouis 63141, has become a member of St. Louis Medical Society. Dr. Robbins is a native of Louiana, received his preliminary education at the niversity of Southwestern Louisiana, and his M.D egree at Washington University in 1968. He specializes in general surgery.

Barry D. Rutherford, M.D., 4320 Wornall Rd., ansas City 64111, has become a member of Jackson County Medical Society. Dr. Rutherford is a native of New Zealand, received his preliminary education at Otago University and his M.D. degree at Otago Medical School in 1963. He specializes in cardiovascular diseases.

Shanmugasundaram Sabapathy, M.D., Medical Arts Bldg., Joplin 64801, has become a member of Jasper County Medical Society. Dr. Sabapathy is a native of India, received his preliminary education at Madras Medical College and his M.D. degree at Madras Medical College in 1966. He specializes in internal medicine.

John Samet, M.D., 950 Francis Place, St. Louis 63105, has become a member of St. Louis Medical Society. Dr. Samet is a native of St. Louis, received his preliminary education at Washington University and his M.D. degree at the University of Missouri in 1968. He specializes in internal medicine.

Vimala Seshumurty, M.D., 2310 E. Linwood Blvd., Kansas City 64109, has become a member of Jackson County Medical Society. Dr. Seshumurty is a native of India, received his preliminary education at Lady Doak College and his M.D. degree at Christian Medical College in 1971. He specializes in pediatrics.

Hansa J. Shah, M.D., 2415 N. Kingshighway, St. Louis 63113, has become a member of St. Louis Medical Society. Dr. Shah is a native of India, received her preliminary education at A Lady Brabourne College and her M.D. degree at R. G. Kar Medical College in 1972. She specializes in pathology.

James T. Shaw, M.D., 18th & Wein St., Hermann 65041, has become a member of Franklin-Gasconade-Warren County Medical Society. Dr. Shaw is a native of Hermann, received his preliminary education at Westminster College and his M.D. degree at Washington University in 1971. He is in family practice.

Richard C. Shaw, M.D., 216 S. Kingshighway, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Shaw is a native of Kansas, received his preliminary education at the University of Iowa and his M.D. degree at Washington University in 1967. He specializes in cardiothoracic surgery.

Dong-Soo Shin, M.D., 309 N. Rollins, Macon

63552, has become a member of Chariton-Macon-Monroe-Randolph County Medical Society. Dr. Shin is a native of Korea, received his preliminary education at Kyungbook National University and his M.D. degree at Kyungbook National University in 1965. He specializes in general surgery.

Joseph J. Soha, Jr., M.D., 510 Onofria Ct., Columbia 65201, has become a member of Boone County Medical Society. Dr. Soha is a native of Pennsylvania, received his preliminary education at St. Peter's College and his M.D. degree at Creighton University in 1970. He specializes in radiology.

Uma Devi Sopori, M.D., 5400 Arsenal, St. Louis 63139, has become a member of St. Louis Medical Society. Dr. Sopori is a native of India, received his preliminary education at S.P.W. College and his M.D. degree at Kurnool Medical College in 1969. He is in general practice.

Frederick C. Stidman, Jr., M.D., 3107 McClelland Blvd., Joplin 64801, has become a member of Jasper County Medical Society. Dr. Stidman is a native of Baltimore, Md., received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1970. He specializes in pediatrics.

Maxwell W. Steel, Jr., M.D., P.O. Box 1159, Kansas City 64141, has become a member of Jackson County Medical Society. Dr. Steel is a native of Huntingdon, Pa., received his preliminary education at Haverford College and his M.D. degree at Jefferson Medical College in 1944. He specializes in internal medicine.

David R. Stewart, M.D., 39th and Rainbow Blvd., Kansas City, Kan. 66103, has become a member of Jackson County Medical Society. Dr. Stewart is a native of Boston, Mass., received his preliminary education at Harvard University and his M.D. degree at Rochester School of Medicine in 1964. He specializes in pediatric surgery.

Chalaw Sunwanabhand, M.D., 200 W. Chestnut, Butler 64730, has become a member of West Central Medical Society. Dr. Sunwanabhand is a native of Thailand, received his preliminary education at Chulalongkorn University and his M.D. degree at the University of Medical Science in 1957. He is in family practice.

★
Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction
THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Bargmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

Daniel S. Whitman, M.D., 2411 Holmes, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Whitman is a native of New York, received his preliminary education at Harvard College and his M.D. degree at Albert Einstein College in 1973. He specializes in internal medicine.

John A. Wood, M.D., 4910 Forest Park Ave., St. Louis 63108, has become a member of St. Louis County Medical Society. Dr. Wood is a native of Elk City, Okla., received his preliminary education at Oklahoma University and his M.D. degree at Oklahoma University in 1968. He specializes in internal medicine.

Darrell E. Zeller, M.D., 4620 J. C. Nicols Parkway, Kansas City 64112, has become a member of Jackson County Medical Society. Dr. Zeller is a native of Kansas City, Kan., received his preliminary education at St. Louis University and his M.D. degree at the University of Kansas in 1974. He specializes in obstetrics and gynecology.

Charles H. Zerr, M.D., 1515 W. Truman Rd., Independence 64050, has become a member of Jackson County Medical Society. Dr. Zerr is a native of Independence, received his preliminary education at the University of Kansas in 1965 and his M.D. degree at the University of Kansas in 1970. He specializes in internal medicine.

In Memoriam

John W. Stewart, M.D., Rt. 1, Ewing, Ill. 62836, a graduate of St. Louis University, 1915; member St. Louis Medical Society; age 85; died May 5, 1977.

Thomas A. Coates, M.D., 1200 S. Big Bend, St. Louis 63117, a graduate of St. Louis University, 936; member St. Louis County Medical Society; ge 69; died June 11, 1977.

Glen J. Tygett, M.D., 727 Bellevue, Apt. 4B, Cape Girardeau 63701, a graduate of the University of Illinois, 1924; member Cape Girardeau County Area Medical Society; age 80; died June 13, 1977.

F. Richard Crouch, M.D., 715 Ste. Genevieve, Farmington 63640, a graduate of Washington University, 1936; member Mineral Area Medical Society; age 65; died June 17, 1977.

Bennett Y. Alvis, M.D., 211 N. Meramec, St. Louis 63105, a graduate of St. Louis University, 1918; member St. Louis Medical Society; age 93; died June 18, 1977.

John H. Wheeler, M.D., 4320 Wornall Rd., Kansas City 64111, a graduate of Louisville Medical College, 1934; member Jackson County Medical Society; age 70; died June 22, 1977.

Remember These Dates!

The 120th

ANNUAL SESSION

of the
Missouri State Medical Association
will be held on

APRIL 13-16, 1978

Crown Center Hotel
Kansas City

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Burroughs Wellcome	Insert (300-301)	Munns Medical Supply	28
Daneman Laboratories	279	Pennwalt Corporation	Insert (316-317
Fred S. James & Co. of Missouri, Inc.	329	Roche Laboratories	278, Insert (300-301), 355, 35
Eli Lilly & Company	284	Roerig	Insert (280-281
Medical Protective Company	352	Smith Kline & French	Insert (300-301
Merck Sharp & Dohme	291, 292	The Upjohn Company	Insert (280-281

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

EMERGENCY ROOM PHYSICIANS—To join three full-time physicians in busy Emergency Room—36,000 visits per year. Rotating shifts, liberal compensation, paid vacation and educational leave. Insurance provided. Suburban living in Greater St. Louis area at St. Joseph Hospital, St. Charles, Missouri 63301. Contact G. J. Duling, M.D. (314) 946-6811.

PHYSICIAN TO ASSIST AT SURGERY—500-bed, JCAH-accredited hospital. Missouri license required. Attractive salary and fringe benefits, including malpractice insurance. Contact Department of Medical Education, Lutheran Medical Center, 2639 Miami St., St. Louis, Missouri 63118. (314) 772-1456, Station 320.

HOUSE PHYSICIAN—500-bed, JCAH accredited hospital. Missouri license required. Attractive salary. Contact: Department of Medical Education, Lutheran Medical Center, 2639 Miami Street, St. Louis, Missouri 63118. (314) 772-1456, Station 320.

MSMA MEMBERS—Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

WANTED—House physician, general surgical service, 200-bed JCAH-approved, acute-care hospital. Some surgical training desirable. Contact Administrator, Missouri Pacifi Hospital, 1755 South Grand, St. Louis, Missouri 63104.

HEALTH DIRECTOR—For rapidly growing Class II County of 123,000 located adjacent to St. Louis. Modern healt center in operation for 24 years with interesting and excellent opportunity for progress and program development. Program responsibility includes all aspects of generalized public health. Must be eligible for license in state of Missouri Salary negotiable and commensurate with experience. Sen resume to Ray E. Weible, D.D.S., Chairman, Board of Trustees, P.O. Box 337, Hillsboro, Missouri 63050.

INTERNIST & FAMILY PRACTITIONER—To join 11-man multi-specialty group; city of 20,000 with a populatio draw of 60,000. Incorporated, offering excellent salary, fringe benefits and retirement plan. Liberal vacation and stud policy. Opportunity to pursue special interest in this practice setting. Clinic presently expanding facilities and is i proximity of Hannibal's two accredited hospitals. Mark Twain's home town is an ideal place to raise a family. Call or write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. o Dale J. Anderson, Administrator, at (314) 221-5250, The Hannibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 63401.

JEFFERSON CITY, MO.—Full-time Emergency Department Physician. Monday-Friday, no nights or weekends. Excellent compensation and benefits. Contact Dr. Thomas P. Cooper, 7701 Forsythe Boulevard, #490, St. Louis, Missouri 63105. (314) 727-1213. Out-of-state call toll-free 1-800-325-3982.

PRIMARY CARE PHYSICIANS—Who are seeking new group practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

INTERNIST—Busy internal medicine practice in Independence, Missouri. Exceptional opportunity for financial growth. Immediate full participation in group profits in proportion to contribution to practice income. Office adjacent to Independence Medical Center. If interested, please contact Suite 107, 17221 E. 23rd Street, Independence, Mo 64057. Phone: (816) 373-1122.

ROCHE

For recurrent attacks of urinary tract infection in women

Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

Just one tablet b.i.d. for 10 to 14 days

- Action at urinary/vaginal/lower bowel sites helps eliminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum helps eradicate recurrent UTI
- Low incidence of bacterial resistance in community practice
- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake; perform CBC's and urinalyses with microscopic examination.

Before prescribing, please consult complete product information, a summary of which follows:

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii.* **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

The recommended quantitative disc susceptibility method (*Federal Register, 37:*20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform requent urinalyses, with careful microscopic examination, and enal function tests, particularly where there is impaired renal unction.

Adverse Reactions: All major reactions to sulfonamides and rimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitiation, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see back cover.

Her next attack of cystitis may require

the Bactrim™ 3-system counteratta

of Philadelphia, Library
19 South 22nd Street
Philadelphia 3, Pa. 19103

ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of Bactrim diffuses into vaginal fluid in effective concentrations, thus combating migration of pathogens into the urethra.

Studies have shown that Bactrim acts against *Ente bacteriaceae* in the bowel without the emergence of re tant organisms. Thus, Bactrim reduces the risk of intr colonization by fecal uropathogens. It has *no* significant effect on other normal, necessary intestinal flor

Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal trac

Please see reverse side for summary of product information.

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

AUGUST, 1977

VOLUME 74, NUMBER 8

Scientific Articles

AORTIC ROOT ANEURYSM, Hendrick B. Barner, M.D. 373

MIDLINE MALIGNANT RETICULOSIS, Yohannes W. Yesus, M.D. 375

OCULODENTODIGITAL DYSPLASIA, Wilfred E. Wooldridge, M.D., Dallas D. Anthony, Jr., M.D., E. Rule Olson, M.D., Guy P. Bates, Jr., D.D.S. and T. James Sammon, M.D. 379

NASAL SEPTAL DISLOCATION IN THE NEWBORN, William Daily, M.D. and William E. Davis, M.D. 381

Special Report

Minutes, MSMA Council Meeting 362

Contents on Page 361

120th MSMA Annual Session

April 13-16, 1978, Kansas City

A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) Ⓒⅳ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors, psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
Fred. S. James & Co. of Missouri, Inc.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
Fred. S. James & Co. of Missouri, Inc.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missour State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Missouri Medicine (Publication No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Pe Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in Missouri Medicine is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MSMA

NEWS ROUND - UP

August, 1977

Interim Session resolution deadline changed to Oct. 3

October 3 is the deadline for resolutions to be included in the Delegate's Handbook at the Interim Session of the MSMA House of Delegates. The Session will be held Nov. 2-3 in Springfield. The original deadline for resolutions was Sept. 19, but it was felt that medical societies needed more time to draw up and submit matters for the House to consider.

Delegates and Alternate Delegates to the MSMA House of Delegates will receive an informational letter and a hotel Reservation Card in September in order to make arrangements to attend the Interim Session.

The remainder of the MSMA membership will receive additional notification of the meeting. A clip-out Reservation Card to be used by other MSMA members desiring to attend the Session will be published in the September edition of MISSOURI MEDICINE. All members are invited to attend.

Unlike the Annual Session, the Interim Session will not include scientific sessions, concurrent meetings of state medical specialty societies or exhibits. The Interim Session will be limited to House of Delegates actions.

Dr. Ritter heads AMA-ERF

Hubert A. Ritter, M.D., St. Louis, has been named president of the American Medical Association Education and Research Foundation.

A member of the AMA board of trustees, Dr. Ritter is past president of the St. Louis Medical Society and is a aculty member at St. Louis University School of Medicine.

Dr. Ritter's new office gives him responsibility for the AMA-ERF medical education assistance programs that have provided more than a million dollars a year in direct grants to medical schools over the past 28 years, nd have arranged and guaranteed more than $77 million dollars in student loans during the last 15 years o assist medical students and physicians in training. The AMA-ERF also offers a limited number of scholarhip grants to senior medical students with interest in ertain specialized areas.

Dr. Back is Chairman of MMPAC

Dr. Donald K. Back, of Springfield, was elected chairman of the Missouri Medical Political Action Committee during the committee's annual meeting last spring.

Other officers elected were Dr. E. T. Hansbrough, of Poplar Bluff, Vice Chairman; Mrs. James A. Reid, of Marshall, Secretary; and Dr. Benedict A. Moranville, of Columbia, Treasurer.

The committee requested the Council of the MSMA to delete the $25 individual membership from the Association's dues billing and replace it with a $40 family membership.

In addition, it was recommended that the MMPAC office be moved from St. Louis to Jefferson City.

Members of the MMPAC Board of Directors are:

FIRST DISTRICT — Dr. John N. Martin, St. Joseph and Mrs. Larry Ozenberger, Plattsburg.

THIRD DISTRICT — Dr. Richard V. Bradley, St. Louis and Dr. Gerard M. Callaghan, St. Louis.

FOURTH DISTRICT — Dr. E. J. Cunningham, Jr., Ballwin and Dr. Louis P. Hetlage, Troy.

FIFTH DISTRICT — Dr. G. Donald Shull, Jefferson City and Dr. Benedict A. Moranville, Columbia.

SIXTH DISTRICT — Dr. Keith D. Jones, Warrensburg and Mrs. James A. Reid, Marshall.

SEVENTH DISTRICT — Dr. Kenneth C. Hollweg, Kansas City and Mrs. W. Jack Stelmach, Kansas City.

EIGHTH DISTRICT — Dr. Donald K. Back, Springfield and Mrs. Michael Clarke, Springfield.

NINTH DISTRICT — Dr. Joe L. Spears, Cabool and Dr. James A. Hasek, Mountain Grove.

TENTH DISTRICT — Dr. E. T. Hansbrough, Poplar Bluff and Mrs. Melvin C. Kasten, Cape Girardeau.

Representatives from the Second District are to be named at a later date.

Planning Committee to Meet

The MSMA Committee on Planning will meet August 11 in Columbia to consider a Council resolution dealing with re-districting of the Association.

Dr. Paul H. Rother, St. Charles, chairman, requested his committee to review the entire MSMA Constitution and Bylaws prior to the meeting.

At the June Council meeting, a resolution requesting a review of the need for re-districting was referred to the committee. Dr. Rother said he expected the committee to issue a report following the Aug. 11 meeting.

422 state physicians qualify for PRA

A total of 422 Missouri physicians qualified for the MSMA-AMA Physician's Recognition Award during the past year.

The Award is a voluntary continuing medical education (CME) program designed to improve physician competence and recognize physicians active in CME.

To qualify for the Award, each physician had to complete 150 credit hours of CME in three years. Sixty of the credit hours must be earned in Category I programs.

Odds rather long on passing a bill

What are the chances of a bill passing the Missouri General Assembly?

Many factors come into play when attempting to answer the above question, i.e., is the bill needed, will it require expenditure of tax monies, is it required in order to gain federal matching funds and how much pressure is for or against the measure.

But, disregarding the reasons for passage of a bill, the mathematical chances of a bill passing are interesting.

During the 1977 Session of the Missouri General Assembly, 1,349 bills were introduced and, of these, 196 bills were passed by both Houses. That amounts to a shade less than 15%.

Twenty percent, or 96 of 487, of the Senate bills were adopted while only 12%, or 100 of 862, of the House bills were adopted.

It is easy to recognize why it sometimes takes several years to guide controversial measures through the legislative maze.

Licenses May Be Late

Due to a new method of processing state paperwork, the Missouri Board of Registration for the Healing Arts reports that some physicians may receive their license renewals a couple of weeks late this year.

Gary Clark, Executive Secretary of the Board, said that he expected the backlog to clear up soon and advised physicians not to worry about the delay as long as they have sent their registration renewal to the Board.

Placement Service Active

A list of Missouri communities seeking physicians and physicians considering locations is maintained at MSMA Headquarters for possible assistance in placement activities.

Currently, 74 communities are on the list. These range from the state's metropolitan areas to small, outstate locations.

Nearly all medical specialities are being sought, but the most predominate is family practice.

MSMA physicians who are seeking a new location or who are interested in attracting another physician to their area should contact the Placement Department at MSMA Headquarters.

AMA seeks nominees for major awards

The American Medical Association invites medica societies to consider the submission of nominees for it major annual awards.

Nominations for the Distinguished Service Awarc the Citation of a Layman, the Rush Award, and th Scientific Achievement Award will be considered b the Board of Trustees at its Oct. 19-22 meeting. Th deadline for receipt of nominations is Oct. 1, 1977.

Nominations for the Sheen, Schwartz, an Goldberger Awards will be considered during th Board's March 9-11, 1978 meeting. The deadline fo receipt of nominations is Feb. 1, 1978.

Contact Theodore R. Chilcoat, Special Assistant t the Executive Vice President, at the AMA Headquarters office, if you require any additional information.

DISTINGUISHED SERVICE AWARD

The Distinguished Service Award may be made to member of the Association for meritorious services i the science and art of medicine. It consists of a suitabl medal and a citation.

CITATION OF A LAYMAN FOR DISTINGUISHED SERVICE

The Citation shall be made to a person not of th medical profession who has contributed to the achievement of the ideals of American medicine by aid an cooperation in the advancement of medical science medical education or medical care. It consists of suitable certificate of citation.

BENJAMIN RUSH BICENTENNIAL AWARD FOR CITIZENSHIP AND COMMUNITY SERVIC

The Award consists of a $5,000 stipend made possibl by the Sheen Trust, and a commemorative plaque. Th recipient must be a citizen of the United States, mus possess an M.D. degree or its equivalent, and must hav made an outstanding contribution to the community fo citizenship and public service above and beyond th call of duty as a practicing physician.

DR. RODMAN E. SHEEN AND THOMAS G SHEEN AWARD

The Award consists of a $10,000 cash prize and commemorative plaque, presented annually to ar American physician or physicians in recognition of outstanding contributions in medicine.

THE ARNOLD AND MARIE SCHWART AWARD IN MEDICINE

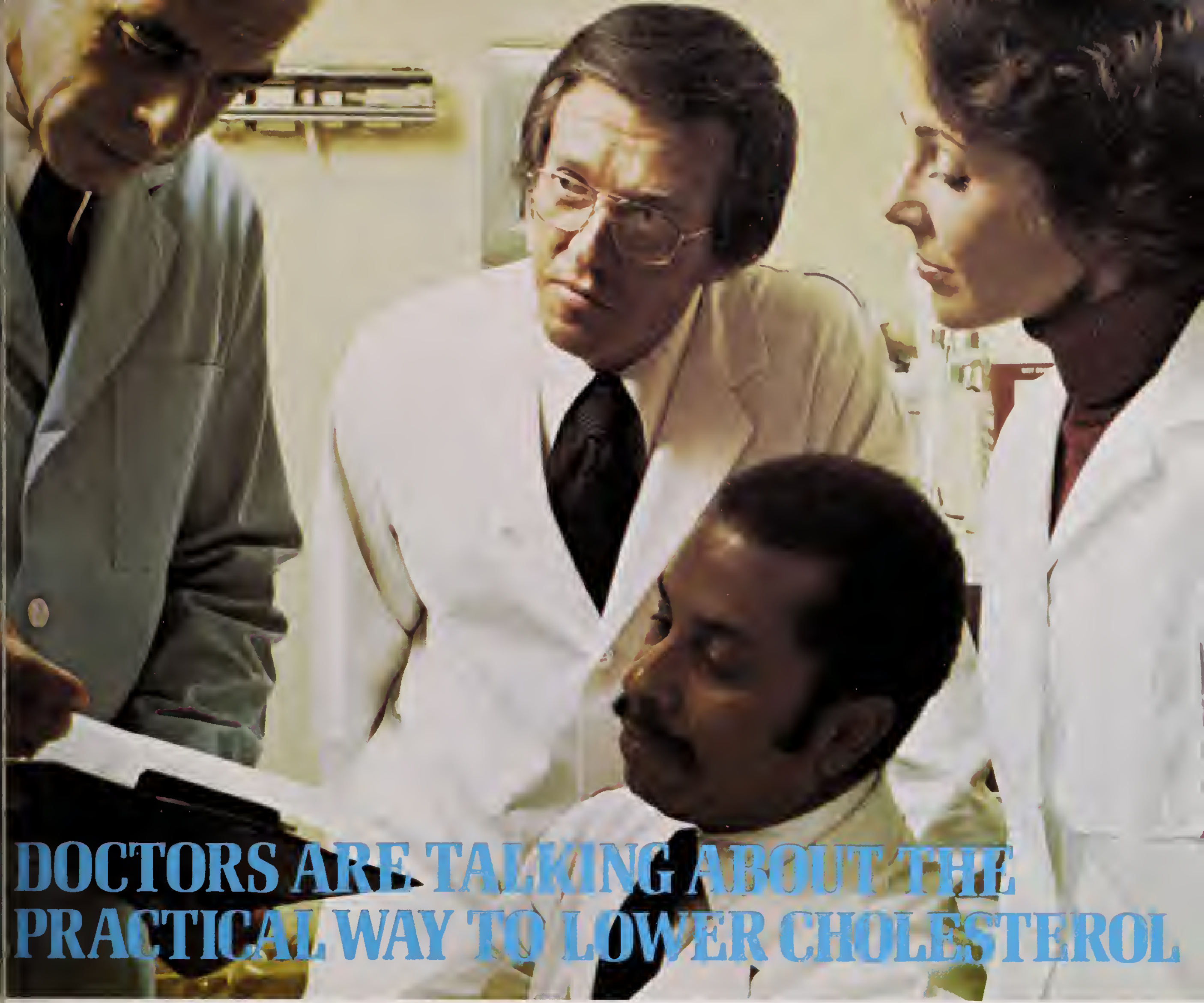
The Arnold and Marie Schwartz Award in Medicin provides a $5,000 stipend and a plaque. Eligible for th award are physicians, 50 years of age or under, who ar U.S. citizens and have distinguished themselves i medical science.

SCIENTIFIC ACHIEVEMENT AWARD

The Award is to be given to either a physician or nonphysician scientist. This Award will not necessarily b given annually but only on special occasions in recognition of outstanding work. Physician candidates must b AMA members.

JOSEPH B. GOLDBERGER AWARD IN CLINICAL NUTRITION

The Award, consisting of a commemorative plaqu and $1,000 was established to serve as a stimulus t medical investigators in advancing the frontiers o public and personal health, and to honor physician who have made important contributions to th knowledge of nutrition. Candidates must be member of the AMA.


DOCTORS ARE TALKING ABOUT THE
PRACTICAL WAY TO LOWER CHOLESTEROL

Choloxin®
(Sodium Dextrothyroxine)

And for good reasons. Diet alone doesn't always work. CHOLOXIN® (sodium dextrothyroxine) has proved itself to be an effective cholesterol lowering adjunct to diet in euthyroid, non-cardiac patients. It has undergone ten years of clinical trials and eight years of practice. The clinical trials consisted of 337 clinical studies involving over 3,000 hypercholesterolemic non-cardiac patients. It is among the most thoroughly evaluated drugs ever presented to physicians.

Practical, too, is the one-tablet-a-day dosage regimen. It encourages patient cooperation, and it's economical for long-term therapy.

CHOLOXIN (sodium dextrothyroxine) lowers cholesterol 15% to 35%, and keeps it down with most patients. *(Data on file, Flint Laboratories).*

Interested in receiving more information about lipid lowering? Write us or contact your Flint representative. We'll be glad to supply you with a complete product portfolio and samples for your evaluation.

NOTE: See following page for full prescribing information.

AN IMPORTANT NOTE:
It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

Choloxin® (Sodium Dextrothyroxine)

Effectively Lowers Elevated Cholesterol With Convenient Once-A-Day Dosage

Four strengths 1, 2, 4, and 6 mg are available making the scored tablet regimen a flexible dosage system. And, for most patients, CHOLOXIN tablets offer once-a-day dosage

CHOLOXIN® (sodium dextrothyroxine) Single-Tablet-A-Day Dosage Schedules

See prescribing information in package insert reproduced below.

	Starting Dosage	Increased Monthly by	Usual Maintenance	Maximal Recommended
Adult Hypercholesterolemic	1.0-2.0 mg.	1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
Pediatric Hypercholesterolemic	0.05 mg./kg. body weight	0.05 mg./kg.	0.1 mg./kg. body weight	4.0 mg.
Hypothyroid Cardiac	1.0 mg.	1.0 mg.	4.0 mg.	4.0 mg.

Choloxin®
(Sodium Dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN (sodium dextrothyroxine) stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN (sodium dextrothyroxine) is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively, in patients with significant myocardial impairment. CHOLOXIN (sodium dextrothyroxine) dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN (sodium dextrothyroxine) is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN (sodium dextrothyroxine) is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN (sodium dextrothyroxine). As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN (sodium dextrothyroxine) than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN (sodium dextrothyroxine) in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may not be advisable or possible to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN (sodium dextrothyroxine) therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN (sodium dextrothyroxine) therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN (sodium dextrothyroxine); a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN (sodium dextrothyroxine) potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is approximately 0.1 mg (100 mcg) per kilogram. The initial daily dosage should be approximately 0.05 mg (50 mcg) per kilogram to be increased in up to 0.05 mg (50 mcg) per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper
Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

Contents for August, 1977

Scientific Articles:

Aortic Root Aneurysm; Hendriek B. Barner, M.D. 373

Midline Malignant Reticulosis, *Case Report;* Yohannes W. Yesus, M.D. 375

Oculodentodigital Dysplasia; Wilfred E. Wooldridge, M.D., Dallas D. Anthony, M.D., E. Rule Olson, M.D., Guy P. Bates, Jr., D.D.S. and T. James Sammon, M.D. . 379

Nasal Septal Dislocation in the Newborn, *Case Report;* William Daily, M.D. and William E. Davis, M.D. 381

Special Report:

Minutes, MSMA Council Meeting 362

News and Features:

MSMA News Round-Up . . Insert (360-361)
In Brief 366
From the Medical Schools 367
AMA Regional CME Program 368-D
Continuing Education Coming Events . . 369
The State of the Nation's Health—No 3, Richard D. Palmer, M.D. 371
President's Message 385
Woman's Auxiliary 386
New Members 387
In Memoriam 392
Index to Advertisers 392
Missouri Medicine in Review 394

The Council Reports

Meeting of June 4, 1977
Ramada Inn, Jefferson City

Andrew McCanse, M.D., Kansas City, Chairman, called the meeting to order. Those present were Drs. McCanse; Howard J. McAlhany, Springfield; John N. Martin, St. Joseph; John I. Matthews, Jefferson City; James Stokes, St. Louis; Max S. Franklin, St. Louis; Stanley S. Peterson, Springfield; Richard C. Hedges, N. Kansas City; John Walterscheid, Hannibal; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; Roy W. Pearse, Nevada; Walter German, Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Gary Dyer, St. Joseph; Richard Fallon, St. Louis; Mary McCaffree, Jefferson City; Jack Wiles, West Plains; Rae W. Froelich, Lebanon; James Sisk, St. Louis; Lawrence W. O'Neal, St. Louis; Robert A. Slickman, Kansas City; William Stoneman, St. Louis; Charles Lobeck, Columbia; R. K. Noback, Kansas City; George Hawkins, St. Louis; William C. Allen, Columbia; Tom Anderson, Columbia; John Roberts, St. Louis; Herbert R. Domke, Jefferson City; Mrs. W. Jack Stelmach, Kansas City; Mrs. A. J. Campbell, Sedalia; Messrs. Gordon R. Garrett, St. Louis; Edward Hirsch, St. Joseph; James Thompson, Springfield; Royal O. Cooper, C. C. Swarens, Ron Ellison, Don Wilson and John Kuebler, Staff.

Chairman McCanse opened the meeting by extending a warm welcome to the Vice-Councilors and Vice-President, Stanley S. Peterson, M.D.

Dr. McCanse called for approval of the minutes of the April 17 Council Meeting held in St. Louis. On motion, duly seconded, the minutes were approved as distributed.

REPORT OF THE EXECUTIVE SECRETARY

Mr. Cooper indicated that the Governor has established a Task Force on Physical Fitness and Mr. C. C. Swarens represents the Association on this Task Force. If in the future a Council is established, it, hopefully, will include a physician member.

Mr. Cooper pointed out that again this year, the Board of Healing Arts is including a statistical questionnaire with license renewal notices, but this questionnaire is strictly voluntary.

Mr. Cooper stated that he had received a letter of appreciation from Dr. Domke for the Association's support of the establishment of county health centers. In the past 16 months, 21 counties have voted in county health centers.

Mr. Cooper called the Council's attention to a new enterprise in Columbia that will soon be setting up a statewide project on medical alert systems. They are contemplating calling on officers of county medical societies and hospitals. Mr. Cooper stated that we are in no way endorsing this, but only calling their attention to it.

Mr. Ellison asked Council approval for the following institutions to sponsor Category I CME programs as designed by the AMA, indicating that the CME site team has made the following recommendations:

Children's Mercy Hospital, Kansas City	3 years
Methodist Hospital, St. Joseph	2 years
St. Louis Society for Medical Education	2 years
Fairfax Hospital, Fairfax	2 years
St. John's Medical Center, Joplin	1 year (Provisional)
St. Luke's Hospital, Kansas City	3 years

On motion, duly seconded, the Council approved the above institutions for CME accreditation.

Mr. Ellison told the Council that with the 16 institutions and organizations that have been approved for CME in Missouri, this affords two thirds of the MSMA membership direct access to approved continuing education programs.

COUNCILOR DISTRICT REPORTS

Dr. Hedges, *District #1;* Dr. Walterscheid, *District #2;* and Dr. Bradley, *District #3* indicated they had no reports at this time.

District #4—Dr. Hetlage reported that the following items were considered at the meeting of his Councilor District officers and delegates held recently.

Dr. Hetlage said that a discussion was held concerning a suggested change in policy on the part of National Blue Shield which would eliminate coverage for certain surgical procedures which, in their opinion, have become obsolete.

Following brief discussion, Dr. Sisk reminded the group that this was only a suggestion from the National Federation and that resistance from the local organizations could reverse the decision.

Several councilors voiced their concern regarding the manner in which the National Association of Blue Shield Plans makes suggested changes. It was felt that this should have been referred to local Blue Shield Plans prior to announcing it to the public.

On motion, duly seconded, the Council referred to the Commission on Medical Economics the problem of arbitrary withdrawal of payment for certain professional procedures by third parties. The Commission is to study this problem and report back to the Council.

Dr. Hetlage reported that his Delegates made several suggestions regarding modernization of the MSMA Constitution and Bylaws. Several of the suggestions made were in regard to the MSMA Vice-Presidency.

A discussion was held in the Fourth District concerning advisory commissions which will function as HSAs without any legal authority. In many instances in the St. Louis area, they are attempting the promulgation of rules concerning additional hospital beds and to further delay hospital expansion without legal authority.

Dr. Hetlage reported that his Delegates discussed National Health Insurance. The Delegates felt the major issue for the medical profession at this time is an awareness of the high cost of medical care and the factors which are influencing this high cost. The following factors were considered to be influences over which the medical profession presently has no control: (1) Malpractice problems; (2) Government regulations; (3) Joint Commission regulations; (4) Group Insurance Contracts; (5) Hospital required routine laboratory work; (6) Lack of weekend services at hospitals. The factors over which we do have some control in which physicians themselves could lower the cost of medical care are as follows: (1) Utilize as many outpatient services as possible; (2) Encourage day care centers; (3) Encouragement of self-care centers; (4) Judicious use of specialty care units; (5) Judicious utilization of hospitals as terminal care repositories; (6) Reduction of laboratory and X-ray utilization to only those tests which are necessary to document the illness in question; (7) Encourage the use of outpatient laboratory work done prior to admission as being a valid portion of chart documentation; (8) Reduction of length of stay.

In summary, Dr. Hetlage indicated that the discussion regarding this was preliminary and will be continued at future councilor district meetings. It is the feeling of the delegation that physicians should individually take the opportunity to speak out on the matter of medical care costs in order to demonstrate to the public that as a profession, we are concerned with the problem and are attempting to deal with it without government intervention.

District #4 delegates discussed the matter of mandatory second opinions. This policy is being proposed by many arge insurance companies and a proposal has been made in Congress. Dr. Hetlage indicated that his delegates did not object to surgical consultation as a principle of good medical care, but they object strongly to consultation being mandatory as further intrusion by third parties into the practice of medicine.

The Chairman, Dr. McCanse, referred the above matter regarding mandatory second opinions to the Commission on Medical Economics for their study.

Dr. Hetlage indicated that Dr. Sam Bonney has been appointed as Consultant to the Bureau of EMS of the State of Missouri. It was Dr. Bonney's suggestion that the need for an Ad Hoc Committee on EMS is important at this time. Dr. Hetlage moved that the Ad Hoc Committee be reappointed nd reactivated. Dr. McCanse indicated that this would be accomplished.

A discussion was held regarding the work of the Ad Hoc Committee on Physicians' Assistants. Dr. McCanse indicated hat the work of the Ad Hoc Committee had been completed and the matter was referred to the Commission on Coninuing Education by the 1977 House of Delegates.

District #5—Dr. Ekern introduced Dr. Mary McCaffree rom Jefferson City as his Vice-Councilor.

Dr. Ekern reported that a meeting organized by the local PSRO is to be held in Mexico on June 7. Representatives of General American, Blue Cross-Blue Shield, Title XIX, Part A will discuss coverage, limitation of coverage and any particular problems anyone is having with these organizaions.

District #6—Dr. Pearse indicated he had no report at this ime.

District #7—Dr. McCanse reported that the Jackson County Medical Society is setting up guidelines for the use f CAT scanners in their area. These are patterned after uidelines of the American College of Radiology and will probably be acted on at the June meeting of the Medical ociety.

District #8–Dr. German reported that District #8 is ontinuing to be involved in the educational process. The Greene County Medical Society is now the third in the state to co-sponsor the Tel-Med System; the CME Program is ow operational.

Dr. German said that the special field secretary from the MAFP asked that he inform the Council regarding his reent activities. Under a federal grant he is traveling to all mall counties talking to most of the practitioners in those reas about their medical manpower needs. He also is talking to FP residents in the state and trying to bring the two together. The MSMA is not really involved in this. However, e did wish us to be aware of his activities.

District #9—Dr. Cooper introduced Dr. Jack Wiles, West lains, as his Vice-Councilor. Dr. Cooper then indicated that hey do still have a manpower shortage in his district.

Dr. Cooper discussed the office of MSMA Vice-President indicating that he feels they should be selected on their knowledge and expertise and also should be used by the ssociation in various capacities. Dr. Cooper is chairman of n Ad Hoc Committee to study the Vice-Presidency of MSMA.

District #10—Dr. Hansbrough reported that the PSRO in his area is active at the present time. He indicated that there are some problems involved. However, they will continue to try to resolve them.

Dr. Hansbrough pointed out that there are several specialty organizations that do not meet in conjunction with the MSMA Annual Session and that contacts should be made to encourage them to consider holding a second meeting during our annual session. He suggested that the Councilors talk to local leaders of these organizations and, possibly, the Council consult the presidents of these organizations indicating that we would like to discuss this.

REMARKS OF THE PRESIDENT

Dr. McAlhany indicated that the House of Delegates approved Resolution #16 regarding our Opposition to a Generic Formulary for Medicaid. A copy of this resolution was sent to the Division of Family Services along with a letter inquiring who would be liable if an adverse reaction occurred as the result of substitution. They agreed that this was a cost containment measure and that the drug company and not the Division of Family Services would be liable. Missouri Pharmacist Law prohibits a pharmacist from substitution without written permission of the physician.

Dr. McAlhany stated that Missouri's outlay per Medicaid patient per month is the lowest in the nation, $60. He stated that it is time for a President's page on Medicaid in Missouri Medicine.

Dr. McAlhany discussed the funding for the Medicaid Program which will be presented in the Legislative Committee Report.

President McAlhany discussed the apparent confusion regarding AMA direct billing of certain Missouri physicians who are non-AMA members. Our AMA delegation had been instructed previously to oppose direct billing by the AMA. It was referred back to the Board of Trustees at the last AMA meeting.

MSMA AUXILIARY REPORT

Mrs. Stelmach introduced Mrs. A. J. Campbell of Sedalia, the President-Elect of the MSMA Woman's Auxiliary. She reported that the Auxiliary had 204 register at their Annual Session. Mrs. Stelmach attended the Illinois, Iowa and Kansas auxiliary meetings and will attend the National Convention in San Francisco. The Auxiliary now has four members on the National Board in elected or appointed positions.

Mrs. Stelmach requested Council approval on the following projects:

1. *Heimlich Poster Distribution*—On motion, duly seconded, the Council approved the Auxiliary's continuing distribution of the Heimlich poster to various restaurants, schools, etc.

2. *AMA-ERF*—On motion, duly seconded, the Council approved the Auxiliary's continuing its usual methods of raising monies for the AMA-ERF.

3. *CPR Project*—Mrs. Stelmach reported that the Auxiliary would like to work with the American Heart Association in a CPR Project to train instructors in the Auxiliary in order to train Auxiliary members and lay persons in basic life support to help the Heart Association goal of one rescuer in every four persons. On motion, duly seconded, the Council approved the Auxiliary's participation in this project.

4. *Health Education*—Mrs. Stelmach indicated that in the health education area, the Auxiliary would like to (a) Continue its immunization project done in cooperation with the Missouri Division of Health; (b) Explore new methods of immunization education with the Division of Health trying a method of reaching new mothers; (c) Re-design a

Think you know all about asthma?

Then you should know all about TEDRAL.
It provides—

- ☐ rapid symptomatic relief, as well as prophylaxis
- ☐ β-ADRENERGIC ACTION THAT RELAXES BRONCHIA SMOOTH MUSCLE
- ☐ α-ADRENERGIC ACTION THAT REDUCES BRONCHIA EDEMA AND SECRETIONS
- ☐ synergistic action of ephedrine and theophylline for effectiv and prolonged bronchodilation
- ☐ dosage forms to meet individual patient needs

For asthma management...

Tedral® / Tedral® SA / Tedral® Elixi

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer), 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); and 25 mg phenobarbital in the immediate release layer

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-74-

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.
Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

small, handout pamphlet for parents to be given out through PTAs. On motion, duly seconded, the Council approved of these Health Education projects.

Mrs. Stelmach indicated that the Auxiliary would continue monitoring Missouri HSAs to keep the Association office abreast of activities in these areas and also will continue its legislation education programs.

It was suggested that the Auxiliary also monitor PSROs in the state.

RESOLUTION REGARDING REDISTRICTING

Dr. Franklin reported that following the MSMA Annual Session, there had been considerable discussion regarding the MSMA Constitution and Bylaws and possible redistricting. In this light, Dr. Franklin introduced the following resolution for the Council's approval:

> WHEREAS, It is now legal according to the United States Supreme Court that the principle of "one man-one vote" exists, and
>
> WHEREAS, This principle does not exist in the Missouri State Medical Association at this time, and
>
> WHEREAS, We feel that we must be consistent with the Laws of our Country, and
>
> WHEREAS, The present distribution of our Councilor Districts is obviously unfair and faulty with the following distribution of our membership in 10 Districts:

District # 1	278
District # 2	65
District # 3	1,705
District # 4	669
District # 5	368
District # 6	123
District # 7	1,015
District # 8	398
District # 9	53
District #10	242
Total members	4,916

> and,
>
> WHEREAS, The task of redistricting will be a difficult and ardous labor, therefore, be it
>
> *Resolved,* That a Blue Ribbon Ad Hoc Committee be selected to include the President and the President-Elect of the Missouri State Medical Association and the Chairman and Vice-Chairman of the Council for the purpose of working out a more equitable distribution and redistricting of our membership so as to follow the principle of "one man-one vote," and be it further
>
> *Resolved,* That when this Committee accomplishes its duty that a Constitutional Convention be called to act upon the recommendations of the Committee.

Brief discussion followed and it was pointed out that if redistricting does take place, there should be only one councilor from any one district.

On motion, duly seconded, the Council referred the above resolution to the Committee on Planning for further study and recommendation. It also was recommended that the President, President-Elect, Chairman and Vice-Chairman of the Council attend meetings of this Committee when this subject is being discussed.

ACTIONS ON THE RESOLUTIONS OF THE 1977 HOUSE OF DELEGATES

The following actions have been taken on resolutions passed by the 1977 MSMA House of Delegates at its Annual Meeting in April, 1977:

Resolution #1—Health Professions Educational Assistance

(Continued on page 389)

in Brief

A summary of AMA, medical & health news

American Medical Association/535 North Dearborn Street/Chicago, Illinois 60610/Phone (312) 527-1500/TWX 910-221-0300

1977-1978 AMA OFFICERS installed or elected at the Annual Convention in San Francisco include John H. Budd, M.D., Cleveland, President; Tom E. Nesbitt, M.D., Nashville, President-Elect; William Y. Rial, M.D., Swarthmore, Pa., speaker of the House of Delegates; Harrison L. Rogers, Jr., M.D., Atlanta, Vice-Speaker. Reelected to the Board of Trustees were Daniel T. Cloud, M.D., Phoenix, and Hoyt D. Gardner, M.D., Louisville. Elected to the Board for three-year terms were H. Thomas Ballantine, Jr., M.D., Boston, and George H. Mills, M.D., Honolulu. Charles Max Cole, M.D., Dallas, was elected to serve an unexpired term. Robert B. Hunter, M.D., Sedro Woolley, Wash., was elected Chairman of the Board; Frank J. Jirka, Jr., M.D., Berwyn, Ill., was named Vice-Chairman; and Dr. Cloud was elected AMA Secretary-Treasurer and Secretary of the Board.

AMA HOUSE OF DELEGATES approved a proposal to discontinue the scientific portion of June conventions (after the 1978 Annual Convention), thus shifting resources to permit expansion of the Winter Scientific Meeting and the Regional Scientific Programs. The proposal was based on research showing physician continuing education preferences by time, season, location and format. The action included delegation to the Board of Trustees of the selection of sites for House meetings, a change that will require a vote to amend the Constitution and Bylaws at the 1977 Interim Meeting.

THE HOUSE OF DELEGATES, at the Annual Convention, reaffirmed support of the AMA's comprehensive health care insurance proposal as introduced in Congress and also affirmed its "total opposition to the nationalization of the medical profession." The House asked each state association to submit recommendations on the national health insurance issue within 60 days and asked the Board to report at the 1977 Interim Meeting on whether sections of the AMA proposal could be interpreted as permitting the nationalization of private practice or mandating the placing of the major burden of health insurance on any one class of society.

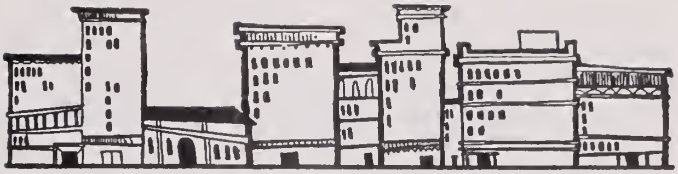
THE BOARD OF TRUSTEES voted to sponso a fourth Quality of Life Congress in the spring o 1978. In 1972, 1973 and 1974, the AMA sponsore congresses with the cooperation of more than 5 other national organizations on "Improving th Quality of Life in the Early Years, the Middl Years, and the Later Years." The fourth congres will be "Improving the Quality of Life of the Family."

REFERENCE KITS containing articles on malpractice, national health insurance and nationa health planning are being prepared by the AM for use as background information by high schoo student debate teams. Each state forensic leagu will choose one of the three topics for debate b local high schools in the 1977-1978 school year The National University Extension Assn. chose th three topics.

NEW FROM AMA are Continuing Medical Education Video Clinics to be marketed by the Association this fall. Each clinic—aimed at physician us in the hospital or home setting—includes a program on color videotape (for use with a U-Mati ¾″ videotape player), syllabus, tests and instructions. Applicable for hour-for-hour Category 1 credit, the CME clinics will be available to hospitals and individual physicians for a nominal fee

AVAILABLE FROM AMA: *Opinions and Reports of the Judicial Council*, OP 437, includes th statement on advertising and solicitation adopte by the Judicial Council in April, 1976. Cost is $2 ea. for 1-10 copies; $1.80 ea. for 11-49 copies; and $1.60 ea. for 50 or more. . . . *Manual on Alcoholism*, OP 185, looks at considerations involved i helping patients with alcohol problems. Cost i $2.50 ea. for 1-10 copies; $2.25 ea. for 11-49 copies and $2 ea. for 50 or more. . . . *Time Out for Good Grooming*, OP 141, was developed by the AMA with the cooperation of the American Academy o Dermatology. Cost is 25¢ ea. for 1-99 copies; 17¢ ea. for 100-499 copies; and 16¢ ea. for 500 or more. Write Order Dept., AMA Headquarters.

From the Medical Schools



WASHINGTON UNIVERSITY

Leo A. Whiteside, M.D., has been named chairman of the Division of Orthopedic Surgery at the School of Medicine.

Dr. Whiteside succeeds *Fred C. Reynolds,* M.D., who is retiring as chairman after serving from 1956 to 1972 when *Arthur Stein,* M.D., became director of the division. Reynolds again served in a temporary capacity from July, 1976 to July, 1977. He will continue as emeritus professor of orthopedic surgery.

Dr. Whiteside graduated in 1969 from the University of Texas Southwestern School of Medicine. He trained at Barnes Hospital in general surgery nd began an orthopedic surgery residency at Washington University Medical Center in 1973. In 1976, he was named the J. Albert Key Fellow in Orthopedic Surgery at the School of Medicine.

Mary Langston Parker, M.D. '53, associate proessor of preventive medicine and director of the University Student Health Services, is the new president of the Washington University Medical Center Alumni Association.

Other officers are *W. Edward Lansche,* M.D. '52, nstructor of clinical orthopedic surgery, past-president; *John F. Bertmann,* M.D. '54, assistant proessor of clinical psychiatry, president-elect; *Robert C. Drews,* M.D. '55, associate professor of clinical phthalmology, vice-president; and *Gordon W. Philpott,* M.D. '61, Harry Edison Professor of Surery, secretary-treasurer.

Leonard Berg, M.D., professor of clinical neurolgy, has been elected by the part-time faculty of he School of Medicine as its representative to the Executive Faculty, the Medical School's governing ody.

Dr. Berg received both the B.A. degree cum ude in 1945 and the M.D. in 1949 from Washingon University. He served an internship and resiency in medicine at Barnes Hospital and comleted his training in neurology in 1953 at the eurologic Institute of New York. From 1953-1955, e served as a senior assistant surgeon in the U. S. ublic Health Service, Bethesda, Md. In 1955, he egan a private practice in St. Louis and joined e clinical faculty of Washington University chool of Medicine.

Bonnie L. Mitchell, M.D., an intern at the School of Medicine, has received a $12,000 Cancer Research Fellowship from the Ladies' Auxiliary to the Veterans of Foreign Wars.

One of three in the country to receive this award, Dr. Mitchell will work with *Michael Lieberman,* M.D. on research studying how environmental chemicals damage cells and how the cells respond to this damage. Specifically, she will be studying a cancer-causing chemical which is associated with atmospheric pollutants found in coal tar, cigarette smoke and exhaust fumes.

Dr. Michell graduated from Washington University School of Medicine in 1976.

UNIVERSITY OF MISSOURI-KANSAS CITY

Dr. Charles Wilkinson, assistant dean and chairman of the Council on Curriculum of the School of Medicine, has been appointed to a six-member panel responsible to the President's Commission on Mental Health. This Panel will provide the Commission with all details relevant to Mental Health Service Delivery. Dr. Wilkinson will chair a Task Force on the Organization and Structure of Mental Health Services.

Stuart Chen, M.D., Ph.D., joined the faculty as a Docent and Professor in July. Dr. Chen will be at the Truman Medical Center. He is from the faculty of the West Virginia University School of Medicine. Dr. Chen completed his M.D. degree in 1959 and received his Ph.D. in Medicine and Biochemistry in 1969 at the University of Minnesota.

C. Kenneth McAllister, M.D., joined the faculty as Docent and Assistant Professor in July. He received his M.D. at Emory University in 1970 and was a Fellow in Infectious Diseases at the University of Washington from 1972 to 1974. Prior to his appointment at the UMKC School of Medicine, Dr. McAllister was Chief of Staff, Infectious Diseases at Wilford Hill Medical Center, Lakeland Air Force Base, Tex.

During the month of May, 24 students and faculty from the UMKC Health Sciences programs of medicine, dentistry, pharmacy and nursing participated in a service-study tour of the health services facilities and educational orgainzations of the Navajo Nation. The major purposes were to learn about another culture and its health-care concerns while providing health care services to the people. The trip was cosponsored by the Navajo Area Health Education Center of the Navajo Health Authority, the Navajo Area Indian Health Service, the Family and Community Medicine Program of the Navajo Health Authority, the Western Missouri Area Health Eucation Center, the Museum of Northern Arizona an the University of Missouri-Kansas City. Measure of the trip's success are both the students' enthusiasm and invitations to return yearly for an elective.

SAINT LOUIS UNIVERSITY

William H. Friedman, M.D., has been appointed professor and chairman of the Department of Otolaryngology by *David R. Challoner*, M.D., dean of the School of Medicine. He succeeds William B. Harkins, M.D., who has been associated with the University since 1935. Dr. Friedman is nationally known for developing and pioneering many innovative plastic and reconstructive surgical techniques.

Dr. Friedman

William E. Allen, Jr., M.D., clinical professor of radiology, has been honored by two nationally-recognized community health care institutions. They are Howard University Teaching Hospital, Washington, D. C. and Homer G. Phillips Hospital, St. Louis.

The new Howard University Teaching Hospital has dedicated The William E. Allen, Jr. Library in the Department of Radiology. An alumnus of Howard University, Dr. Allen was also initiated into Phi Beta Kappa Scholastic Honor Society during ceremonies at the University.

Homer G. Phillips Hospital and the Interns Alumni Association have similarly honored Dr. Allen by dedicating the Hospital's radiotherapy suite as The William E. Allen, Jr. Radiotherapy Suite. Dr. Allen serves as director emeritus of the Department of Radiology at Homer G. Phillips Hospital.

Under a research grant awarded to him by the Fogarty International Center, National Institutes of Health, *William J. Longmore*, Ph.D., professor of biochemistry, will travel to State University Utrecht, The Netherlands, for an intensive year of investigative research into respiratory distress syndrome (RDS), the leading cause of new-born infantile death among modern nations of the world.

The Thayer-Katzman Library of the Edward A. Doisy Department of Biochemistry was dedicated at ceremonies held at the St. Louis University School of Medicine. The Library was named in honor of *Philip A. Katzman*, Ph.D., associate professor of Biochemistry, and the late *Sidney A. Thayer*.

David R. Challoner, M.D., dean of the School of Medicine, has been elected to membership in The Association of American Physicians at its annual meeting held in Washington, D. C. Limited in membership, the Association is the oldest and most distinguished organization of its kind in the United States.

William A. Kelly, M.D., assistant professor of psychiatry and clinical director of David P. Wohl Memorial Mental Health Institute, has assumed the presidency of the Missouri Psychiatric Association. Dr. Kelly will preside at meetings of the Joint Councils from the three district branches of the American Psychiatric Association located in Columbia, Kansas City and St. Louis.

Thomas F. Frawley, M.D., professor of internal medicine, has been elected president of the St. Louis Society of Internal Medicine.

UNIVERSITY OF MISSOURI-COLUMBIA

Dr. Robert L. Jackson, who founded the diabetic research and training program at the University of Missouri Medical Center, will be honored at the 13th Midwest Conference on Endocrinology and Metabolism to be held at the University on September 28-30.

Internationally known for his work with juvenile diabetes, Dr. Jackson is retiring this year from active academic practice. He served as chairman of the Department of Pediatrics from the opening of the Medical Center in 1956 until December, 1972.

A banquet on September 29 at the Hilton Inn will honor Dr. Jackson, a winner of the Banting Medal from the American Diabetes Association in 1969 for his "distinguished study of the natural history of juvenile diabetes and success in establishing diabetes as an important study in pediatrics."

Dr. Jackson joined the UMC faculty in 1954, two years before the transition to a four-year School of Medicine.

Announcing

Practice Productivity Inc.

WORKSHOP

Business Essentials for a Medical Office

One-day workshop for your medical office assistants

9:00 a.m. to 5:00 p.m.

This program has been approved for Continuing Education Units by the American Association of Medical Assistants, Inc.

September 28, 1977—St. Louis .... Cheshire Inn
September 29, 1977—Springfield .... Howard Johnson's
September 30, 1977—Kansas City .... Phillips Hotel

TOPICS: **Telephone Management, Appointment Scheduling, Medical Records, Personnel, Billing Systems and Collection, Insurance Claim Processing.**

Practice Productivity Inc. is a national management consulting firm located in Atlanta. Physician-clients are engaged in the private practice of medicine. Practice Productivity offers educational and motivational workshops in sound business concepts to physicians, medical office managers, and medical assistants. It also provides in-depth, on-premise consulting to physicians.

For further information, contact

Duane M. Johnson, PhD, Executive Vice-President, Practice Productivity Inc.,
Telephone (404) 455-7344 or Toll Free Registration Desk (800) 241-6228.

Registration Form

Please register the following persons (type or print)

Name Position Date Will Attend

1. ....
2. ....
3. ....
4. ....

From the office of:

Name ....
Specialty .... Telephone: (........) ....
Address ....
City .... State .... Zip ....

Full tuition fee of $ .... is enclosed at $75 per registrant. Tuition includes course materials and luncheon and MUST ACCOMPANY THIS FORM. (There is a $10 handling fee deducted on all refunds for cancellations received at least one week in advance of course; no refund thereafter.)

Make check payable and mail to:

Practice Productivity Inc., 2000 Clearview Avenue, Atlanta, Georgia 30340

260
240
220
200
140
120
100
80
250
230
210
190
170
150
130
90

When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate essential hypertension should offer (1) long-term effectiveness, (2) patient comfort and compliance.

Zaroxolyn offers both.

In one long-term study[1] Zaroxolyn brought moderately elevated (average 161/109 mm Hg) blood pressure down to the range of normotension—and held it there for a year or more.

The investigator noted, "Patient cooperation was surprisingly good for a study of such duration [2½ years]. The once-daily dosage schedule with metolazone [Zaroxolyn] no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate[2]

Zaroxolyn. For long-term control and comfortable compliance in mild to moderate hypertension.

Recommended initial dosage in mild to moderate essential hypertension–2½ to 5 mg once daily

Zaroxolyn®

(metolazone, Pennwalt)

2½-mg, 5-mg and 10-mg tablets

once-daily antihypertensive diuretic

efore prescribing, see complete prescribing
nformation in the package insert, or in PDR, or
vailable from your Pennwalt representative. The
ollowing is a brief summary **Indications:**
aroxolyn (metolazone) is an antihypertensive
iuretic indicated for the management of mild to
noderate essential hypertension as sole thera-
eutic agent and in the more severe forms of
ypertension in conjunction with other anti-
ypertensive agents Also, edema associated with
eart failure and renal disease. **Contraindications:**
nuria, hepatic coma or precoma; allergy or
ensitivity to Zaroxolyn Or, as a routine in other-
vise healthy pregnant women. **Warnings:** In
heory cross-allergy may occur in patients
llergic to sulfonamide-derived drugs, thiazides
r quinethazone Hypokalemia may occur, and is
particular hazard in digitalized patients;
angerous or fatal arrhythmias may occur
zotemia and hyperuricemia may be noted or
recipitated Considerable potentiation may
ccur when given concurrently with furosemide.
Vhen used concurrently with other antihyper-
ensives, the dosage of the other agents should
e reduced Use with potassium-sparing diuretics
nay cause potassium retention and hyper-
alemia Administration to women of childbearing age requires that potential benefits be weighed against possible hazards to the fetus Zaroxolyn appears in the breast milk Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered Patients treated with diuretics or corticosteroids are susceptible to potassium depletion Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function. Hyperglycemia and glycosuria may occur in latent diabetes Chloride deficit and hypochloremic alkalosis may occur Orthostatic hypotension may occur Dilutional hyponatremia may occur in edematous patients in hot weather **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg, edema of cardiac failure—5 to 10 mg; edema of renal disease—5 to 20 mg Dosage adjustment may be necessary during the course of therapy **How Supplied:** Tablets, 2½, 5 and 10 mg

References:

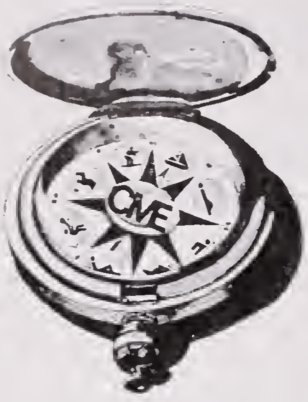
1 Dornfeld L, Kane R: Metolazone in essential hypertension. The long-term clinical efficacy of a new diuretic *Curr Ther Res* **18**: 527-533, 1975

2 Data on file, Medical Department. Pennwalt Prescription Products

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester New York 14603

Come to the Ozarks for Sports, Scenery and CME!



Register Now!

AMA's Regional Continuing Medical Education Program

Friday through Sunday, September 16-18, 1977

Osage Beach, Missouri

Tan-Tar-A Golf & Tennis Resort
Lake of the Ozarks
Osage Beach, Missouri 65065

- 18 Category I Credit Hours.
- A clinically oriented syllabus for each course.

CME COURSE REGISTRATION FORM
AMA CME Regional Meetings—Sept. 16-18, 1977

Friday, 7:30 AM—2:30 PM (6-hours: $70)
- K-1. Burns
- K-2. Basic Electrocardiography

Friday & Saturday, 7:30 AM—2:30 PM (12-hours: $140)
- K-3. Human Sexuality

Saturday, 7:30 AM—2:30 PM (6-hours: $70)
- K-4. Recognition & Management of Hypertension by Surgery
- K-5. Advanced Electrocardiography
- K-6. New Drugs: Hypolipidemic Agents, Psychoactive Drugs, & Antibiotics

Sunday, 7:30 AM—2:30 PM (6-hours: $70)
- K-7. Diagnosis & Treatment of Arrhythmias & Treatment of Coronary Artery Disease
- K-8. Management of Stroke
- K-9. Office Dermatology
- K-10. Practice Management Seminar

Saturday & Sunday, 7:30 AM—2:30 PM & 7:30—10:39 AM (11-hours: $130)
- K-11. Public Speaking Seminar

Please check site and circle the courses, by codes, that you wish to attend:

Lake of the Ozarks, Missouri

K-1	K-3	K-5	K-7	K-9	K-11
K-2	K-4	K-6	K-8	K-10	

Name . . . .
(please print or type)

Office Address . . . .

City/State/Zip Code . . . .

Office Phone No. (   ) . . . .

Mail this tear-out form with your check to:

American Medical Association
Department of Meeting Services
535 North Dearborn Street
Chicago, Illinois 60610

Please add $15 if you are a nonmember of AMA. ($15 fee does not apply to medical students or residents. Medical students and residents are entitled to a 50% discount on course fees.)

Hotel Reservation/Tan-Tar-A
AMA CME Regional Meeting
Sept. 16-18, 1977

Send to: **Tan-Tar-A Hotel**
Lake of the Ozarks
Osage Beach, Missouri 65065

NOTE: Reservations must be received 30 days prior to opening date of meeting. After this cut-off date, reservations will be accepted only if rooms are available. **DEPOSIT for one night is required for room confirmation.**

Single or Double = $55 per day plus 3% State Tax.

Circle your selection of accommodations.

List ages of children under 12 years old . . . .

. . . .

Total number of persons . . . .

Arrival Date . . . . Time . . . . AM PM

Departure Date . . . . Time . . . . AM PM

Name . . . .
(please print or type)

Office Address . . . .

City/State/Zip Code . . . .

Office Phone No. (. . . . . .) . . . .

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132
(816) 276-4167

Oct. 5	Medical and Surgical Treatment of Coronary Artery Disease (Third Annual Seminar)
Dec. 7	Infectious Diseases
(1978) **Feb. 1**	Gynecology and Female Urology
Apr. 5	Hematology
June 2	Drug Actions and Interactions

University of Missouri-Columbia
M-175 Medical Center, Columbia 65201
(314) 882-2256
***Contact:* William Bradshaw, M.D., Director**

Sept. 28-30	13th Annual Midwest Conference on Endocrinology and Metabolism—Robert L. Jackson Day
Oct. 5-6	Annual Symposium: Growth and Feeding in Infancy and Childhood
Oct. 18	The Child With an Abnormal X-ray
Oct. 20	A Systematic Approach to Management of Pain
Nov. 4-5	18th Annual M.D. Day
Nov. 14-15	Farm Safety
Dec. 1-3	What Every Physician Wants to Know About Medical Problems and Dares to Ask!
(1978) **Feb. 7-8**	The Professional and Community Role of the Physician in Alcohol Abuse
Feb. 22-23	Dynamic Dietetics for Dedicated Diligent Doctors
Mar. 8-9	Preceptor's Day
Mar. 22-23	Common Problems in Cardiology
Apr. 6-7	24th Annual Urology Seminar (Kansas City)

St. Louis University Medical Center
Continuing Education
3544 Caroline, St. Louis 63104
(314) 664-9800, Ext. 127
***Contact:* John A. Grellner, Director**

Sept. 13-14	Current Concepts in Cancer Management: Lung, Colon and Rectum, Prostate
Oct. 6-7	Review of General Medicine for the Primary Care Physician

University of Missouri-Kansas City School of Medicine —Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
***Contact:* Alta Bingham**

Sept. 30-Oct. 1	The Long Weekend—Infectious Diseases/Pulmonary Diseases
Oct. 27-29	Fall Clinical Conference (Kansas City Southwest Clinical Society)
Nov. 18-19	The Long Weekend—Appropriate Use of the Laboratory/Methods of Diagnosis
Dec. 8-10	The Heart 1977
(1978) **Jan. 22-27**	Mid-Winter Traveling Medical Education Course (Steamboat Springs, Colo.)
Feb. 17-18	The Long Weekend—Immunology/Oncology
Feb. 19-25	Mid-Winter Traveling Medical Educational Course (Scottsdale, Ariz.)
Feb. 25-Mar. 4	Late-Winter Traveling Medical Educational Course (Maui, Hawaii)
April 20-21	Surgical Techniques
May 4-6	Seminar: Update in Obstetrics and Gynecology
May 19-20	The Long Weekend—Cardiovascular Disease I and II
June 1-2	Symposium on Physical Fitness

(Continued on next page)

Greene County Medical Society
223 Professional Bldg., Springfield 65806
(417) 869-2531
Contact: James E. Thompson, Jr., Executive Director

Oct. 21	Paul Carrick Arthritic Symposium

Dancinger Institute for the Health Sciences
Menorah Medical Center
4949 Rockhill Rd., Kansas City 64110

Oct. 19-21	Clinical Advances in Pediatrics (Cosponsored by The Children's Mercy Hospital, St. Luke's Hospitial and Kansas City Academy of Family Physicians)

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

Nov. 6	Corneal and External Disease for the Clinician (Cosponsored by American Society of Contemporary Ophthalmology)
(1978) Apr. 2	Annual Spring Seminar

Ellis Fischel State Cancer Hospital
115 Business Loop 70 West
Columbia 65201
(314) 449-2711
Contact: Nestor R. Canoy, M.D.

Sept. 17	The Curative Management of Advanced Stage III-IV Oropharyngeal Cancer

Give now . . .

to the Missouri State Medical Foundation student loan fund. Your gift is 100% tax-deductible!

Send Your Contribution To:

MISSOURI STATE MEDICAL FOUNDATION

MSMF
113
Madison
Jefferson City,
Missouri 65101

• Sponsored By Missouri State Medical Assn. •

The Missouri State Medical Foundation is classified by the Internal Revenue Service under 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

Washington University School of Medicine
Continuing Medical Education
Box 8063, 660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
Contact: Loretta Giacoletto

Sept. 14-Nov. 3	Cardiology: Drug Therapy and Noninvasive Diagnostic Methods (Wednesday evenings)
Sept. 24	Acute Hand Injuries: Recent Advances in Techniques of Management
Sept. 30	Review and Update of Some Common Problems in Renal Disease (Tan-Tar-A Resort, Lake of the Ozarks)
Oct. 1-2	North Central Dialysis Meetings (Tan-Tar-A Resort, Lake of the Ozarks)
Oct. 6-7	Clinical Allergy for the Practicing Physician
Oct. 20-21	Recent Advances in the Diagnosis and Therapy of Metabolic Bone Diseases
Oct. 27-28	Restoration of Function Following Hand Injuries
Nov. 11-13	Anesthesia and the Geriatric Patient
Nov. 17-18	Rehabilitation in the Management of Patients With Common Medical Problems
Dec. 2	An Update in Diabetes

The Edward Mallinckrodt Institute of Radiology—Washington University School of Medicine
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
Contact: Ronald G. Evens, M.D.

Oct. 10	Diagnostic Approach to the Gallbladder
Nov. 14	Pseudomalignancies of the Skeleton
Dec. 12	New Techniques in Ultrasound
(1978) Jan. 9	Genitourinary Radiology
Feb. 13	Recent Advances in Cardiovascular Nuclear Medicine
Mar. 13	CT Scanning for Treatment Planning and Follow-up of Primary Brain Tumors
Apr. 10	Newer Aspects of Neuroradiology
May 8	Hematologic Bone Disease

The State of the Nation's Health—No. 3

By

Richard E. Palmer, M.D., ***Immediate Past-President, American Medical Association***

CHICAGO—Americans are for the most part a fairly healthy nation.

We could be much healthier.

Your physician, your dentist and all of the others in health care can help.

Given the present state of medical skill and knowledge, however, the greatest room for improvement is up to you.

How you live your life has a great deal to do with how healthy that life will be. In previous articles, the American Medical Association presented both the bright and dark sides of the state of the nation's health. In this article, the AMA tells what we can expect in the future.

The recent gains in health may slow down in the near future. The American population is getting older. Americans persist in unhealthy personal habits, such as tobacco and alcohol. Social factors such as inflation and unemployment affect health adversely. Also, environmental factors over which the individual has little control, such as air pollution, are a paramount health problem.

One thing is certain. One's health can be improved by a better personal choice of lifestyle.

At the start, individual health tendencies are inherited from our parents and grandparents. Some are good. Some are bad. Healthy parents tend to beget healthy children. Long-lived people tend to beget long-lived offspring.

Americans are healthy, but we are not as healthy as we ought to be. We eat too much, and we eat the wrong kinds of food. We sometimes drink too much and smoke. We sometimes forget to drive carefully. Many of us don't get enough regular exercise.

These admonitions aren't new. We've heard them for years, but they are very important. We know that people who follow a healthy life style will, on balance, live longer and have less illness.

You can measure your own lifestyle and its impact on your health by scoring yourself on seven things: smoking, drinking, weight (is it about right for your height), hours of sleep, eating breakfast, snacking between meals and physical activity.

For example, if you are a man of 45, you can add as many as 11 years to your life by the practice of good health habits. A woman of 45 can gain up to about seven years.

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

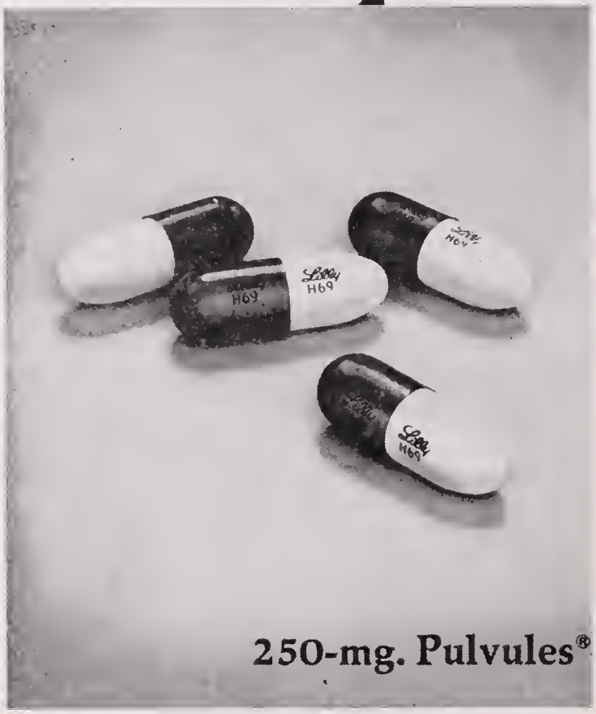
MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Borgmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

easy to take



250-mg. Pulvules®

Oral Suspension
250 mg./5 ml.
100 and 200-ml.
sizes

125 mg./5 ml.
60, 100, and
200-ml. sizes

Pediatric Drops
100 mg./ml.
10-ml. size

Keflex®
cephalexin

Lilly

500738

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 74, Number 8—August, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

HENDRICK B. BARNER, M.D., *St. Louis*

Aortic Root Aneurysm

Aneurysmal degeneration of the aortic root involves the aortic annulus, the sinuses of Valsalva and the proximal ascending aorta and results in aortic insufficiency. The natural history is that of gradual progression, but acute aortic dissection may cause sudden acceleration of aortic regurgitation or be life threatening due to aortic rupture. Gradually, progressive aortic regurgitation or acute dissection may dictate the need for operation.

Although several operative procedures have been utilized for management of this problem, complete replacement of the aortic root is the most sound approach. Four consecutive patients managed in this way during the last three years form the basis of this report.

Clinical Material

The four cases are summarized in Table 1. There were two men. One of each sex was in their 20s, one was middle aged and one was elderly. Two patients, one elderly and one young, had acute presentations with acute aortic dissection localized to the ascending aorta superimposed on aortic root dilation. Neither had the anatomic morphologic features of Marfan's syndrome, but the young man had lost three sisters, ages 20-39, with probable aortic rupture. A fourth sister, age 21, is well at present. The young woman (Fig. 1) does not have a family history of aortic degeneration, but she has moderate diffuse enlargement of her entire thoracic aorta.

Operative Management

All patients were managed in a similar manner. Cardiopulmonary bypass with moderate hemodilution and moderate hypothermia was instituted using the femoral artery for perfusion. The myocardium was protected with crushed ice made from lactated Ringer's and intermittent coronary perfusion. A Bjork-Shiley prosthesis was chosen to fit the annulus. The valve prosthesis was placed within a woven Dacron graft of slightly greater diameter (1 mm to 3 mm) and the two were sutured as a unit to the aortic annulus using about 30 interrupted simple sutures. The coronary ostia, which had been previously mobilized with a 5 mm-8 mm cuff of aortic wall, were then sutured to 10 mm in diameter defects in the graft with care taken to avoid tension or angulation of the coronary arteries. The distal anastomosis was made into grossly healthy aorta immediately proximal to the innominate artery. In the last patient, the distal anastomosis was wrapped with a segment of Dacron graft extending to the innominate artery on the greater curvature and to the ligamentum arteriosum on the lesser curvature.

Comment

Although a formidable lesion, aortic root ectasia

Aneurysmal degeneration of aortic root is seen in adults of any age. This condition may be chronic and progressive or be complicated by acute aortic dissection. The author describes operative management. Limited followup indicates a good prognosis, but attentive therapy is necessary. Dr. Barner is Professor of Surgery, Department of Surgery, Saint Louis University School of Medicine.

TABLE 1
CLINICAL FEATURES

No.	Age	Sex	Presentation	Operation	Condition
1	41	M	Murmur, 20 yr dyspnea, 1 yr	3/74	Working, small business owner
2	68	F	Acute dissection, 3 wk	6/75	Working, part-time, hospital cafeteria
3	23	M	Chest pain, 1 yr Acute dissection, 4 days	10/75	Working, karate instructor
4	25	F	Dyspnea, 1 yr Orthopnea, 3 mo	10/76	Seeking employment

now can be managed with an acceptable mortality as shown in this and other series.[1-3] Although there has been enthusiasm for placing the proximal suture line immediately distal to the coronary arteries or using a scalloped suture line that incorporates part of the annulus and skirts the coronary ostia,[4] these approaches may result in acute hemorrhage from a suture line that is placed in very diseased, friable tissue or eventuate in aneurysmal degeneration of the remaining segment of aortic sinus. Certainly, it is simpler to suture the graft and the valve to the aortic annulus as a unit[5] rather than to employ separate suture lines. Attachment of the coronary ostia to the graft is not difficult if there is upward displacement of the ostia from the annulus as occurs in sinus of Valsalva dilation. In patients with acute dissection of the ascending aortia without prior aortic root ectasia, it usually is unnecessary to replace the aortic root. In this latter instance, the acute dissection is treated by resection of the ascending aorta or intraluminal graft placement and aortic competency is restored by resuspension of the commissures of the aortic valve.

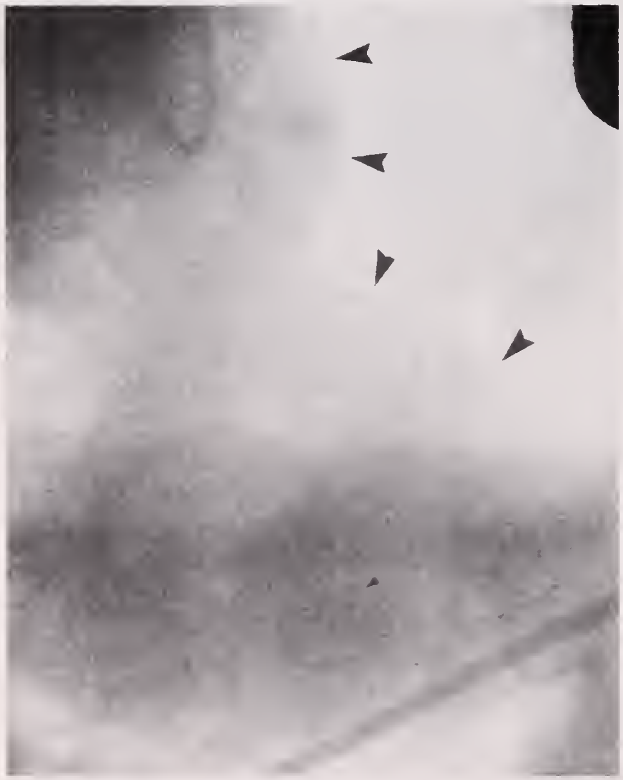


Fig. 1 Supravalvular injection of contrast in Case #4 reveals aortic aneurysm above *(arrows)* and regurgitation into left ventricular chamber below *(arrow)* in the right anterior oblique projection.

It has been suggested that in aortic root replacement, the coronary arteries should be reconstructed by interposed segments of saphenous vein.[3] This technique is objectionable since two anastomoses are needed and the patient is exposed to the risk of graft closure. This approach is acceptable if the aortic wall is so diseased at the coronary ostia that attachment to the graft is hazardous or if there is intrinsic coronary disease that warrants bypass grafting.

The long-term prognosis in these patients is unknown. It would seem to be related to the durability of the aortic valve prosthesis and the likelihood of subsequent aortic degeneration distal to the distal anastomosis. In patients with acute dissection or Marfan's syndrome or both, there is the risk of acute dissection occurring distally in the aorta. Particularly in this group and probably in all of these patients, beta-blocking drugs are indicated and even mild hypertension should be vigorously treated. All of the patients in this report are receiving propanolol, and the first patient is receiving additional antihypertensive therapy. It is planned to recatheterize the fourth patient in one year and consider external grafting of the transverse and descending thoracic aorta with a Dacron jacket since her long term prognosis seems limited by the dilation of her thoracic aorta.

Although the porcine tissue prosthesis is preferred for isolated aortic valve replacement, the possibility of tissue degeneration and the nearly impossible

(Continued on page 378)

YOHANNES W. YESUS, M.D., ***Columbia***

Midline Malignant Reticulosis

Case Report

SINCE THE FIRST REPORT by McBride[1] in 1897, there have been many conditions described as "lethal midline granuloma."[2-7] The many and interesting descriptive terms used since then were listed by Burston.[8] Some of the commonly used terms in the current literature are midline malignant reticulosis, polymorphic reticulosis, granuloma gangrenescens and lethal midline granuloma. In this paper, the author reserves the term "lethal midline granuloma" for a nonspecific clinical term describing a syndrome of progressive ulceration of the nasal cavities and midline facial tissues. This recognizes that different clinicopathologic entities can and do present with progressive rapid destruction of nose and face. This view has been strongly advocated by many authors ncluding Fechner and Lampin,[9] Kassel *et al*[10] and Eichel *et al.*[11]

Midline malignant reticulosis (MMR) or polymorphic reticulosis is a rare and poorly understood clinicopathologic entity that presents with the syndrome of lethal midline granuloma. It is a malignant neoplasm of the lympho-reticular cells and the diagnosis rests solely on histologic examination. The histologic hallmark is an infiltrate of neoplastic lymphoid and reticulum cells with an admixture of normal inflammatory cells.

Despite better morphologic characterization in recent years, the condition remains rare and poorly understood. Not enough data have been collected on the efficacy of radiotherapy. Consequently, widey discrepant experiences of apparent cures and survival rates are reported.[9-13]

The purpose of this article is to describe another case of MMR that was treated by radiation and surgery. With a three-year follow up and complete auopsy study, this case revealed systemic dissemination and evolution into a more monomorphic celular type while retaining some of the characteristics of malignant reticulosis.

CASE REPORT

A 38-year-old white man was referred to the Univerity of Missouri-Columbia Medical Center (UMMC) on July 9, 1970 for evaluation of nonhealing ulcerative leion of the nose.

On physical examination, the external nose was enlarged and moderately inflamed. The right nares was split and there was a weeping lesion in the left nares. The cartilaginous septum was largely eroded. The swelling and redness extended into the left upper lip. There appeared to be a communication between the vestibule and the upper lip. Other organ systems were normal.

Laboratory values were as follows: hemoglobin, 15.6 gm/100 ml; hematocrit, 43%; white blood cell count (WBC), 12,200/cu mm; VDRL, nonreactive; total proteins, 7.0 gm/100 ml; albumin, 3.3 gm/100 ml; globulin, 3.7 gm/100 ml; erythrocyte sedimentation rate (ESR), 45 mm/hr; and blood urea nitrogen (BUN), 10 mg/100 ml. FANA and lupus erythematosus (LE) preparations were negative. Chest X-ray was within normal limits. Sinus X-ray showed haziness of the left maxillary sinus. Bacteriologic cultures from the nose lesion grew Pseudomonas, alpha hemolytic Streptococcus and Klebsiella on separate occasions. Multiple cultures for mycobacteria and fungi were negative. Biopsy materials were obtained on two occasions, neither of which yielded definitive diagnosis but raised the possibility of unclassified malignancy.

Consultation with the Armed Forces Institute of Pathology raised the possibility of "lethal midline granuloma." They described chronic inflammation and atypical reticulum cells. Radiation therapy was initiated to the nose and upper lip on July 30. A depth dose of 2,650 rads resulted in complete remission.

This remission lasted until June, 1972 when the patient was seen with a right infraorbital mass, pansinusitis, mild proptosis and low-grade fever. Physical examination revealed an indurated infraorbital mass. The nasal septum was absent anteriorly and the left nasal

In this case report of a midline malignant reticulosis (MMR) in a 38-year-old man, initial radiation therapy resulted in a 24-month remission. After relapse, the combined therapy of surgery and radiation was less successful and systemic dissemination was noted in about six months. The disseminated lesion showed evolution into a more monomorphic malignant lymphoma while retaining some of the morphologic characteristics of MMR. The condition is rare and poorly understood.

Dr. Yesus is Assistant Professor, Department of Pathology, University of Missouri School of Medicine.

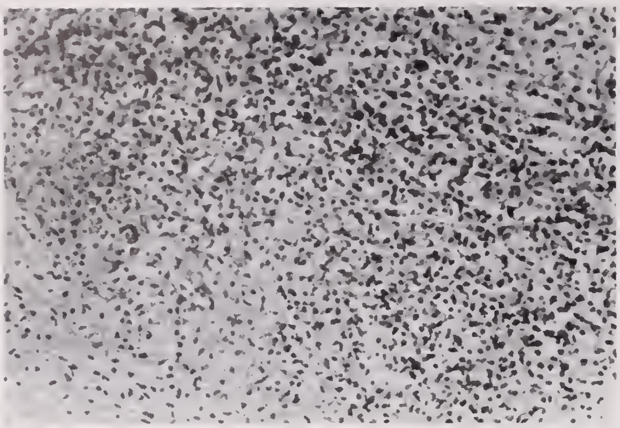


Fig. 1 A medium-power view of an area of coagulative necrosis and lymphoreticular infiltrate. (H & E × 250)

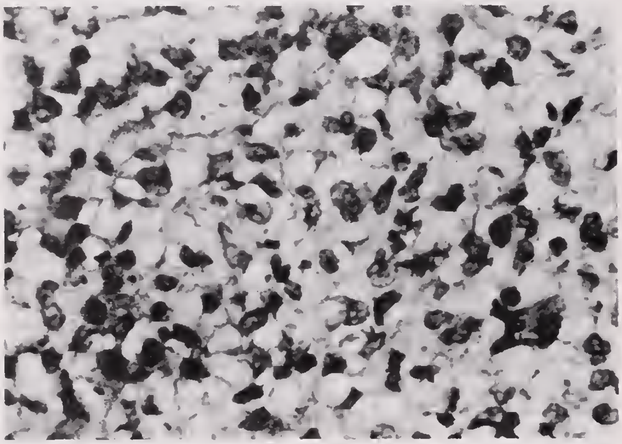


Fig. 2 A high-power view of the cytologic details of scattered lymphocytes among atypical reticulum cells with large vesicular nuclei and prominent nucleoli. Their cytoplasm varies from clear to shrunken, condensed strands irregularly distributed around the nucleus. (H & E × 1000)

passage was obliterated by inflammatory detritus. A sinus roentgenogram showed opacification of the ethmoid, right maxillary and sphenoid sinuses. The right pterygoid plate and septum showed boney destruction. On Oct. 25, 1972, partial maxillectomy, right ethmoidectomy and right sphenoidectomy were performed. The pathology report at this time was midline malignant reticulosis. Radiation therapy was reinstituted on Jan. 4, 1973 and 4,000 rads were delivered to the right maxillary sinus resulting in disappearance of all facial swelling, proptosis and signs and symptoms of sinusitis.

On Aug. 2, 1973, he was readmitted for bilateral neck swelling of three weeks duration. The right mass was situated in the posterior triangle and measured 4 cm x 4 cm. On the left, it extended from the angle of the jaw to supraclavicular region. It measured 8 cm x 9 cm and was moderately tender and erythematous. Intermittent high fever of 103 F to 104 F was recorded. Incisional biopsy of the left mass was performed and a pathologic diagnosis of unclassified lymphoma was obtained. Other laboratory values were hemoglobin, 9.3 gm/100 ml; hematocrit, 27%; WBC, 5,100/cu mm; BUN, 17 mg/100 ml; and urinalysis, normal.

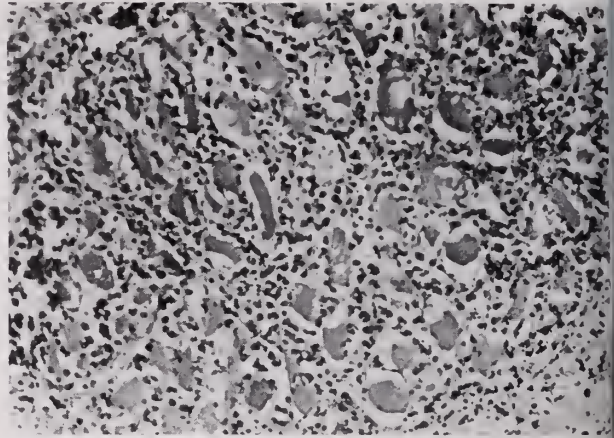
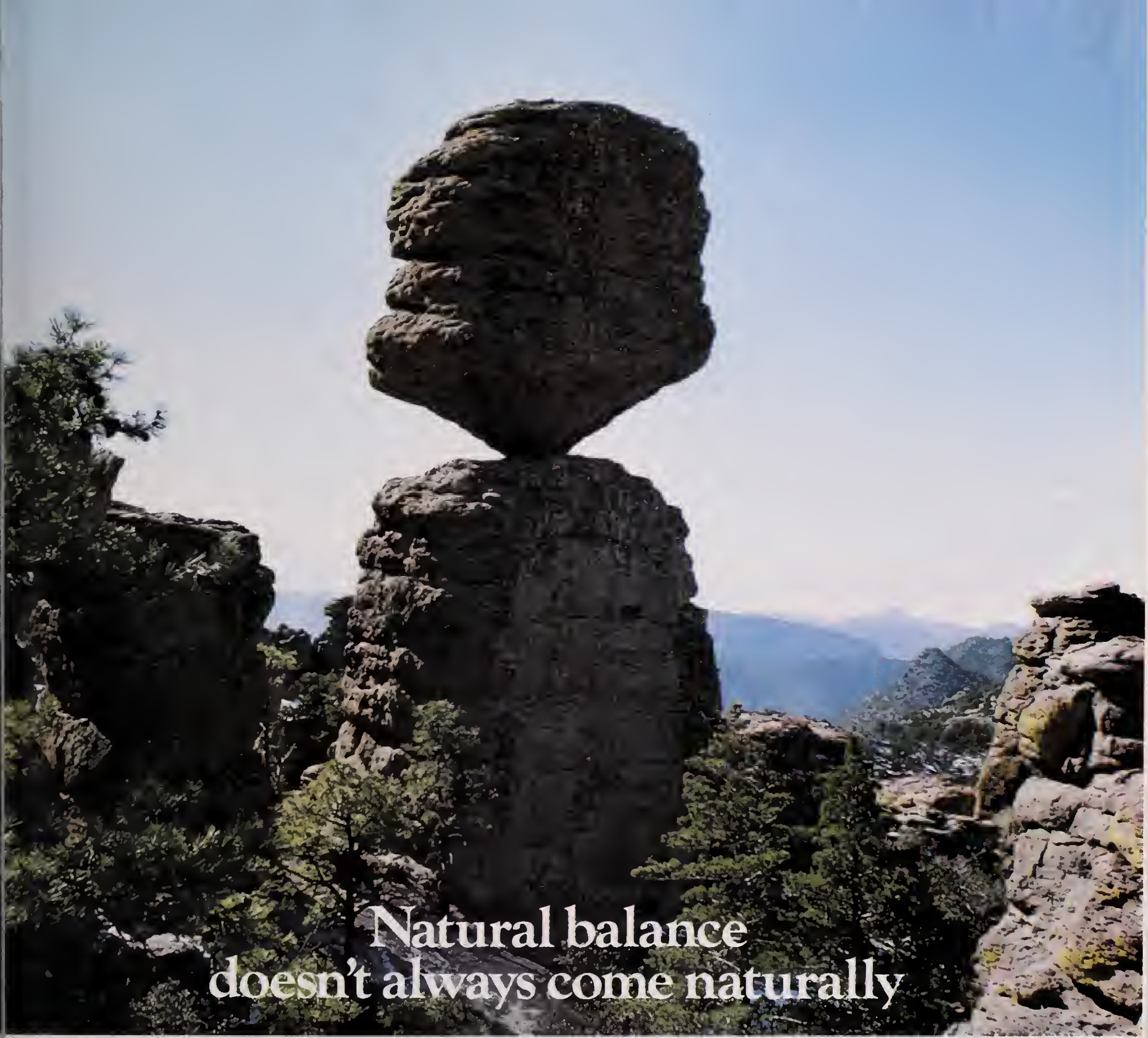


Fig. 3 A section of the sternocleidomastoid muscle showing diffuse infiltration with lymphoreticular cells (H & E × 250)

FANA, LE preparations, VDRL and rheumatoid agglutinins were again negative. Bacteriologic culture grew *Staph. aureus* from the blood. He continued to spike high fever which was not responsive to antibiotics and died on Sept. 2, 1973. Pertinent autopsy findings are as follows:

There was moderate edema of the face which was most prominent around the left lower eyelid. The bridge of the nose was somewhat sunken. There was a 5 mm x 2 mm well-healed defect in the right nasal alae The nasal septum was completely destroyed. The hard palate was perforated with an antral oral fistula. The cribriform plate was intact and no extension into the intracranial space was noted. The neck revealed a 4 cm x 4 cm firm mass in the right posterior triangle On the left, an 8 cm x 10 cm indurated, diffuse, swelling extended from the angle of the jaw to the clavicle. The masses consisted of matted lymph nodes surrounded by edematous and necrotic tissue. The cut surface of the lymph nodes revealed yellowish-gray friable necrotic tissue. The process spared paratracheal and hilar lymph nodes but extended into mesenteric para-aortic and inguinal lymph nodes. The necrotizing process completely obliterated nodal architecture and extended into the surrounding fatty tissue. The left adrenal gland was partially destroyed by the same process. Acute purulent peritonitis, which was a terminal episode, was also noted. The trachea, lungs, heart kidneys and liver showed no significant abnormalties.

Four of the six surgical biopsies showed nonspecific acute inflammation and necrotic debris. The remaining two, on which the question of malignancy was raised, were from the upper lip and maxillary sinus content. Both showed extensive areas of necrosis, lymphocytic infiltration with occasional plasma cells and atypical histiocytes or reticulum cells. These atypical cells contained large vesicular folded nuclei and prominent nucleoli. Their cytoplasm varied from clear to shrunken condensed strands irregularly distributed around the nucleus (Figs. 1 & 2). Mitotic figures were not infrequent. The overall pattern of these pleomorphic but decidedly malignant infiltrates was that of a conglomeration of noncohesive cells. The lesion expanded by



Big Balanced Rock, Chiricahua Mountains, Arizona (approx 1,000 tons)

- **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.
- **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo.*
- **Dosage for Vertigo***—The usual adult dosage for Antivert/25 is one tablet t.i.d.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25

(meclizine HCl) 25 mg. Tablets

for vertigo*

Only 1 tablet B.I.D.

New convenience

Gantanol® DS

sulfamethoxazole/Roche

double-strength dosage form for acute cystitis* patients

*nonobstructed; due to susceptible organisms ew Gantanol® DS (sulfamethoxazole) tablets offer even greater convenience and onomy for your patients with acute, nobstructed cystitis due to susceptible ains of *E. coli, Klebsiella-Aerobacter,* aphylococcus, *Proteus mirabilis* and, ss frequently, *Proteus vulgaris*...

e same amount of medication, the same icacy, with only *half* the number of tablets r day.

nplified dosage regimen encourages pant compliance: 2 tablets (1 Gm each) AT—then 1 tablet B.I.D. for 10 to 14 days.

nical efficacy so basic you can start cyss therapy even before culture results are ailable.

- In a clinical study of 406 patients on Gantanol (sulfamethoxazole) B.I.D., close to 9 out of 10 patients achieved negative urine cultures. While Gantanol tablets were used in this study, one Gantanol DS tablet has been proved bioequivalent to two Gantanol tablets.*

Gantanol is contraindicated during pregnancy, during the nursing period, and in infants under 2 months. During therapy, maintain adequate fluid intake, perform frequent CBC's and urinalyses with careful microscopic examination.

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

and economy

fore prescribing, please consult complete product ormation, a summary of which follows:

ications: Acute, recurrent or chronic urinary tract infecs (primarily pyelonephritis, pyelitis and cystitis) due to ceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, phylococcus, *Proteus mirabilis* and, less frequently, *teus vulgaris*), in the absence of obstructive uropathy or ign bodies. Note: Carefully coordinate *in vitro* sulmide sensitivity tests with bacteriologic and clinical onse; add aminobenzoic acid to follow-up culture dia. The increasing frequency of resistant organisms ts the usefulness of antibacterials including sulamides, especially in chronic or recurrent urinary tract ctions. Measure sulfonamide blood levels as variations occur; 20 mg/100 ml should be maximum total level.

traindications: Sulfonamide hypersensitivity; pregcy at term and during nursing period; infants less than months of age.

rnings: Safety during pregnancy has not been estabed Sulfonamides should not be used for group A a-hemolytic streptococcal infections and will not eradie or prevent sequelae (rheumatic fever, glomerulonetis) of such infections. Deaths from hypersensitivity reacs, agranulocytosis, aplastic anemia and other blood crasias have been reported and early clinical signs e throat, fever, pallor, purpura or jaundice) may indie serious blood disorders. Frequent CBC and urinalysis microscopic examination are recommended during onamide therapy. Insufficient data on children under with chronic renal disease.

cautions: Use cautiously in patients with impaired renal epatic function, severe allergy, bronchial asthma; in glue-6-phosphate dehydrogenase-deficient individuals in m dose-related hemolysis may occur. Maintain adete fluid intake to prevent crystalluria and stone formation.

erse Reactions: *Blood dyscrasias* (agranulocytosis, stic anemia, thrombocytopenia, leukopenia, hemolytic mia, purpura, hypoprothrombinemia and methemoinemia); *allergic reactions* (erythema multiforme, skin tions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). *Usual adult dosage:* 2 Gm (2 DS tabs or 4 tabs or 4 teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: DS (double strength) tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

Basic therapy with convenience and economy:

Gantanol® (sulfamethoxazole) Roche®

Basic therapy with even more convenience and economy:

Gantanol® DS (sulfamethoxazole) Roche®

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION:* SERUM K^+ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company

local extension leaving behind granular eosinophilic necrotic debris and nuclear fragments.

Sections of the neck mass, mesenteric, para-aortic and inguinal lymph nodes obtained at autopsy revealed a uniform eosinophilic granular necrotic central portion with a narrow rim of viable, highly atypical reticulum cells. They freely and profusely infiltrated the surrounding fatty tissue and muscle (Fig. 3). Unlike the surgical specimens, the autopsy material showed more monomorphic and definitely more malignant cells that in many areas were indistinguishable from reticulum cell sarcoma.

The only extra nodal tissues involved were the sternocleidomastoid muscles and left adrenal glands. These appeared to be local extensions from cervical and para-aortic lymph nodes, respectively. Bone marrow, spleen and liver showed no tumor infiltrate. No evidence of vasculitis was noted in kidneys and lungs. Sections of the edematous visceral peritoneum showed acute inflammatory cell exudate characteristic of bacterial peritonitis.

Comment

The following diagnoses should be considered when a clinical syndrome of "lethal midline granuloma" presents: (1) Midline malignant reticulosis; (2) Wegener's granulomatosis; (3) Malignant Lymphoma (Lymphocytic, histiocytic); (4) Specific granulomatous diseases (leprosy, tuberculosis, syphilis, tularemia, glanders, blastomycosis, histoplasmosis and lymphogranuloma venereum); (5) Sarcoidosis; (6) Loeffler's syndrome; (7) Mycosis fungoides; (8) Hodgkin's disease; (9) Polyarteritis nodosa; and (10) Allergic angiitis.[2–12] Among these, the first three were the most commonly reported as "lethal midline granuloma" while the others tended to be recognized as specific entities. Morphologic and clinicopathologic characterization of these three entities by Fechner and Lampin,[9] Kassel *et al*[10] and Eichel *et al*[11] has brought some order into the heterogenous and diverse reports of diagnostic criteria, response to treatment and prognosis.

The importance of specific diagnosis cannot be overemphasized since the three clinicopathologic entities imply different modes of treatment and prognosis. The difficulties in differentiation arise from extensive necrosis and inflammatory component accompanying both Wegener's granulomatosis and MMR. However, the lack of histiocytic giant cells accompanying primary vasculitis with fibrinoid necrosis rules out Wegner's granulomatosis. The histologic characteristic that seemed to be the basic process in MMR is a pleomorphic infiltrate of a mixture of mature and immature lymphoid cells with scattered atypical reticulum cells. This process differs from the usual lymphosarcoma by being pleomorphic, loosely packed and noncohesive and a constant inflammatory and necrotic component. It must be reemphasized that superficial biopsics may consist only of inflammatory and necrotic debris and multiple biopsies may be necessary before an interpretable material is obtained. It is recommended that the adequacy of biopsy material be confirmed by frozen section to avoid multiple anesthetic and surgical procedures.

Radiotherapy generally has been reputed to give prompt and dramatic response and sometimes apparent cure.[4–7, 14, 15] Hultberg *et al*,[16] in 1957, reported the effect of radiotherapy on ten cases. Their cases of Lethal midline granuloma, however, included patients with MMR as well as Wegener's granulomatosis. It is interesting that they recommended combined steroid and radiation therapy for consistent response. Now it is apparent that MMR responds to radiotherapy and not steroids while the reverse is true for Wegener's granulomatosis.[10, 17] Eichel *et al*[11] reported 100% five-year survival with radiotherapy in their well studied group of nine patients.

In their comprehensive review of 30 cases, however, Fechner and Lampin[9] reported considerably less favorable results. The outcome of radiotherapy in these groups of patients fell into two main groups. The first group were those who responded dramatically and had varying periods of remission. The process remained localized even during relapses and patients usually died of hemorrhage or meningitis from local extension into intracranial cavity. Follow-up period ranged between eight months to five years. The second category were those who also responded initially but who developed systemic dissemination after a period of remission that ranged from five to 30 months with an average of 13.1 months. No histologic difference is noted between these two groups.

The present case fell into the second group. The patient had dramatic response to 2,650 rads and remained free of disease for 24 months. He then had local recurrence for which 4,000 rads were given following surgery. He again had good response with close to six months' remission, at the end of which time cervical lymph node involvement was noted. The nasal and maxillary sinus lesions were inactive at that time. As noted previously, the lymph nodes were the primary target of dissemination and the groups involved were cervical, mesenteric, retroperitoneal iliac and inguinal lymph nodes. In addition, local extension into cervical muscle and left adrenal gland was noted. Mediastinal lymph nodes were inexplicably spared. This case and the Fechner and Lampin[9] cases show that the effect of radiotherapy is not as uniform as the cases of Eichel and associates[11] suggested. The factors that modify sensitivity to radiotherapy and survival rates are not clear.

The evolution of the lesion from pleomorphic infiltrate to a more monomorphic cellular component has been noted by other observers.[18-20] Although the noncohesive nature of the infiltrates, the extensive necrobiosis even in small-sized lesions and the characteristic inflammatory component persisted, individual cells were indistinguishable from reticulum cell sarcoma. This change is analogous to the myeloproliferative disease, chronic myelogenous leukemia, which begins with proliferation of the myelogenous, erythroid and megakaryocytic series and commonly culminates in acute myelogenous leukemia.

References

1. McBride, P.: A Case of Rapid Destruction of the Nose and Face. J. Laryngol. Otol. 12:64, 1897.
2. James, A. E., Jr.: Malignant Lymphoma as Cause of Midline Granuloma. Arch. Intern. Med. 115:200-202, 1965.
3. Tuhy, J. E., Maurice, G. L. and Niles, N. R.: Wegener's Granulomatosis. Am. J. Med. 25:638-646, 1958.
4. Godman, G. C. and Churg, J.: Wegener's Granulomatosis: Pathology and Review of the Literature. Arch. Pathol. 58:533-553, 1954.
5. Walton, E. W.: Non-healing Granulomata of the Nose. J. Laryngol. Otol. 73:242-260, 1959.
6. Spear, G. S. and Walker, W. G., Jr.: Lethal Midline Granuloma (Granuloma Gangraenescens) at Autopsy. Bull. Johns Hopkins Hosp. 99:313-325, 1956.
7. Walton, E. W.: Reticulo-Endothelial Sarcoma Arising in the Nose and Palate (Granuloma Gangrenescens). J. Clin. Pathol. 13: 279-286, 1960.
8. Burston, H. H.: Lethal Midline Granuloma: Is It a Pathologic Entity? Laryngoscope 69:1-43, 1959.
9. Fechner, R. E. and Lampin, D. W.: Midline Malignant Reticulosis: A Clinicopathologic Entity. Arch. Otolaryngol. 95:467-476, 1972.
10. Kassel, S. H., Echevarria, R. A. and Guzzo, F. P.: Midline Malignant Reticulosis (So-called Lethal Midline Granuloma). Cancer 23:920-935, 1969.
11. Eichel, B. S., Harrison, E. G., Jr., Devine, K. D., Scanlon, P. W. and Brown, H. A.: Primary Lymphoma of the Nose Including a Relationship to Lethal Midline Granuloma. Am. J. Surg. 112:597-605, 1966.
12. Ah Moo, E. W.: Lethal Midline Granuloma of the Face: Report of a Case. Oral Surg., Oral Med., Oral Pathol. 23:578-585, 1967.
13. Hamilton, M. K., Scherrer, E. L. and Schwartz, D. S.: Lethal Midline Granuloma: Report of a Case. J. Oral Surg. 23:514-521, 1965.
14. Eichel, B. S. and Mabery, T. E.: The Enigma of Lethal Midline Granuloma. Laryngoscope 78:1367-1386, 1968.
15. deFaria, J. L., Cutin, M., Morgante, A. P. and Ferri, R. G.: Malignant Granuloma of the Face: Contribution to Its Nosology. Arch. Otolaryngol. 65:255-262, 1957.
16. Hultberg, S., Koch, H., Moberger, G. and Martensson, G.: Malignant Granuloma. Acta Radiol. (Stockh.) 47:229-248, 1957.
17. Raitt, J. W.: Wegener's Granulomatosis: Treatment With Cytotoxic Agents and Adrenocorticoids. Ann. Intern. Med. 74:344-356, 1971.
18. Friedmann, I.: Midline Granuloma. Proc. R. Soc. Med. 57: 289-297, 1964.
19. Ardouin, A. P.: Midline Granuloma. Proc. R. Soc. Med. 57:299-303, 1964.
20. Ludman, H.: Midline Granuloma. Proc. R. Soc. Med. 57:304, 1964.

Aortic Root Aneurysm

(Continued from page 374)

difficulties involved in reoperation, if the valve should fail, have dictated use of the Bjork-Shiley prosthesis which has not failed to date because of wear. However, this prosthesis demands lifetime therapy with Coumadin to minimize thromboembolism, which is a distinct risk if the prothrombin time is not maintained in the therapeutic range.

Addendum: A fifth patient (a 40-year-old woman referred after submission of this manuscript by Dr. David Gardner, St. Louis) underwent aortic root replacement in January, 1977 for chronic, progressive root ectasia with aortic insufficiency. She is currently doing well.

Acknowledgement: These patients were referred by Dr. Gail Burchett, Kirksville; Dr. Richard Whiting, Columbia; and Dr. Robert Weins, St. Louis.

References

1. Hasimoto, A., Kitamura, N., Koyanagi, H. *et al:* Surgical Treatment of Annulo-Aortic Ectasia. J. Cardiovas. Surg. 17:240, 1976.
2. Sinah, M.P. and Bentall, H. H.: Complete Replacement of the Ascending Aorta and the Aortic Valve for the Treatment of Aortic Aneurysm. J. Thorac. Cardiovasc. Surg. 63:218, 1972.
3. Zubiate, P. and Kay, J. H.: Surgical Treatment of Aneurysm of the Ascending Aorta With Aortic Insufficiency and Marked Displacement of the Coronary Ostia. J. Thorac. Cardiovasc. Surg. 71: 415, 1976.
4. Wheat, M. W. Jr., Boruchow, I. B. and Ramsey, H. W.: Surgical Treatment of Aneurysms of the Aortic Root. Ann. Thorac. Surg. 12:593, 1971.
5. Bentall, H. H. and DeBono, A.: A Technique for Complete Replacement of the Ascending Aorta. Thorax 23:338, 1968.

Reprints: Hendrick B. Barner, M.D.
1325 South Grand Blvd.
St. Louis, Mo. 63104

The Clinical Research Center operated by the University of Missouri-Columbia Medical Center has received a federal grant of $1.77 million to support its research activities through December 1981. Dr. Richard L. Eddy, an endocrinologist, is director of the unit.

Patients who express interest in helping advance medical knowledge through research may be selected to admission to this nine-bed unit, said Dr. Ted Groshong, pediatric nephrologist who is associate director of the CRC. The unit provides a controlled environment for study of certain diseases and their treatment. Patients selected for such studies receive treatment paid for by the National Institutes of Health under the grant arrangement.

WILFRED E. WOOLDRIDGE, M.D., DALLAS D. ANTHONY, JR., M.D.,
E. RULE OLSON, M.D., GUY P. BATES, JR., D.D.S. *and*
T. JAMES SAMMON, M.D., *Springfield*

Oculodentodigital Dysplasia

AMONG THE CONGENITAL SYNDROMES involving bone, cartilage and ectodermal structures, the condition known as oculodentodigital dysplasia (ODDD) has become well-defined. Approximately 50 cases of this syndrome have been reported.

There follows a list of the various features of the syndrome. As nearly as is possible, this list is compiled in order of decreasing frequency.

1. Varying degrees and types of finger and toe abnormalities: syndactyly, camptodactyly (flexural deformities), clinodactyly (ulnar deviation of terminal phalanges of some fingers), shortened fifth fingers and shortening or absence of some or all middle phalanges (Figs. 1, 2 & 3).
2. A thin nose with narrow nostrils because of hypoplastic alar cartilages (Fig. 4).
3. Medial epicanthal fold (Fig. 4).
4. Hypoplasia of dental enamel, resulting in dull, yellow teeth.
5. Thin, dry, lusterless scalp hair which grows poorly.
6. Microcornia and/or microphthalmia.
7. Small head circumference.
8. Thickening of some skull bones and widening of long bones.

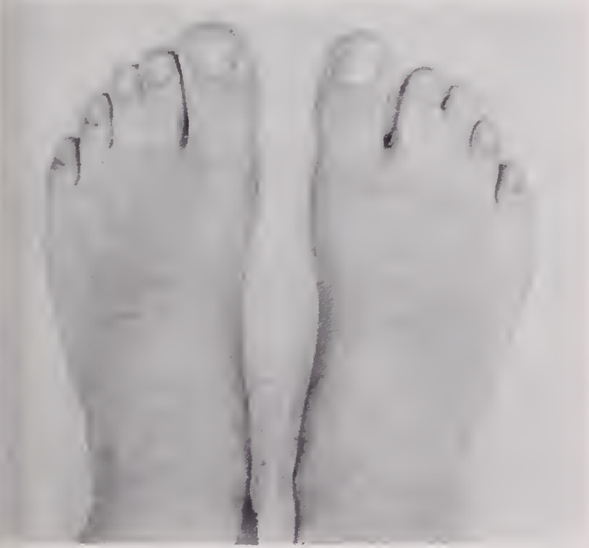


Fig. 1 Bilateral syndactyly of second, third and fourth oes.

The ODDD syndrome was first described in 1920.[1] This article was followed by further publications in 1952[2] and in 1957.[3] These three articles defined the syndrome. It was substantiated by reports which have appeared since 1960.[4–9] These later reports have been particularly helpful by clarifying the variability of individual cases.

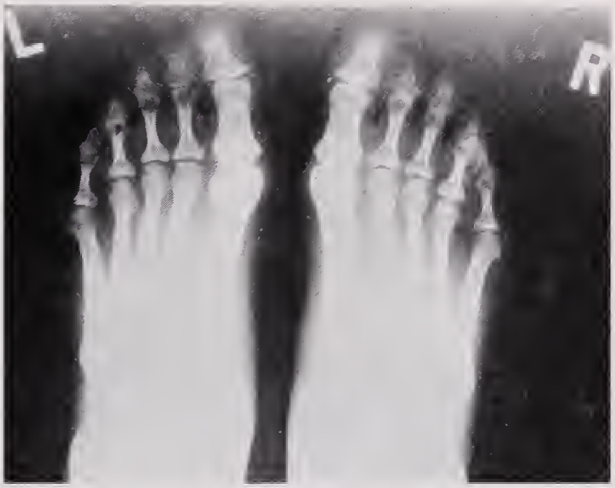


Fig. 2 Absence of middle phalanx of second, third, fourth and fifth toes bilaterally.

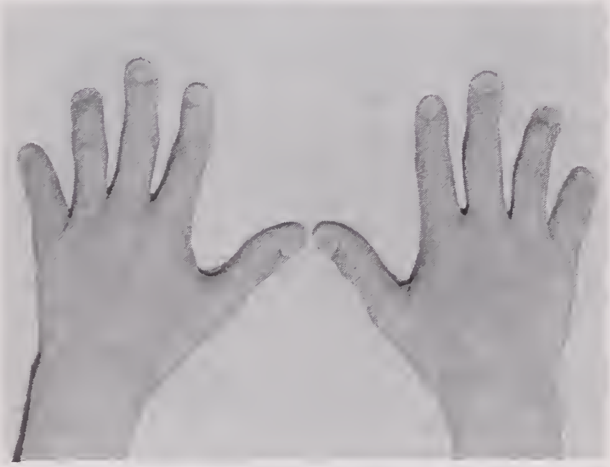


Fig. 3 Shortened fifth fingers. Camptodactyly and clinodactyly of both fourth fingers. Surgical scarring of fourth and fifth fingers of both hands with deformities of those nails. At birth, there was a conjoined nail and bony fusion of terminal phalanges of each fourth and fifth finger.

A total of six individuals with oculodentodigital dysplasia occurred in three generations of a family of four generations. The authors describe the features of this syndrome and note additional oral findings which may merit inclusion in the syndrome. Individual patient variability within the syndrome is confirmed.

Drs. Wooldridge, Anthony, Olson and Sammon are in the private practice of dermatology. Dr. Bates is in the private practice of dentistry. Dr. Wooldridge also is Clinical Professor of Dermatology, University of Missouri-Columbia School of Medicine.

Case Reports

We have examined four members of a family which exhibits various features of the ODDD syndrome. From information supplied by these patients, we have assembled a pedigree which includes four generations (Table 1).

It is known with certainty that none of the ODDD features occurred in Generation I. In Generation II only, one of the siblings was affected.

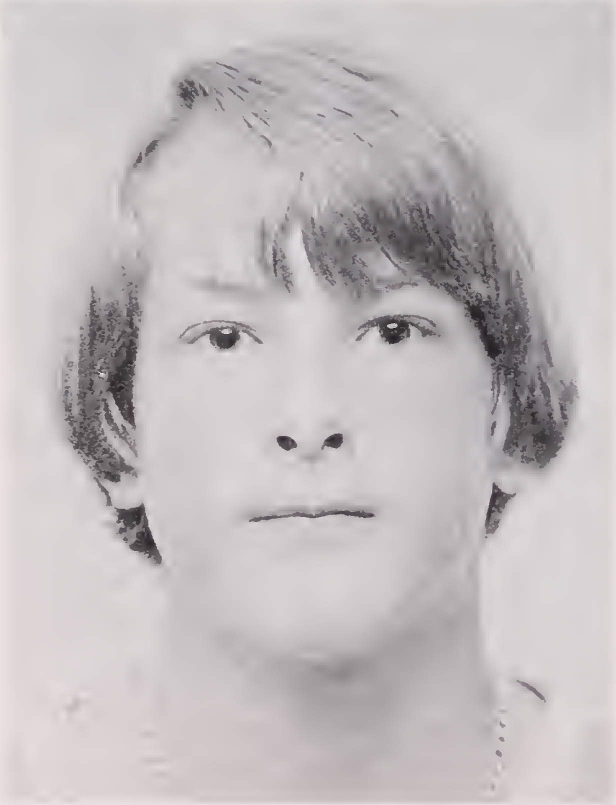


Fig. 4 Thin, pointed nose. There were no palpable alar cartilages. Medial epicanthal folds.

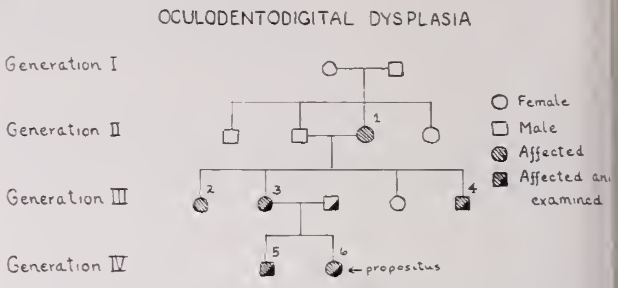


TABLE 1

Each of the examined members of this family displayed varying degrees of webbing of third, fourth and fifth fingers and toes and lack of middle phalanges. Although superscript #2 was not examined, her abnormalities were recognized from birth to be almost identical to those of #3. Member #5 also had fusion of the nails and of the terminal phalanges of both fourth and fifth fingers. This information was obtained from operative notes. Such fusion has been previously recorded only once.[4]

Members #3 and #6, mother and daughter, displayed abnormalities which may be minor features of the ODDD syndrome. These are maxillary midline diastema and torus palatinus. These features have not heretofore been included in the syndrome. Photographs in prior articles[9–10] clearly show the maxillary midline diastema, although no mention of it occurs in the texts of those articles.

Member #6 had uniformly dull, gray teeth but one of us (GPB) could determine no enamel hypoplasia. Also, the Department of Pathology of the School of Dentistry, University of Missouri-Kansas City, examined a deciduous tooth of Member #6 and could ascertain no hypoplasia of enamel. There was no history of maternal tetracycline administration which would account for this discoloration.

It should be understood that mental retardation is not a feature of the ODDD syndrome. It does occur in other syndromes,[11] which share some similarities. Likewise, webbing of the second and third toes, which occurs so commonly, has no identification with the ODDD syndrome.

It is established that the ODDD syndrome occurs by autosomal dominant inheritance with variable expressivity. The inheritance indicated in Table 1 would agree with this, although a mutation occurring in Generation II also might account for the inheritance observed in these patients. The father of Generation IV is quite sure that no such abnormalities exist in his family.

(Continued on page 383)

WILLIAM DAILY, M.D. *and* **WILLIAM E. DAVIS, M.D.,** ***Columbia***

Nasal Septal Dislocation in the Newborn

Case Report

Nasal airway obstruction has been implicated as a causative or contributory factor in a number of diseases, including serous otitis media, chronic sinusitis and headaches. While many factors may influence the patency of the nasal airway (airway, infection, environment and climate), a significant percentage of cases of nasal airway obstruction can be directly attributed to a deviated or dislocated nasal septum, or both. Many patients are able to recount the trauma responsible for their breathing difficulty. However, others are unaware of ever having breathed normally. Many of this latter group sustained their nasal trauma during birth when pressures are present that deform and mold the skull. The following is an example of such a case:

Case Report

This 6-lb., 4-oz. infant is the product of a 36-week pregnancy of his G2POA1 mother. There were no complications associated with the birth or delivery. The infant presented as vertex LOA position, and forceps were not used during the delivery. At the time of birth, the patient's nose was noted to be depressed externally (Fig. 1). Examination showed the caudal nasal septum to be displaced to the right. On the first postpartum day, the nasal septal dislocation was reduced in the closed fashion described below. During the next week, the maneuver was repeated twice as the cartilage tended to resume its abnormal position. The patient is now 13 months old and has a normal external nose and septum.

Discussion

Nasal septal dislocation in the newborn was first described by Metzenbaum in 1936.[1] Cottle estimated that 5% to 10% of newborn infants have severe nasal deformities.[2] More recent series have shown an incidence of 1% to 3%.[3]

The nasal septum is composed of a cartilagenous anterior portion formed by the quadrilateral cartilage which rests on a boney groove formed anteriorly by the premaxilla and maxilla and posteriorly by the vomer (Fig. 2). Posteriorly and superiorly, the cartilagenous septum also is fixed to the perpendicular plate of the ethmoid. The cartilage is held in place by connective tissue attached to the pericondrium and periosteum. With septal disloca-

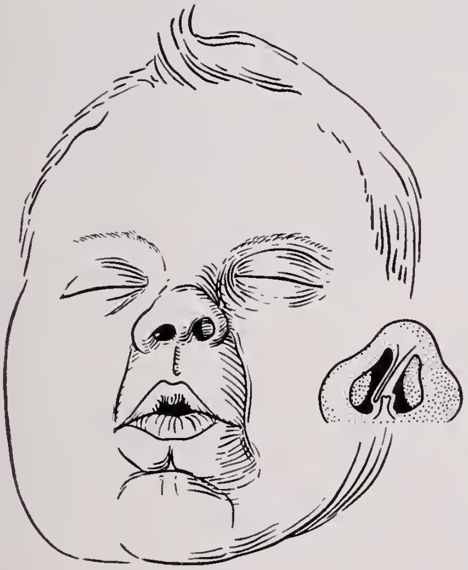


Fig. 1 Typical appearance of newborn with severely dislocated septum. Insert shows septal dislocation.

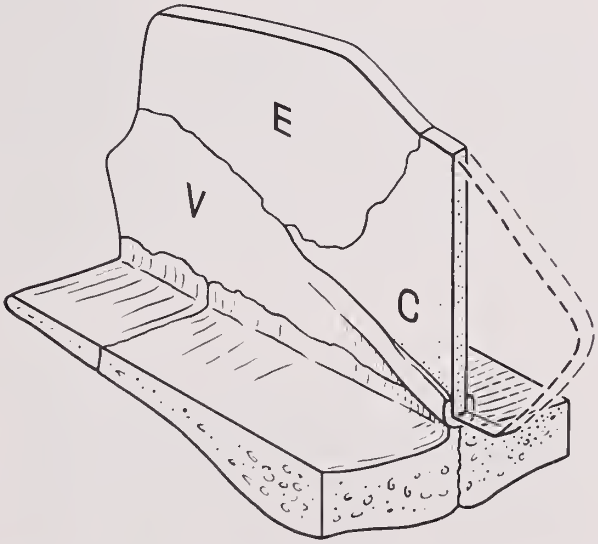


Fig. 2 Normal nasal septum showing cartilage portion (C) resting in groove of maxillary crest; E—perpendicular plate of Ethmoid; and V—vomer.

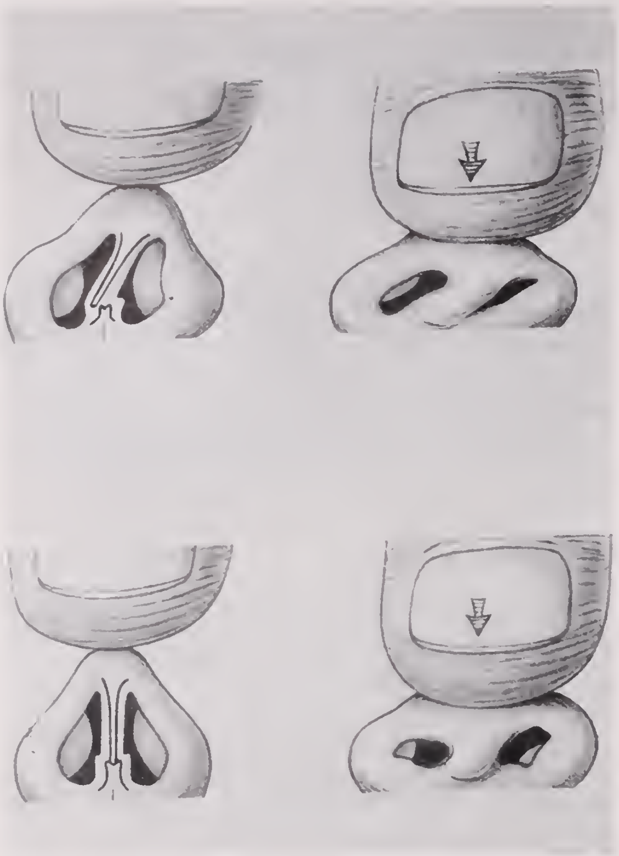


Fig. 3 *(Top)* **Result of finger compression when septum is dislocated** *(Bottom)* **Normal septal relationship gives no nasal deviation with pressure.**

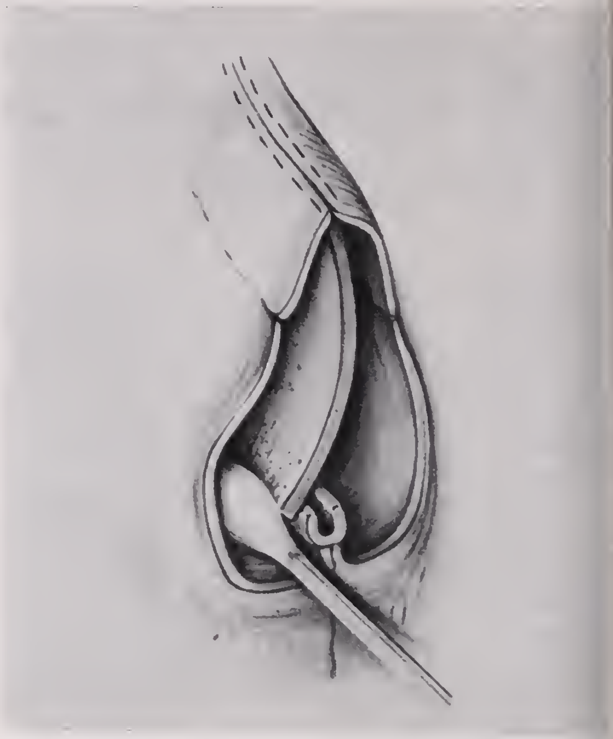


Fig. 4 Method of reducing septal dislocation using Q-tip. The first attempt is made at elevating the displaced cartilage medially. (Note cartilage out of maxillary groove.)

tion, the cartilage of the septum becomes displaced from the boney groove of the maxilla, premaxilla and ethmoid and occasionally slips submucosally to rest on the nasal floor (Figs. 3, 4 & 5). The dorsal portion of the cartilage frequently buckles into the opposite nostril. On examination, one will see the bulge of the inferior margin of the cartilage submucosally on the side of displacement. This may be palpated with a Q-tip or a blunt instrument. In the opposite nostril, the crest of the maxilla may sometimes be identified and palpated submucosally. In most cases, this will be the extent of dislocation. In severe cases, the perpendicular plate of the ethmoid may be involved. In such cases, the nasal bones are frequently dislocated and may show external deformity.

The role of the non-otolaryngologist in the treatment of nasal septal dislocation is emphasized in this report. The authors discuss the cause, diagnosis and forms of therapy for this disease. Dr. Daily is Resident Physician and Dr. Davis is Assistant Professor, Section of Otolaryngology, University of Missouri Medical Center.

Almost all newborn noses are misshapen at birth. By 24 to 72 hours, however, the nose should have resumed a normal configuration. Jeppenson[3] describes a very useful compression test in which the tip of the nose is compressed (Fig. 3). With septal dislocation, the nostrils collapse and the septal deviation becomes more pronounced. This is corrected after reduction of the dislocation. Gray[4] recommends placement of 2 mm x 6 mm plastic struts in each nostril along the septal floor to emphasize the deformity. Others have found this test to be of little help or even misleading.[5]

Jeppenson has studied the etiology of the deformity and has been able to relate it to trauma during pregnancy and the early stages of labor in two thirds of his cases. One third of his cases were attributed to trauma solely during internal rotation in which the LOA position causes a dislocation of the inferior edge to the right and ROA position to the left. Internal rotation does not account for all cases as evidenced by patients who have dislocation following Cesarean section. Septal dislocation occurs more commonly in firstborns and in multiparas if the second stage of labor is prolonged beyond 15 minutes.

Cartilage that has been bent tends to straighten itself, but it rarely does so completely. Studies have shown that the external deformity may correct itself spontaneously, whereas the septal component remains dislocated.[3] These patients may require treatment in adult life for nasal airway insufficiency.

Several techniques of reduction of the dislocated septum have been described. In the case cited, the septum was reduced by placement of a Q-tip in the right nostril (the side of dislocation) with the head supported. The Q-tip was placed under the inferior edge of the dislocated septum and then lifted superiorly and medially to bring the cartilage back to rest on the maxillary crest (Fig. 4). The same maneuver may be performed with any narrow, blunt instrument.

It is helpful to stabilize the nose with the left thumb and forefinger when performing the reduction with the right hand and vice versa. An audible click may often be heard when the septum snaps into place. Some sources recommend a rubber guarded clamp. However, care must be taken not to close too tightly on the columella (Fig. 5). Reduction should be performed as soon as possible, preferably within the first week of life. No anesthesia is required at this time. Because of the tendency for cartilage to resume its original shape, this reduction may need to be repeated several times in the first week of life. If dislocation persists or reoccurrs, then consultation with an otolaryngologist should be obtained.

SUMMARY

Nasal septal dislocation in the newborn is not ncommon. Early recognition can lead to early and asy treatment that may well prevent many troubleome nasal symptoms in childhood and adult life. This is certainly an opportunity for the family phyician, the pediatrician and the obstetrician to preent problems that may later require surgery. In ases of severe deformity with involvement of the asal bones, the aid of an otolaryngologist should be sought in performing closed reduction.

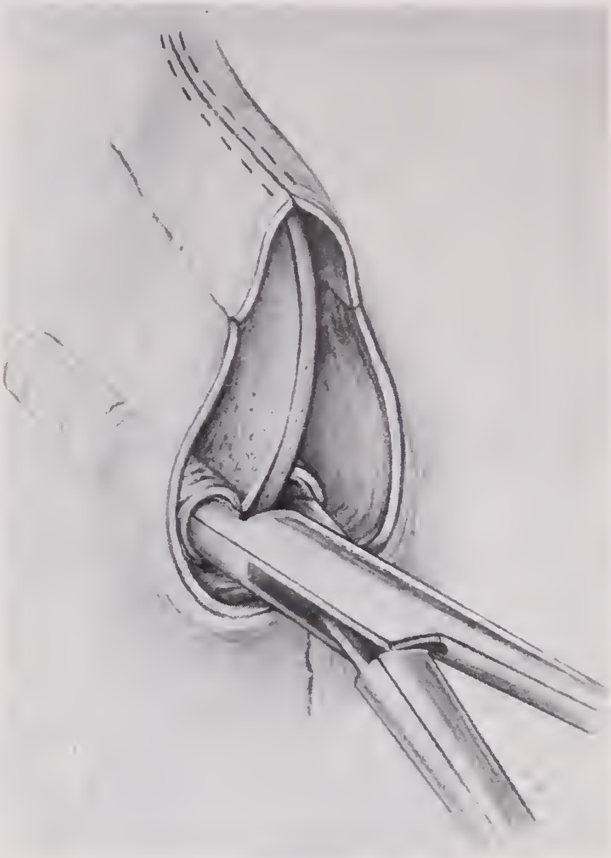


Fig. 5 Reduction of nasal septal dislocation using rubber guarded clamp. Caution should be used if exerting pressure on the columella.

Acknowledgement: The authors wish to express appreciation to Barbara Gould of Medical Illustration for her assistance.

REFERENCES

1. Metzenbaum, M.: Dislocation of the Lower End of the Nasal Septal Cartilage. Arch. Otolaryngol. 24:78, 1936.
2. Cottle, M. H., Fisher, C. C., Loring, R. M. and Riggs, R. H.: Early Nasal Injuries. Meeting of the AMA (June), 1956.
3. Jeppenson, Finn and Windfeld, Ib.: Dislocation of the Nasal Septal Cartilage in the Newborn. Acta Obstet. Gynec. Scan. 51:5, 15, 1972.
4. Gray, Lindsay: Deviated Nasal Septum III—Its Influence on the Physiology and Disease of the Nose and Ear. J. Laryngol., Otol. 81:953-986, July 1967.
5. Pease, W. S.: Neonatal Nasal Septal Deformities. J: Laryngol. 83:1205-1207, December 1969.

Oculodentodigital Dysplasia

Continued from page 380)

EFERENCES

1. Lohmann, W.: Beitrag zur Kenntnis des reinen Mikrophthalmus rch. Augenheilk. 86:136-141, 1920.
2. Pitter, J. and Svejda, J.: Uber die Einfluss der Rontgentrahlen uf die Entstchung von Missbildungen der menschlichen Frucht. phthalmologica 123:386-393, 1952.
3. Meyer-Schwickerath, G., Gruterich, E. and Weyers, H.: Mikrohthmus-syndrome. Klin. Mtbl. Augenheilk. 131:18-30, 1957.
4. Reisner, S., Kott, E., Borstein, B., Salinger, H., Kaplin, I. and orlin, R.: Oculodentodigital Dysplasia. Am. J. Dis. Child. 118:600-07, 1969.
5. Goodman, R. and Gorlin, R.: Oculodentodigital Dysplasia. The ace in Genetic Disorders. St. Louis, Missouri, C. V. Mosby, 1970, . 124.
6. Gorlin, R., and Pindborg, J.: Oculodentodigital Dysplasia. Synromes of the Head and Neck. New York, N. Y., McGraw-Hill Book Co., 1964, p. 427.
7. Gillespie, F.: A. Hereditary Syndrome: "Dysplasia Oculodentodigitalis." Arch. Ophth. 71:187-192, 1964.
8. Pfeiffer, R., Erpenstein, H. and Junemann, G.: Oculo-Dento-Digital Dysplasia. Klin. Mtbl. Augenheilk. 152:247-262, 1968.
9. Dehmel, H. and Brambring, M.: Oculo-Dento-Digitalis Syndrome. Arch. Kinderheikd. 183:76-79, 1971.
10. Sugar, H., Thompson, J. and Davis, J.: The Oculo-Dento-Digital Dysplasia Syndrome. Am. J. Ophthal. 61:1448-1451, 1961.
11. Gellis, S., Feingold, M. and Rutman, J.: Atlas of Mental Retardation Syndromes. U. S. Dept. of Health, Education and Welfare, 1968, pp. 168-186.

Reprints: Wilfred E. Wooldridge, M.D.
321 Professional Bldg.
Springfield, Mo. 65806

Compliments

of

MUNNS MEDICAL

SUPPLY

MUNNS
MEDICAL
SUPPLY

OVER 30 YEARS SERVICE

TOPEKA • K.C. • WICHITA

ST. LOUIS • TULSA

President's Message

The health care industry in America today is *big* business, second only to agriculture and construction. In 1976, $139 billion was expended for health care. This represents 8.3% of the Gross National Product and 11.8% of the federal budget. This is more than was spent on *defense*. In 1976, the American people paid physicians a total of $26.3 billion. Most will agree that this increasing inflationary spiral is secondary to government spending policies and an ever-encroaching federal bureaucracy. Most also will agree that the private practice of medicine is in jeopardy because of these soaring costs. What is our profession doing in an attempt to halt this trend?

Howard J. McAlhany, M.D.

It is obvious that we cannot ration health care as if it were some giant public utility. When an individual is sick, he wants a qualified physician and not some cost accountant from HEW. Yet, the physician is the central decision maker for more than 70% of health care services. In all fairness, most of us have been derelict in attempting to help rectify this problem. We have been accused of being conscious only of quality care and insensitive to costs. In too many instances, this accusation is correct. Health care costs are increasing at a rate of 2½ times the increase in the cost of living.

One method of attaining some degree of cost containment is a more effective policing of our profession. State licensing boards must insist that the inadequate, corrupt, sick physician is not permitted to exploit the public. The physician who enters medicine *solely* for financial gain is a discredit to our profession and should be expelled from the professional community.

Health care can no longer be regarded as a social issue, but is an economic one as well. It is a problem we cannot ignore and we must pursue an active role in an attempt to limit these increasing costs. However, we must not sacrifice quality care in an attempt to achieve this goal. Leadership in solving these problems must come from within the health care system. The government will continue to play an increasing role in health care unless we fulfill our responsibilities.

Woman's Auxiliary

CPR

"Many of you remember World War II. There was a sense of urgency, of intensity, among citizens. The war bound us all together with a deep commitment to battle a common enemy.

"The tragic thing about war is that it causes death that might well have been avoided—if only there had been more time for preventive activities in the diplomatic area.

Mrs. W. Jack Stelmach
President

"We're in a war today with a disease that has caused as many Americans to die in one year as died in battle in all of our military wars since our nation began. *There are, in fact, as many Americans' deaths in one year from heart attack alone as from battle deaths in all our wars combined.*" (From the 1976 Annual Report of the Missouri Heart Association.)

Taking this as a battle cry, last year Mrs. Bettie Talbert and a group of dedicated Auxilians in Cape Girardeau organized a team of instructors in Cardiopulmonary Resuscitation to train citizens of their community in Basic Life Support. They were instantly in demand and provided a much needed service since to save the number of lives that experts think is possible, a large number of ordinary citizens must know how to perform it.

Mrs. Talbert has been named the Community Health Chairman for the MSMA Auxiliary to perform the same type of service throughout the state of Missouri. Each County Auxiliary should now be in the process of forming its own CPR Committee and asking these questions of members:

1. To whom is CPR being taught in your county?
   a. To hospital and other medical personnel?
   b. To the general public?
2. Would the citizens of your community take advantage of CPR classes if your auxiliary publicized the need and effectiveness of CPR, then made classes available to them?
3. Do you have two or three members who can organize a program and motivate others to assist?
4. Do you have a group of six to ten people (depending on the size of your community)—either Auxiliary members or other interested people—who have ability, motivation, time and willingness to devote to becoming CPR instructors and teach classes to the general public?

If the answer to the latter question is yes, then you have the prime ingredient for a successful CPR program for the general public.

If the answer to this question is no, then education about the effectiveness of CPR should produce the motivation necessary.

When your County Auxiliary president calls on you and your spouse for help in this very important project, we hope that you will respond with enthusiasm.

The Auxilians in Cape Girardeau proved beyond a doubt that people will respond and the image of the medical profession was given a shiny new polish.

JOIN US! WE CAN DO MORE TOGETHER!

New Members

Don L. Andrus, M.D., VA Hospital, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Andrus is a native of San Francisco, Calif., received his preliminary education at George Washington University and his M.D. degree at George Washington University in 1943. He specializes in general surgery.

Hugh R. Bailey, M.D., 4320 Wornall Rd., Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Bailey is a native of Emporia, Kan., received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas School of Medicine in 1972. He specializes in dermatology.

George N. Benson, M.D., 2525 Euclid, Kansas City 64127, has become a member of Jackson County Medical Society. Dr. Benson is a native of Mooreland, Ind., received his preliminary education at Andrews University and his M.D. degree at Loma Linda University in 1953. He specializes in radiology.

Erik Houttuin, M.D., 1325 S. Grand Blvd., St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Houttuin is a native of Indonesia, received his preliminary education at Hervormd Lyceum and his M.D. degree at Gemeentelyke University in 1959. He specializes in urology.

Robert E. Hughes, M.D., 4400 Broadway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Hughes is a native of Kansas City, received his preliminary education at Rockhurst College and his M.D. degree at the University of Kansas in 1968. He specializes in pediatrics.

Judith Pfeffer Hurwitz, M.D., 24th at Gillham Rd., Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Hurwitz is a native of Cleveland, Ohio, received her preliminary education at Case-Western Reserve University and her M.D. degree at Case-Western Reserve University in 1959. She specializes in child psychiatry.

Young Min Kim, M.D., 601 S. Brentwood, St. Louis 63105, has become a member of St. Louis Medical Society. Dr. Kim is a native of Korea, received his preliminary education at Chon-Nam University and his M.D. degree at Chon-Nam University Medical School in 1966. He specializes in pathology.

Harvey Liebhaber, M.D., 216 S. Kingshighway, St. Louis 63110, has become a member of St. Louis County Medical Society. Dr. Liebhaber is a native of Brooklyn, N. Y., received his preliminary education at New York University and his M.D. degree at New York University in 1975. He specializes in internal medicine.

Ben Chin Liu, M.D., 4949 Rockhill Rd., Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Liu is a native of Taiwan, received his preliminary education at Taipei Medical College and his M.D. degree at Taipei Medical College in 1970. He specializes in obstetrics and gynecology.

Catalino V. Martin, M.D., 101 Memorial Dr., Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Martin is a native of Manila, Philippines, received his preliminary education at the University of the East and his M.D. degree at Far Eastern University in 1968. He specializes in anesthesiology.

James Mikolajczak, M.D., 10004 Kennerly Rd., St. Louis 63128, has become a member of St. Louis County Medical Society. Dr. Mikolajczak is a native of St. Louis, received his preliminary education at St. Louis University and his M.D. degree at St. Louis University School of Medicine in 1972. He specializes in psychiatry.

Mark A. Novak, M.D., 141 N. Meramec, St. Louis 63105, has become a member of St. Louis County Medical Society. Dr. Novak is a native of St. Louis, received his preliminary education at the Massachusetts Institute of Technology and his M.D. degree at Washington University in 1973. He specializes in internal medicine.

Sharad B. Patel, M.D., 621 S. New Ballas, St. Louis 63141, has become a member of St. Louis Medical Society. Dr. Patel is a native of India. He received his M.D. degree at the Medical College in 1968. He specializes in anesthesiology.

Robert W. Schafermeyer, M.D., 24th & Gillham Rd., Kansas City 64106, has become a member of Jackson County Medical Society. Dr. Schafermeyer is a native of St. Louis, received his preliminary education at St. Louis University and his M.D. degree at the University of Missouri in 1973. He specializes in pediatrics

C. Robert Schmidt, M.D., 12303 DePaul Dr., Bridgeton 63044, has become a member of St. Louis County Medical Society. Dr. Schmidt is a native of St. Louis, received his preliminary education at Westminster College and his M.D. degree at the University of Tennessee in 1960. He specializes in anesthesiology.

Thomas H. Smith, M.D., 24th and Gillham Rd., Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Smith is a native of Kinston, N. C., received his preliminary education at Virginia Military Institute and his M.D. degree at the University of Virginia in 1964. He specializes in pediatric radiology.

Charles F. Sparger, M.D., 217 Oak, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Sparger is a native of Gozee, Tex., received his preliminary education at Texas Christian University and his M.D. degree at Southwestern Medical College in 1947. He specializes in thoracic and general surgery.

Joseph Sudekum, M.D., 1325 S. Grand, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Sudekum is a native of St. Louis, received his preliminary education at St. Louis University and his M.D. degree at the University of Missouri in 1972. He specializes in orthopedic surgery.

Jeffrey A. Waters, M.D., 4400 Broadway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Waters is a native of Kansas City, received his preliminary education at the University of Missouri and his M.D. degree at the University of Missouri Medical School in 1973. He specializes in pediatrics.

Vincent E. Ziegler, M.D., 4940 Audubon, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Ziegler is a native of Kentucky, received his preliminary education at Xavier University and his M.D. degree at the University of Kentucky in 1972. He specializes in psychiatry.

Matthew C. Ziemianski, M.D., 6700 Troost, Kansas City 64131, has become a member of Jackson County Medical Society. Dr. Ziemianski is a native of Arnold, Pa., received his preliminary education at the Universtiy of Pittsburgh and his M.D. degree at the Catholic University of Louvain in 1967. He specializes in ophthalmology.

C.O.B.
Coordination of Benefits

Another Blue Shield
cost effectiveness program

Over the anniversary cycle beginning July 1, St. Louis Blue Shield will add full coordination of benefits to all its group memberships.

For members holding dual coverage, C. O. B. provides coordinated payment up to the total amount of covered expenses, but not more.

C. O. B. helps hold down health care costs by preventing duplicate payment for the same services — without reducing the effectiveness of protection. And potential savings are fully recognized in setting Blue Shield dues.

Saint Louis
Blue Shield
A COMMUNITY SERVICE

The Council Reports

Continued from page 365)

ct H.E.W. informed; Resolution submitted to AMA.

Resolution #2—Direct Billing by AMA. AMA Board in- ormed of action.

Resolution #4—Chemotherapeutic Insurance Coverage. efer to Committee on Legislative Affairs.

Resolution #5—Task Force on Professional Liability. egal counsel opinion obtained.

Resolution #6—Licensure of Physician Assistants. Resolu- ion was *not* adopted, but one paragraph was referred to he Council. The entire Resolution will be referred to Com- ission on Continuing Education and Health Manpower.

Resolution #7—Formation of Resident Physician Section MSMA. Refer to Committee on Constitution and Bylaws; form county societies.

Resolution #8—Unified Membership with AMA. Refer to ommittee on Constitution and Bylaws; inform county so- ieties.

Resolution #9—Impaired Physicians. Establish an ad hoc ommittee. Dr. McCanse indicated he would speak with the thor of the resolution and appoint an ad hoc committee.

Resolution #10—Definition of Primary Care. Reprinted MSMA Policy Manual.

Resolution #11—Physician on AMA Department of Ne- tiations. Resolution submitted to AMA House.

Resolution #12—Optometric Legislative Activity. Board Healing Arts informed; Referred to Committee on Legis- tive Affairs; Legislature and Governor to be mailed Resolu- on if similar legislation introduced next Session.

Resolution #13—Medicaid Reimbursement. Division of amily Services informed; Referred to Commission on Medi- l Economics to develop contingency plan for care of the or in the event Medicaid Program collapses. Referred to gislative Committee for information.

Resolution #15—Opposition to Physician Assistants. Re- inted as Association policy. Referred to Commission on ntinuing Education and Health Manpower.

Resolution #16—Medicaid Generic Formulary. Division Family Services informed.

Resolution #17—Involvement in HSAs. Reprinted as As- ciation policy.

Resolution #18—Sever Relations with PSRO. Referred Commission on Medical Economics, Third Party Medicine d Governmental Relations.

Resolution #21—Preservation of Quality Medical Care. solution submitted to AMA; Referred to Commission on edical Economics, Third Party Medicine and Governmen- Relations.

Resolution #23—Psychiatric Representation on Mental alth Commission. Referred to Committee on Legislative fairs; Legislators and Governor will be notified next Ses- n.

Resolution #24—Health Data Corporation. Health Data rporation informed. MSMA Representatives informed.

Resolution #25—Repeal of Delaney Amendment. Re- red to Committee on Legislative Affairs.

Resolution #26—Reversal of Ban on Saccharin. Resolu- n submitted to AMA; Letters to Missouri Congressional legation, Food and Drug Administration and Department HEW.

REMARKS OF DELEGATES TO THE AMA

Dr. Froelich, Senior AMA Delegate, indicated that plans ve been made for the AMA Annual Session regarding mmittee assignments, caucuses, etc. The Missouri Delega- n has submitted three resolutions to the AMA as directed by the MSMA House of Delegates. Abstracts of all resolutions are appearing in issues of *AMA News* and the Council was asked to review them.

Dr. Froelich stated that the Council might consider sending one or more Council members to the AMA meetings, perhaps on a rotating basis. He feels they could be of invaluable assistance in helping the delegation and would create a more effective rapport between the grass roots, state society and the AMA.

Dr. Hetlage indicated his agreement with this suggestion and indicated that perhaps the Chairman and Vice-Chairman of the Council and, possibly, one other councilor be designated to attend AMA meetings at MSMA expense. Dr. Froelich's feeling was that, perhaps, newly elected Councilors should be the ones to attend. It was suggested that this matter be sent to the Budget and Finance Committee for consideration at their December meeting.

REPORT OF THE DEANS

Dr. Charles Lobeck, Dean, University of Missouri School of Medicine-Columbia, reported that in May they graduated 116 students of which 53% are going into primary care residencies. Forty-three are remaining in the state for their training.

He mentioned that they have made several additions to the faculty.

Dr. William Stoneman, Assistant Dean, St. Louis University School of Medicine, reported that they graduated 150 students in May. They also have made some additions to the faculty. The Learning Resource Center is open and they have applied to the AMA for institutional accreditation for a university CME Program.

Dr. Stoneman reported that Dr. Challoner was optimistic that there will be an amendment to the Health Manpower bill.

Dr. Stoneman stated that they reluctantly will have a tuition increase based on a complex formulary contingent on the amount of federal capitation support.

Dr. Noback, Dean, University of Missouri-Kansas City School of Medicine, indicated they graduated approximately 40 students of whom two thirds are in primary care residency programs and approximately two thirds will remain in this area.

Dr. Noback reported that a site visit was made to the School by the Liaison Committee on Education. Although no report has as yet been received from the committee, Dr. Noback is encouraged by the site team.

Dr. Noback stated that the school has grown a great deal, both in regard to faculty members and facilities. The Truman Medical Center is open with more beds being available in July and again in the middle of the fall.

Dr. Noback expressed his concern regarding the federal capitation level of funding.

COUNCIL ADVISORS

Chairman McCanse made the following appointments as Councilor Advisors to the respective MSMA Commissions:

Continuing Education and Health Manpower	Andrew McCanse, M.D.
Interspecialty Medicine	Richard V. Bradley, M.D.
Medical Economics, Third Party Medicine and Governmental Relations	R. John Torontow, M.D.
Medical-Legal Affairs	Walter German, M.D.
Public Affairs	Louis P. Hetlage, M.D.

MATTERS CONSIDERED AT EXECUTIVE SESSION

Dr. McCanse indicated that in the Executive Session the previous evening, the Council took the following actions:

1. Approved a premium increase for our major medical program.
2. Approved changes in MSMA Employees' Blue Cross-Blue Shield Plan and Pension Program.
3. Voted to contribute $500 toward the construction of a statue in St. Louis honoring Dr. Thomas Dooley.
4. The Chairman appointed a special committee composed of Drs. Stokes, Chairman; German, Franklin and Bradley to study the subject of Missouri State Medical Association recognition of St. Louis Blue Cross. This Committee is to communicate with Mr. Shelton of St. Louis Blue Cross to discuss the problems and invite Mr. Shelton to attend the Council meeting in December.

Dr. Hansbrough stated that he hoped the committee would not consider this Blue Cross situation as strictly a metropolitan problem. Dr. Stokes indicated that the Committee would welcome any suggestions or input from the MSMA membership regarding St. Louis Blue Cross.

Dr. Hetlage recommended that due to Dr. John Laird's previous experience in working with the Blue Cross situation, that he be contacted for any assistance he might provide.

BUDGET AND FINANCE COMMITTEE

The Budget and Finance Committee members for 1977-1978 are Drs. Stokes, Chairman; McAlhany, Martin, McCanse, Bradley and Torontow.

MISSOURI PSYCHIATRIC ASSOCIATION

Dr. Thomas Anderson, Columbia, representing the Missouri Psychiatric Association, requested Council endorsement of a resolution regarding objection to a recent ABC telecast, "Medicine and Madness." The American Psychiatric Association has requested equal time for rebuttal to this telecast.

After a brief discussion, a motion was made, seconded and carried to support the Missouri Psychiatric Association in its stand objecting to this telecast. It was further agreed that the MSMA send a letter of opposition to this telecast to Mr. John Duffy, ABC Television Network President.

AREA II HSA

Dr. Ekern asked Dr. Anderson to speak briefly regarding Area II HSA activities. Dr. Anderson serves as the MSMA representative on the HSA Area II Council. Dr. Anderson indicated that he feels they have a very good staff and are moving progressively within the law. Area II does have a large rural population and, thus, it is necessary for them to have local input into the program. Dr. Anderson indicated that he feels their Area is probably the leading one in the nation as far as the use of Subarea councils are concerned. Dr. Anderson indicated that there are four physicians on the HSA Area II Council—two M.D.s and two D.O.s.

LEGISLATIVE REPORT

Dr. John I. Matthews, Chairman of the Legislative Committee, gave the following report:

Dr. Matthews indicated that we received a 10% increase in funding for physician services under Medicaid. Not nearly what we wanted, but it's $5 million more than the Governor requested and $2 million more than last year's budget. The figure for the current year will be $23.4 million and, hopefully, we will be able to have physician services designed as a "line item" in the budget. That means this money could be used *only* to pay physician services.

With just a few days remaining in the Session, several health-related bills still have a chance for passage. SB 48, which would lower the age of consent for medical treatmen to 18, has passed both houses in slightly different forms and a final decision should be made soon.

Bills which have passed one house and, quite possibly could be finally considered before adjournment include the following: SB 305, which provides loans for medical students who agree to practice in rural or hardship areas HB 726, which would allow coroners to harvest pituitary glands; HB 255, which provides for licensing of psychologists; HB 211, an optician licensing bill; SB 322, which requires health insurance policies to cover hospitalization for alcoholism; and HB 341, which decriminalizes alcoholism.

Five bills which were opposed by the MSMA are dead for this Session. These are HB 240, which would have allowed chiropractors to issue teacher's health certificates; HB 850 which would license physician assistants; SB 36, which would require that prescriptions be written on numbered forms; SB 228, which would expand the practice of chiropractic by giving their state board more power; and SB 374 which would allow optometrists to use topically applied drugs.

Another bill opposed by the Association, HB 589, which would place strict control over radiology, has apparently been derailed.

The three bills dealing with the medical malpractice situation are also dead this year. These bills join several attorney malpractice bills and product liability bills which were not favored by the Legislature. The proposed bills would have provided for payment of malpractice awards in installments rather than in a lump sum, deduct payments received by a patient from other sources from his malpractice award and require medical expert witnesses in malpractice cases to be from Missouri or a contiguous state.

Other bills which have been killed include SB 50, which includes "brain death" as a definition of death; HB 235, a "Good Samaritan" bill; and HB 791, which would have established funding for residencies in family practice.

Two committees are expected to be named by the General Assembly to study specific issues during the summer and fall and prepare specific proposed bills. The Association will provide testimony before these committees on issues of interest to medicine.

We may have a new twist, and not a good one, to put up with in forthcoming Sessions if the House and Senate adopt a proposed rule change. Basically, the rule would work like this: Any House or Senate Bill which was reported out of committee, but not acted upon by the full body, would, at midnight on the night of adjournment, be placed in the hands of the Speaker or President Pro Tem, depending on which house the bill originated.

If the Speaker or Pro Tem chose, he could re-refer a bill back to the same committee that heard it in the previous Session. If he does this, the committee would not have to hold additional hearings on that bill and could immediately recommend that the bill Do Pass.

If the Speaker or Pro Tem assigns a bill to a different committee than the committee that had previously held a hearing on that bill, then another hearing would have to be conducted.

The problem caused by the proposed rule is that for several years our legislator-friends have been able to delay votes on bills the Association opposed until it was too late in the Session for them to pass. Then, because of the pressure our friends received from the opposition, the bills would be passed out of committee.

If the new rule is adopted, these "bad" bills currently far down on the calendar could be in a good position to be considered by the entire General Assembly next year.

Dr. Matthews expressed appreciation to MSMA staff

(Continued on page 392)

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

WANTED—House physician, general surgical service, 200-bed JCAH-approved, acute-care hospital. Some surgical training desirable. Contact Administrator, Missouri Pacific Hospital, 1755 South Grand, St. Louis, Missouri 63104.

HEALTH DIRECTOR—For rapidly growing Class II County of 123,000 located adjacent to St. Louis. Modern health center in operation for 24 years with interesting and excellent opportunity for progress and program development. Program responsibility includes all aspects of generalized public health. Must be eligible for license in state of Missouri. Salary negotiable and commensurate with experience. Send resume to Ray E. Weible, D.D.S., Chairman, Board of Trustees, P.O. Box 337, Hillsboro, Missouri 63050.

INTERNIST & FAMILY PRACTITIONER—To join 11-man multi-specialty group; city of 20,000 with a population draw of 60,000. Incorporated, offering excellent salary, fringe benefits and retirement plan. Liberal vacation and study policy. Opportunity to pursue special interest in this practice setting. Clinic presently expanding facilities and is in proximity of Hannibal's two accredited hospitals. Mark Twain's home town is an ideal place to raise a family. Call or write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or Dale J. Anderson, Administrator, at (314) 221-5250, The Hannibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 63401.

MSMA MEMBERS—Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

HANLEY 14 x 17 Vertical X-Ray and Medical Record Cabinets are used in most hospitals in America.

Special new ultrasonic, $399. Physio Therapy—Complete Examining and Reception Room Furniture—Traction Equipment—Hospital Beds—Wheelchairs—Jacuzzi Whirlpools—Oxygen. SOLD & RENTED.

HANLEY MEDICAL EQUIPMENT

5614 S. Grand St. Louis, Mo. 63111 314-351-3359

WANTED—House Physician in Internal Medicine. 220-bed JCAH-approved general hospital. State license required. Contact Administrator, Missouri Pacific Employes' Hospital, 1755 South Grand, St. Louis. Phone (314) 771-0500.

PRIMARY CARE PHYSICIANS—Who are seeking new group practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

INTERNIST—Busy internal medicine practice in Independence, Missouri. Exceptional opportunity for financial growth. Immediate full participation in group profits in proportion to contribution to practice income. Office adjacent to Independence Medical Center. If interested, please contact Suite 107, 17221 E. 23rd Street, Independence, Mo. 64057. Phone: (816) 373-1122.

PHYSICIAN TO ASSIST AT SURGERY—500-bed JCAH accredited hospital. Missouri license required. Attractive salary and fringe benefits, including malpractice insurance. Contact Department of Medical Education, Lutheran Medical Center, 2639 Miami St., St. Louis, Missouri 63118 (314) 772-1456, Station 320.

ABFP PHYSICIAN—Needed to join eleven-man, well established incorporated multi-specialty group in county-seat town near recreational areas 65 miles south of St. Louis. 50,000 population base, 110-bed hospital. Call or write J. G. Hirsch, Adm., Medical Arts Clinic, 301 West Liberty Street, Farmington, Missouri 63640. (314) 756-6751.

ADVENTURE, TRAVEL AND FISHING—Spend New Year's Eve in the Amazon jungle. No snakes, no mosquitoes, lots of fish. Depart December 30, 1977; return January 8, 1978. Other dates available. For details: Gale T. Holsman, D.D.S., 1504 East Broadway, Columbia, Missouri 65201. Telephone: (314) 449-1918 office; (314) 445-1193 residence.

Mark Your Calendar Now!

MSMA

INTERIM SESSION

of the House of Delegates

November 2-3, 1977

Howard Johnson's Motor Lodge

Springfield

INDEX TO ADVERTISERS

They Help Make Missouri Medicine *Possible*

Burroughs Wellcome Company	Insert (392-393)
Flint Laboratories	Insert (360-361)
Hanley Medical Equipment	391
Fred S. James & Co. of Missouri, Inc.	359
Eli Lilly & Company	372
Medical Protective Company	371
Munns Medical Supply	384
Pennwalt Corporation	Insert (368-369)
Pharmaceutical Manufacturers Association	Insert (392-393), 393
Practice Productivity, Inc. Workshop	368-A
Roche Laboratories	358, Insert (376-377), 395, 396
Roerig & Company	Insert (376-377)
Saint Louis Blue Shield	388
Smith Kline & French	Insert (376-377)
Warner-Chilcott	364 & 365

The Council Reports

(Continued from page 390)

members for their tremendous amount of time and effort expended during this legislative session.

Dr. McCanse thanked Dr. Matthews for the splendid job he does as Chairman of the Legislative Committee and in keeping the membership informed.

COUNTERSUITS

Dr. George Hawkins, Chairman of the Ad Hoc Committee on Professional Liability, called the Council's attention to Resolution #5, which was adopted by the House of Delegates at the 1977 Session. This resolution instructed the MSMA to "expend funds from the Missouri State Medical Insurance funds relegated for medical liability defense to obtain suitable legal counsel to perform the basic legal research necessary for the successful pursuit of counterclaims in medical liability cases."

Dr. Hawkins indicated that he has located a reputable St. Louis law firm that is willing to do the basic legal research to advise doctors relative to the filing of counterclaims in medical liability cases and urged the Council to proceed with these research plans.

A lengthy discussion followed regarding the pros and cons of (1) is this legal research necessary? (2) should the MSMA become involved in recommending that a counterclaim be filed; and (3) what are MSMI defense funds?

Present MSMA Legal Counsel has been contacted regarding this matter and it is their feeling that extensive research would serve no useful purpose and that it would be much better to do the research after the request for assistance has been made in each individual case in order that we might have available essential facts in a particular case.

After further discussion, it was moved and seconded that the above matter regarding counterclaims be referred to the MSMA Executive Committee for study and report back to the Council at the September Meeting. It was recommended further that MSMA Legal Counsel and the MSMA staff attorney be invited to attend any meetings of the Executive Committee pertaining to this matter.

INTERIM SESSION

Dr. McCanse indicated that the MSMA Interim Session will be held November 2-3 at Howard Johnson's in Springfield.

The Council was reminded that this Interim Session of the House of Delegates will be a regular meeting of the House and will not be limited to legislative matters only. The deadline for submission of resolutions for the Handbook will be September 19.

AMA 1978 ANNUAL SESSION

Dr. McCanse indicated that a committee will be appointed to work with the AMA regarding arrangements for the 1978 AMA Annual Session.

MISSOURI HEALTH DATA CORP

Chairman McCanse indicated to the Council that their folders contained a copy of a quarterly report from the Missouri Health Data Corporation which would bring them up-to-date on its activities. Dr. Stokes suggested that copies of these reports be sent to each Councilor District.

1979 ANNUAL SESSION OF MSMA

On motion, duly seconded, the Council recommended that the 1979 Annual Session be held on April 4-8 at Stouffer's Riverfront Towers, St. Louis.

FUTURE COUNCIL MEETING DATES

Dr. Martin invited the Council to St. Joseph for its September Meeting to be held at the Ramada Inn on September 9-10. The December Meeting of the Council will be held at the Hilton Inn in Columbia.

In Memoriam

Manuel L. Diekroeger, M.D., Boonville 65233, a graduate of St. Louis University School of Medicine, 1930; member Cooper County Medical Society; age 77; died June 24, 1977.

Robert W. Stevens, M.D., 7270 Maryland Ave., University City 63130, a graduate of St. Louis University, 1936; member St. Louis County Medical Society; age 64; died July 10, 1977.

Edwin F. Gildea, M.D., 4940 Audubon Ave., St. Louis 63110, a graduate of Harvard Medical School, 1924; member St. Louis Medical Society; age 79; died July 19, 1977.

B.W. CO.® MAKES CODEINE ANALGESICS. YOU MAKE THE CHOICE.

EMPIRIN®

COMPOUND c̄ CODEINE #3

Each tablet contains: codeine phosphate, 32 mg (gr ½), (Warning: May be habit-forming); aspirin, 227 mg; phenacetin, 162 mg; and caffeine, 32 mg. Ⓒ III

The classic codeine pain reliever

For decades, Empirin Compound c̄ Codeine #3 has provided potent analgesia plus the anti-inflammatory action of aspirin for consistently dependable pain relief in the majority of your pain patients. Brand name quality at reasonable cost; readily available in hospital and local pharmacies.

Plus CIII prescribing convenience: up to 5 refills in 6 months (where state law permits), and telephone prescribing permissible in most states. See page 3 of advertisement for prescribing information.

NOW...

LOOKING DIFFERENT CAN BE
AS IMPORTANT AS BEING DIFFERENT.

Introducing the peach-colored acetaminophen/codeine tablet

EMPRACET™
c̄ CODEINE #3

Each tablet contains: codeine phosphate, 30 mg (gr ½),
(Warning: May be habit-forming); and acetaminophen, 300 mg. Ⓒ III

Empracet c̄ Codeine #3: non-aspirin/codeine pain reliever for aspirin-sensitive patients

EMPRACET c̄ Codeine #3 offers you an alternative with advantages for your aspirin-sensitive patients, those with bleeding disorders and "...patients undergoing surgical procedures associated with significant blood loss such as tonsillectomies, open heart surgery, and scoliosis repair...."*

NEW LOOK

Not the same old green and black capsule with a "revised formula." Not a white tablet with aspirin-associations. New peach-colored EMPRACET c̄ Codeine #3 looks different from the leading codeine combination products. It doesn't contain aspirin, so it doesn't look like aspirin—imparting greater reassurance to patients leary of taking it by mistake. It also avoids confusion with other tablets in the household.

NEW NAME

Not a household word, the new name may play a positive role in your pain patient's subjective reaction to your prescription.

EMPRACET c̄ Codeine #3. New look. New name. Psychologically more acceptable to your patients. And with CIII prescribing convenience for you—up to 5 refills in 6 months at your discretion (where state law permits), and telephone prescribing permissible in most states.

*Czapek EE: *JAMA 235*:636, 1976.

EMPIRIN® COMPOUND with CODEINE CIII

Contraindications: Hypersensitivity to aspirin, phenacetin, caffeine or codeine.

Warnings: See Warnings below.

Precautions: *Allergic:* Precautions should be taken in administering salicylates to patients with active peptic ulcers and those with known allergies; patients with nasal polyps are especially likely to be hypersensitive to the medication. SEE ADDITIONAL PRECAUTIONS BELOW.

Adverse Reactions: Most frequent adverse reactions are listed below. Some patients taking salicylates develop nausea and vomiting. Hypersensitivity may be manifested by skin rash or anaphylactic reaction. With these exceptions, most side effects occur after repeated administration of large doses; include headache, vertigo, ringing in ears, mental confusion, drowsiness, sweating, thirst, nausea, and vomiting. Occasional patients experience gastric irritation and bleeding with aspirin.

Phenacetin side effects usually result from overdosage. Cyanosis, acute hemolytic anemia, skin lesions, and fever may appear with toxic doses. Continued abuse may lead to renal damage.

Caffeine side effects almost always result from overdosage; include insomnia, restlessness, excitement, tense muscles, and diuresis. Tachycardia and extra systoles may be observed.

EMPRACET™ with Codeine Phosphate, 30 mg, No. 3 CIII

Contraindications: Hypersensitivity to acetaminophen or codeine.

WARNINGS, PRECAUTIONS, ADVERSE REACTIONS AND DRUG INTERACTIONS COMMON TO BOTH PRODUCTS

Warnings: *Drug dependence.* Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.

Usage in ambulatory patients. Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.

Interaction with other CNS depressants. Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.

Usage in Pregnancy. Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.

Precautions: *Head injury and increased intracranial pressure.* Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal condition. These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.

Special risk patients. Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.

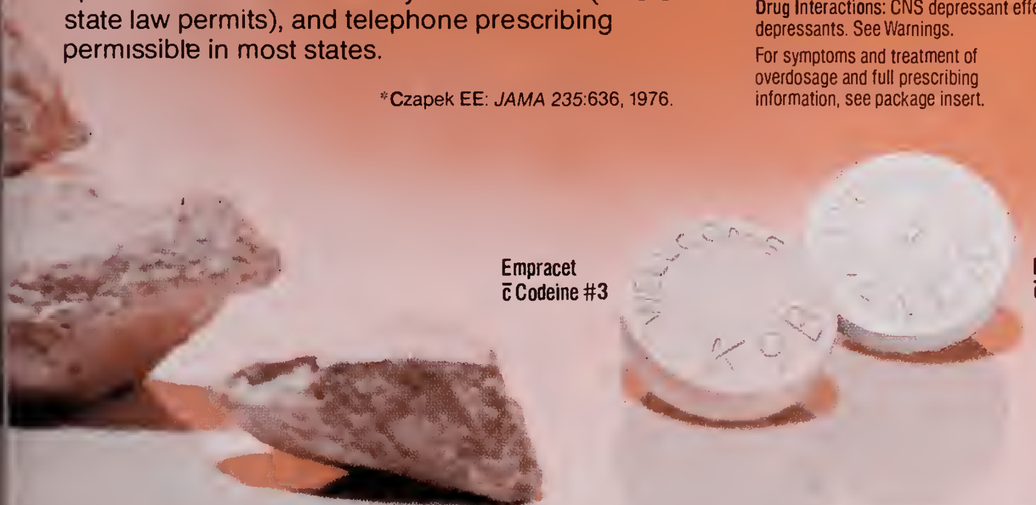
Adverse Reactions: Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritis.

Drug Interactions: CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

For symptoms and treatment of overdosage and full prescribing information, see package insert.

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709



YOUR CHOICE OF CODEINE ANALGESICS FROM BURROUGHS WELLCOME CO.

COLBY PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification at His Home Without Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26, 1920— [illegible] struggle [illegible] Wom-

NEW YORK THURSDAY, AUGUST 15,

Social Security Bill Is Signed;
Gives Pensions to Aged, Job

Roosevelt Approves Message Intended to Benefit 30,0
Persons When States Adopt Cooperating Laws-He
the Measure 'Cornerstone' of His Economic Progra

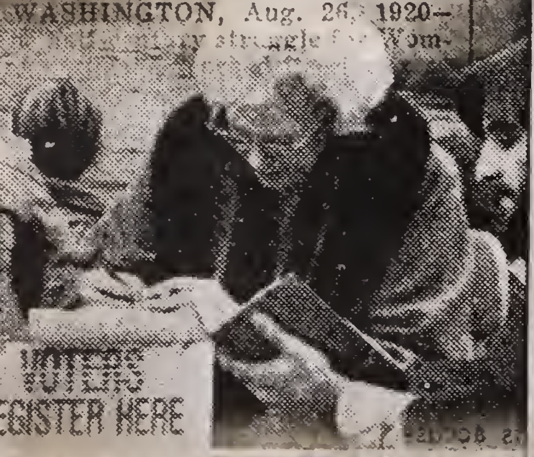
WASHINGTON, Aug. 1
The Social Security Bill, p
a broad program of unemp
insurance and old age p
and counted upon to bene
20,000,000 persons, became
day when it was signed b
dent Roosevelt in the pre
those chiefly responsible
ting it through Congress.

Mr. Roosevelt called the
"the cornerstone
which is being
me s compl

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent to



TRUMAN CLOSES
TED NATIONS CONFEREN
ITH PLEA TO TRANSLATE
CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

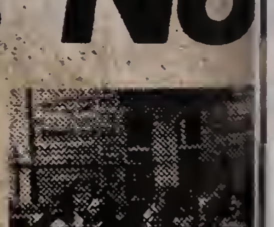
The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

co

SIGN
the Draf
Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after re-



PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

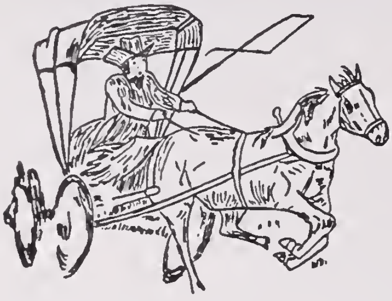
And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

LEO H. POLLOCK, M.

Missouri Medicine in Review



FORTY YEARS AGO

The 1937 Atlantic City session of the American Medical Association surpassed any previous session in attendance and, probably, in business handled by the House of Delegates. The number and value of scientific presentations and exhibits have not been surpassed at any previous session. Fellows in attendance numbered 9,764; guests, 7,192; students, interns, technicians and nurses, 9,028; and exhibitors, 1,500 for a total of 27,484 in attendance. One hundred and nine persons from Missouri attended the meeting. The MSMA was represented by Drs. A. R. McComas, Sturgeon; W. H. Breuer, St. James; W. M. West, Monett; Carl F. Vohs, St. Louis; and M. Pinson Neal, Columbia. Dr. E. H. Skinner, Kansas City, was a delegate to the Section on Radiology.

"It has been a privilege to be a friend of this woman who felt the call to desert a charming, easy, social life in Virginia to follow in the footsteps of a long line of medical forbears." So writes Dr. Hugh Young of Baltimore in concluding his introduction to "A Woman Surgeon" (Frederick A. Stokes, New York), the inspirational, fascinating autobiography of Rosalie Slaughter Morton, surgeon and universalist.

TWENTY-FIVE YEARS AGO

Gov. Forrest Smith has named James R. Amos, M.D., Springfield, as Director of the Missouri State Division of Health to fill the vacancy caused by the death of the late Buford C. Hamilton, M.D. Dr. Amos has been director of the Greene County Health Department since 1941.

Musings of the Field Secretary—The *Journal of the Cape Girardeau County Medical Society* h been launched successfully. It took its maiden vo age into the sea of medical journalistic endeavor April, 1952. This brings to seven the number county medical society bulletins in Missouri whi are published regularly by component societies the Missouri State Medical Association. These pul lications are *The Bulletin of the St. Louis Medic Society, Jackson County Medical Society Week Bulletin, Greene County Medical Society Bulleti St. Louis County Medical Society Bulletin, Bulleti of the Buchanan County Medical Society, Tri-Sta Medical Bulletin* (published by Jasper Count Medical Society) and the new publication of Cap Girardeau County Medical Society.

TEN YEARS AGO

Missouri is preparing to initiate a formal Titl XIX or "medicaid" program as the result of actio taken by the recently adjourned 74th General As sembly. The Assembly, Missouri's state legislatur completed work on the Title XIX bills in the fina week of its six-month session. As approved, th program will provide inpatient hospital service outpatient hospital services, laboratory and x-ra services, nursing home services, physician service dental care and prescribed drugs and medicine fo the five basic categories of welfare recipients i Missouri. The provisions relating to these "needy persons had to be implemented before 1970 to as sure continuance of federal matching funds. Th Missouri State Medical Association started workin with the Missouri Division of Welfare last Augus in preparing and promoting the Title XIX legislation. The Association maintained close liaison wit State Senator William J. Cason of Clinton, wh was the chief sponsor of the three Title XIX bills and arranged for supporting witnesses to appea at the legislative hearings in both the Senate and the House.

Dr. Doyle C. McCraw, Bolivar, was presented an award "for exceptional leadership in the Southwest Baptist College Library Building Campaign", by that College. Dr. McCraw, who is Chairman of the MSMA Council, was chairman of this fund-raising committee in his community.

THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® Ⓒ IV

chlordiazepoxide HCl/Roche

5 mg, 10 mg, 25 mg capsules

Libritabs® (chlordiazepoxide) available
in 5 mg, 10 mg and 25 mg tablets.

fore prescribing, please consult com-
ete product information, a summary of
ich follows:
dications: Relief of anxiety and tension
curring alone or accompanying various
ease states.
ntraindications: Patients with known
persensitivity to the drug.
rnings: Caution patients about pos-
le combined effects with alcohol and
er CNS depressants. As with all CNS-
ing drugs, caution patients against
zardous occupations requiring com-
te mental alertness (*e.g.*, operating
chinery, driving). Though physical and
chological dependence have rarely
en reported on recommended doses,
caution in administering to addiction-
ne individuals or those who might in-
ase dosage; withdrawal symptoms
cluding convulsions), following discon-
ation of the drug and similar to those
n with barbiturates, have been reported.

***sage in Pregnancy:* Use of minor**
ranquilizers during first trimester
hould almost always be avoided
ecause of increased risk of con-
enital malformations as suggested
several studies. Consider possi-
ility of pregnancy when instituting
erapy; advise patients to discuss
erapy if they intend to or do
ecome pregnant.

P cautions: In the elderly and debilitated,
a in children over six, limit to smallest
ctive dosage (initially 10 mg or less per
d) to preclude ataxia or oversedation,
easing gradually as needed and toler-
l. Not recommended in children under
Though generally not recommended, if
bination therapy with other psycho-

tropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc
Nutley, New Jersey 07110

Please see following page

of Philadelphia, Library
19 South 22nd Street
Philadelphia 3, Pa. 19103

THE ANXIETY-SPECIFI

Since its discovery in the research laboratories at Roche, Li has been the object of ongoing pharmacologic and clinical investiga

The published record on Librium is enormous. So large, in fa put it into a computer literature retrieval system to make it more acce in answering your inquiries.*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® CIV
chlordiazepoxide HCl/Roche

ROCHE

*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page for a summary of product information.

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

AUGUST 15, 1977
VOLUME 74, NUMBER 8-X

1977-1978 MEMBERSHIP ROSTER

MSMA Officers 400
MSMA Committees and Commissions 403
Councilor Districts 404
Component Medical Societies, Officers 405
Roster of Members, Alphabetical 406
Roster of Members by County Society 438
Woman's Auxiliary Officers 510
Roster of Auxiliary Members by Local Auxiliary 514
MSMA Policy Manual 524
Missouri Voluntary Health Agencies, Organizations 528

LIBRARY OF THE
COLLEGE OF PHYSICIANS
PHILADELPHIA
23 1977

How to Use This Roster, Page 399

120th MSMA Annual Session
April 13-16, 1978, Kansas City

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missou State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. MISSOURI MEDICINE (Public. tion No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-(Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 P(Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper

Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Elliso
Field Secretary, Don Wilso

How to Use This Roster

This Roster includes two lists of members of the Missouri State Medical Association as of June 1, 1977.

The **ALPHABETICAL ROSTER** on **PAGE 406** includes each member's county society name and **number.** A list of COUNTY CODES appears below.

In the **COUNTY SOCIETY ROSTER** on **PAGE 438**, the primary specialty appears after the member's name and address. County societies are listed in alphabetical order. See page 437 for explanation of SPECIALTY CODES.

The **Roster for the WOMAN'S AUXILIARY to the MSMA**, beginning on page 510, lists the officers, directors, committee chairmen, MSMA Advisory Council, presidents of county auxiliaries, districts, state past-presidents and members of each county auxiliary.

For other departments, please refer to the table of contents on the cover page.

If any errors are found, please report them to the Membership Department, MSMA, 113 Madison, Box 1028, Jefferson City 65101. The cooperation of members is urgently requested.

County Medical Society Code Numbers

de	*County Society*	*Page*
0	Andrew	438
4	Audrain	438
8	Barton	438
6	Boone	438
0	Buchanan	442
4	Butler-Wayne-Ripley-Carter	443
8	Callaway	444
2	Cape Girardeau	444
3	Chariton-Macon-Monroe-Randolph	445
0	Clay	445
4	Clinton	447
3	Cole	447
2	Cooper	448
3	Dallas-Hickory-Polk-Dade	448
0	Dunklin	448
4	Franklin-Gasconade-Warren	448
3	Grand River (Caldwell-Carroll-Livingston-Grundy-Daviess-Harrison-Linn-Mercer-DeKalb Counties)	449
0	Greene	449
0	Henry	453
0	Howard	453
0	Jackson	454
1	Jasper	468
1	Jefferson	469
1	Johnson	470
1	Lafayette-Ray	470
1	Lewis-Clark-Scotland	470
1	St. Charles-Lincoln	474
1	Marion-Ralls-Shelby	470
1	Miller	471

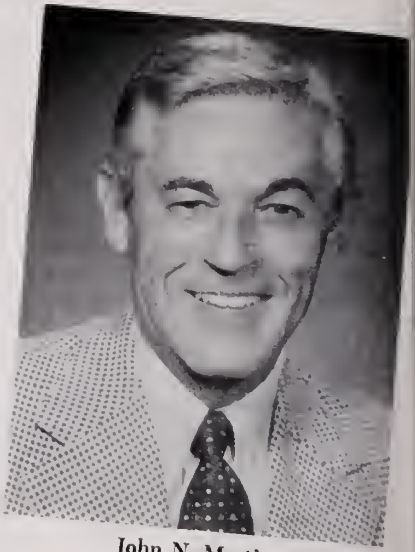
Code	*County Society*	*Page*
138	Mineral Area (St. Francois-Iron-Madison-Washington-Reynolds-Bollinger Counties)	471
142	Moniteau	472
146	Montgomery	472
150	Morgan	472
158	Northwest (Nodaway-Holt-Atchison-Gentry-Worth Counties)	472
162	North Central (Adair-Schuyler-Knox-Sullivan-Putnam Counties)	472
166	Ozarks (Barry-Lawrence-Stone-Christian-Taney-Newton-McDonald Counties)	472
170	Pemiscot	473
174	Perry-Ste. Genevieve	473
178	Pettis	474
182	Mid-Missouri (Phelps-Crawford-Dent-Pulaski-Maries-Laclede Counties)	471
186	Pike	474
188	Platte	474
190	St. Louis	475
194	St. Louis County	500
198	Saline	507
202	SEMO (Stoddard-New Madrid-Mississippi-Scott Counties)	507
206	South Central (Howell-Oregon-Texas-Wright-Douglas-Ozark Counties)	508
210	Webster	508
214	West Central (Bates-Cass-Cedar-St. Clair-Vernon Counties)	508

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

SEP 23 1977

Howard J. McAlhany
President

1977-1978 OFFICERS


John N. Martin
President-Elect

Missouri State Medical Association

Joseph V. Finnegan
Editor

Purposes of Association

THE PURPOSES of the Missouri State Medical Association are to bring into compact organization the entire medical profession of the State of Missouri with the view of the extension of medical knowledge and the advancement of medical science, to promote and elevate the standards of medical education and the enactment and enforcement of just medical and public health laws, to encourage friendly intercourse among physicians, to guard and sustain measures of interest and advantage to the public and the medical profession and to promote science, knowledge and skill among the medical profession.

1950 MSMA Handbook
Centennial Issue

Officers

Max S. Franklin
Immediate Past-President

Stanley S. Peterson
Vice-President

Irving H. Clark
Vice-President

Ernest Wadlow
Vice-President

John I. Matthews
Secretary

James M. Stokes
Treasurer

Edwin K. Burford, Jr.
Speaker

Lily Ann Hanes
Vice-Speaker

AMA Delegates

Melvin C. Kasten
(1978-1979)

James C. Sisk
(1977-1978)

Rae W. Froelich
(1977-1978)

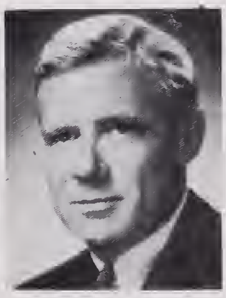
Robert A. Slickman
(1976-1977, 1978-1979)

Lawrence W. O'Neal
(1976-1977)

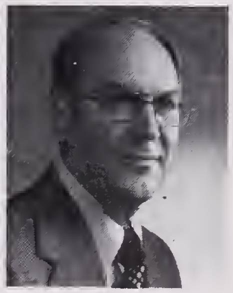
Alternate Delegates

Francis X. Lieb
(1978)

Melvin C. Kasten
(1977)


Hugh E. Stephenson, Jr.
(1976-1977, 1978-1979)

Donald Judd
(1978 1979)


Richard P. Bowles
(1977 1978)

The Council

Richard C. Hedges
First District

John P. Walterscheid
Second District

Richard V. Bradley
Third District
(Vice-Chairman)

Louis P. Hetlage
Fourth District

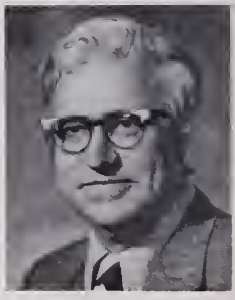
H. Peter Ekern
Fifth District

R. John Torontow
Sixth District

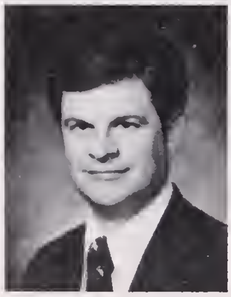
Andrew McCanse
Seventh District
(Chairman)

Walter A. German
Eighth District

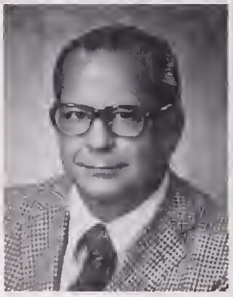
Claude W. Cooper
Ninth District


Eugene T. Hansbrough
Tenth District

Vice-Councilors


Gary Dyer
First District

Patricio Avila
Second District


Richard Fallon
Third District

Frederick D. Peterson
Fourth District

Mary K. McCaffree
Fifth District

Roy W. Pearse, Jr.
Sixth District

Irving H. Clark
Seventh District

Marvin Singleton
Eighth District

Jack Wiles
Ninth District

George H. Ladyman
Tenth District

MSMA Committees and Commissions 1977-1978

STANDING COMMITTEES

Executive Committee—Howard J. McAlhany, Springfield, *Chairman;* John N. Martin, St. Joseph; John I. Matthews, Jefferson City; James M. Stokes, St. Louis; Andrew McCanse, Kansas City; Richard V. Bradley, St. Louis (1978).

Constitution and Bylaws—R. Stacy Long, Kansas City, *Chairman* (1979); Joseph Conrad, Chillicothe (1978); Donald H. Beisner, Springfield (1978); George Bohigian, St. Louis (1979); Miles C. Whitener, St. Louis (1980).

Legislative Affairs—John I. Matthews, Jefferson City, *Chairman;* Robert E. Bregant, Jefferson City; Hubert A. Ritter, St. Louis; Howard J. McAlhany, Springfield; John N. Martin, St. Joseph; Andrew McCanse, Kansas City; Richard V. Bradley, St. Louis (1978).

Publication—Joseph V. Finnegan, St. Louis, *Chairman;* William C. Mixson, Kansas City; Charles C. Sherwin, St. Louis; Byron M. Stuart, Boonville; Wilfred E. Wooldridge, Springfield (1978).

Planning—Paul H. Rother, St. Charles, *Chairman* (1978); T. N. Cofer, Chillicothe (1978); James C. Cope, Rocheport (1979); Charles P. McGinty, Cape Girardeau (1979); Harry D. Haas, Kansas City (1980); Francis X. Lieb, St. Louis (1980); James A. Hasek, Mountain Grove (1981); E. Rule Olson, Springfield (1981); J. Will Fleming, Moberly (1982); William W. Haynie, Butler (1982).

Voluntary Health Agencies—William C. Allen, Columbia, *Chairman* (1980); Carl Siegel, Kansas City (1978); Carl F. Dennison, St. Louis (1978); Joseph L. Fisher, St. Joseph (1979); Paul S. Quinn, Springfield (1979).

STANDING COMMISSIONS

Continuing Education and Health Manpower—George H. Lady- nan, Poplar Bluff, *Chairman* (1978); H. Peter Ekern, Mexico 1978); Richard C. Hedges, Excelsior Springs (1978); M. Kenton ing, St. Louis (1978); George D. Comfort, Mexico (1978); eorge X. Trimble, Kansas City (1979); William D. Bradshaw, olumbia (1979); Manuel R. Comas, Manchester (1979); John C. oucy, St. Charles (1979); Charles A. Worley, Sweet Springs 1979); Ronald T. Hill, Dexter (1980); Wilbur A. Mullarky, St. ouis (1980); Marvin A. Singleton, Joplin (1980); W. Wayne oydston, Odessa (1980); W. Thomas Morgan, West Plains (1980).

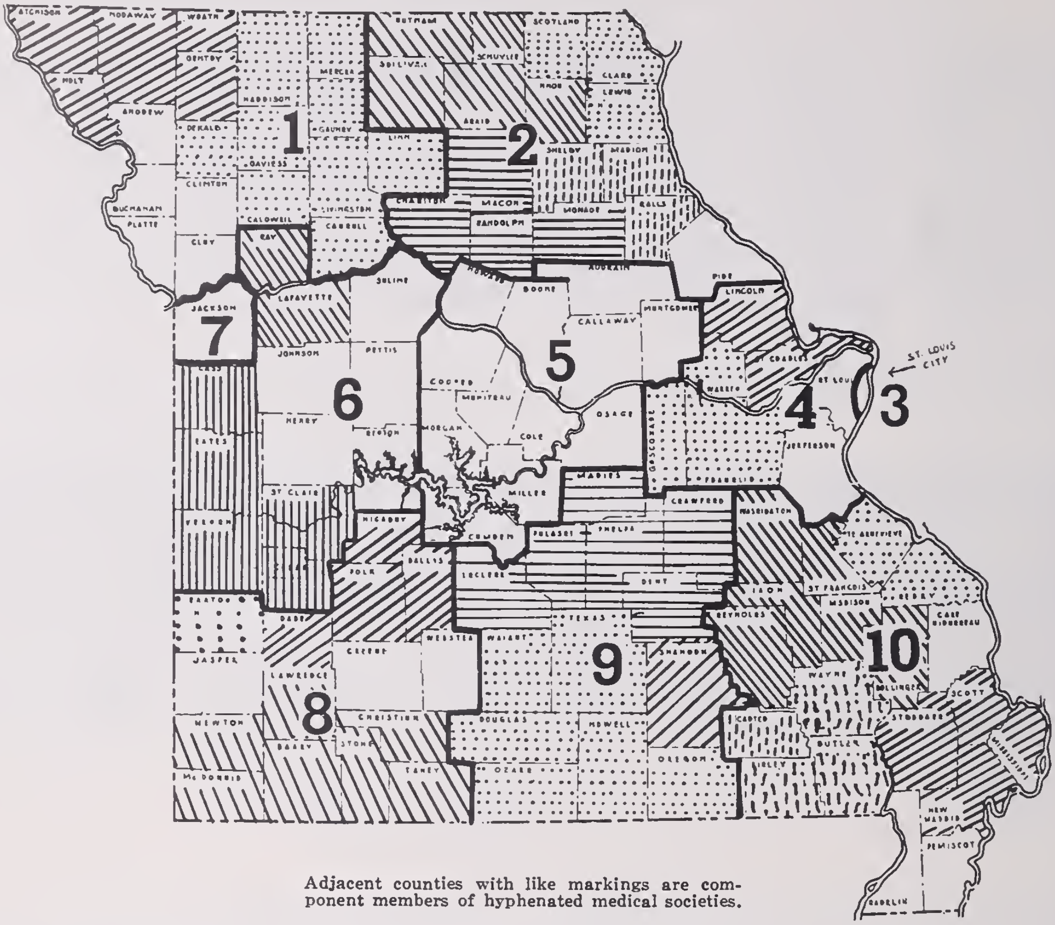
Medical Economics, Third Party Medicine and Governmental elations—Max A. Heeb, Sikeston, *Chairman* (1979); Stanley S. eterson, Springfield (1978); John R. Esther, Joplin (1978); James . Lottes, St. Louis (1978); R. Phillip Acuff, St. Joseph (1978); . E. Braverman, Kansas City (1978); Herbert C. Wiegand, St. ouis (1979); Mary K. McCaffree, Jefferson City (1979); James L. arpenter, St. Charles (1979); Rae W. Froelich, Lebanon (1979); . Warren Allen, Carrollton (1980); John A. Griffith, Jr., Kansas ity (1980); Charles H. Cozean, Jr., Cape Girardeau (1980); L. M. agruder, Nevada (1980); Arturo C. Montes, St. Louis (1980).

Medical-Legal Affairs—Charles J. Ash, Springfield, *Chairman* 979); Harold B. Rapp, Cape Girardeau (1978); William R. cPhee, Kansas City (1978); George L. Hawkins, Jr., St. Louis 978); Noel R. Weyerich, Chesterfield (1978); Richard O. Craig, . Joseph (1978); Earl P. Holt, Jr., St. Louis (1979); William J. edlicott, Kansas City (1979); Bernard Draper, Rolla (1979); bert L. Willcoxon, Joplin (1979); Joseph S. Cope, Lexington 980); Jerome I. Simon, St. Louis (1980); Irving H. Clark, Kansas City (1980); Vicente D. Deles, Crystal City (1980); George P. Wilson, Columbia (1980).

Public Affairs—Byron E. Watts, Jefferson City, *Chairman* (1979); R. A. Rittter, Jr., Cape Girardeau (1978); Stanley G. Hall, Hannibal (1978); A. J. Campbell, Sedalia (1978); Sharon Waggoner, St. Joseph (1978); Wilber B. Spalding, Jr., Kansas City (1978); B. A. Moranville, Columbia (1979); Armand E. Brodeur, St. Louis (1979); Daniel M. Fraser, St. Louis (1979); Vernon H. Balster, St. Louis (1979); Richard H. Loeb, Springfield (1980); Donald R. Germann, Kansas City (1980); George Q. Dunmire, Kennett (1980); Jill M. Clayton, St. Louis (1980); John M. Laird, Florissant (1980).

Interspecialty Medicine—Missouri Society of Pathologists, Thomas J. Cooper, St. Louis, *Chairman;* Missouri State Allergy Association, Donald Youll, Kansas City; Missouri Society of Anesthesiologists, J. O. Alyea, Columbia; Missouri Dermatological Society, Larry E. Millikan, Columbia; Missouri ENT Association, Inc., William P. Lampros, St. Louis; Missouri Academy of Family Physicians, Charles W. Chastain, North Kansas City; Missouri Society of Internal Medicine, Clement B. Grebel, St. Louis; Missouri Society of Neurosurgeons, C. Keith Whittaker, Kansas City; Missouri OB-GYN Society, Carol F. Williams, St. Louis; Missouri Ophthalmological Society, Michael F. Pernoud, St. Louis; Missouri Orthopedic Association, Robert E. Kuhlman, St. Louis; Missouri Chapter, American Academy of Pediatrics, to be announced; Physical Medicine and Rehabilitation, Franz U. Steinberg, St. Louis; Missouri Psychiatric Association, Elizabeth Heimburger, Columbia; Missouri Radiological Society, William H. McAlister, St. Louis; Missouri Chapter, American College of Surgeons, Raymond O. Frederick, St. Louis; Missouri State Surgical Society, Cyril Costello, St. Louis; Missouri Thoracic Society, John Soucy, St. Charles; Federation of Missouri Urologists, Milton B. Ozar, Kansas City.

Councilor Districts and Counties in Each District



Adjacent counties with like markings are component members of hyphenated medical societies.

DISTRICT	COUNCILOR	COUNTIES
First	**Richard C. Hedges, M.D.** Excelsior Springs	Andrew, Atchison, Buchanan, Caldwell, Carroll, Clay, Clinton, Daviess, De Kalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Platte and Worth
Second	**John H. Walterscheid, M.D.** Hannibal	Adair, Chariton, Clark, Knox, Lewis, Macon, Marion, Monroe, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby and Sullivan
Third	**Richard V. Bradley, M.D.** (Vice-Chairman) St. Louis	St. Louis (City)
Fourth	**Louis P. Hetlage, M.D.** Troy	Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Louis (County) and Warren
Fifth	**H. Peter Ekern, M.D.** Mexico	Audrain, Boone, Callaway, Camden*, Cole, Cooper, Howard, Miller, Moniteau, Montgomery, Morgan and Osage*
Sixth	**John Torontow, M.D.** Nevada	Bates, Benton, Cass, Cedar, Henry, Johnson, Lafayette, Pettis, Ray, St. Clair, Saline and Vernon
Seventh	**Andrew McCanse, M.D.** (Chairman) Kansas City	Jackson
Eighth	**Walter A. German, M.D.** Springfield	Barry, Barton, Christian, Dade, Dallas, Greene, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, Stone, Taney and Webster
Ninth	**Claude W. Cooper, M.D.** Thayer	Crawford, Dent, Douglas, Howell, Laclede, Maries, Oregon, Ozark, Phelps, Pulaski, Shannon, Texas and Wright
Tenth	**Eugene T. Hansbrough, M.D.** Poplar Bluff	Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Washington and Wayne

---

* Counties with no medical organization.

Component Societies in Affiliation With the Missouri State Medical Association

COUNTY	DISTRICT	PRESIDENT	ADDRESS	SECRETARY	ADDRESS
Andrew	1	Gilbert B. Kelley	Savannah	Warren C. Baker	Savannah
Audrain	5	Glen Kallenbach	Mexico	Mary Ellen Mullen	Mexico
Barton	8	Herbert M. Arnold	Lamar	Thomas W. Carroll	Lamar
Boone	5	Hugh Harris, Jr.	Columbia	Ben Moranville	Columbia
Buchanan	1	Richard O. Craig	St. Joseph	Charles N. Mullican	St. Joseph
Butler-Wayne-Ripley-Carter	10	Robert Laatsch	Poplar Bluff	S. K. Reddy	Poplar Bluff
Callaway	5	Richard Osbourn	Fulton	Vernon Jackson	Fulton
Cape Girardeau	10	John K. Holcomb	Cape Girardeau	Kenneth W. Koldys	Cape Girardeau
Chariton-Macon-Monroe-Randolph	2	Rogelio Bautista	Moberly	G. R. Hudson	Moberly
Clay	1	William R. McPhee	Kansas City	Nicola Y. Katf	Kansas City
Clinton	1	P. T. Luckenbill	Plattsburg	J. H. Sweiger	Plattsburg
Cole	5	Joseph Werth	Jefferson City	Lawrence Giffen	Jefferson City
Cooper	5	Daikichi Hata	Boonville	E. T. Humphreys	Boonville
Dallas-Hickory-Polk-Dade	8	Lee McNeel, Jr.	Greenfield	Monte R. Kahler	Bolivar
Dunklin	10	Wuthisak Soonattrakul	Kennett	Quinton Tarver	Kennett
Franklin-Gasconade-Warren	4	Sammy L. Farrell	Washington	John B. Crane	Washington
Grand River Medical Society (Caldwell-Carroll-Livingston-Grundy-Daviess-Harrison-Linn-Mercer-DeKalb)	1	Merriam Gearhart	Bethany	William L. Fair	Chillicothe
Greene	8	Paul S. Quinn	Springfield	Edwin Gwin	Springfield
Henry	6	Richard H. King	Clinton	Kenneth F. Scott, Jr.	Clinton
Howard	5			M. P. Leech	Fayette
Jackson	7	Irving Clark	Kansas City	Donald E. McIntosh	Kansas City
Jasper	8	John R. Esther	Joplin	Robert L. Willcoxon	Joplin
Jefferson	4	Vicente D. Deles	Crystal City	Benjamin I. Albano	Crystal City
Johnson	6	Keith D. Jones	Warrensburg	Robert L. Cooper	Warrensburg
Lafayette-Ray	6	Jerry L. Meyer	Concordia	Catherine O. Boydston	Odessa
Lewis-Clark-Scotland	2			Landis Y. Davis	Canton
Marion-Ralls-Shelby	2	Robert W. Buben	Hannibal	Federico N. Florendo, Jr.	Hannibal
Mid-Missouri County Medical Society (Phelps-Crawford-Dent-Pulaski-Maries-Laclede)	9	Bernard Draper	Rolla	Harry N. Grannemann	Rolla
Miller	5	Carl T. Buehler, Jr.	Eldon	Edward O. Shelton	Eldon
Mineral Area Medical Society (St. Francois-Iron-Madison-Washington-Reynolds-Bollinger)	10	Jay F. Tuttle	Farmington	H. D. Dierker	Farmington
Moniteau	5	Kenyon S. Latham	California	L. M. Gallagher	California
Montgomery	5			S. J. Byland	Wellsville
Morgan	5	J. Loren Washburn	Versailles	C. Robert Hall	Versailles
North Central Counties Medical Society (Adair-Schuyler-Knox-Sullivan-Putnam)	2	Francis Tarvydas	Edina	Milton T. English	Kirksville
Northwest Missouri Medical Society (Nodaway-Holt-Atchison-Gentry-Worth)	1	Edward L. Niedermeyer	Tarkio	Pat Harr	Maryville
Ozarks Medical Society (Barry-Lawrence-Stone-Christian-Taney-Newton-McDonald)	8	Francisco R. Esparrago	Monett	Andres Apostol	Monett
Pemiscot	10	Alan S. Gubin	Caruthersville	Clarence W. McKaskle	Caruthersville
Perry-Ste. Genevieve	10			Esther Limpiphiphatn	Perryville
Pettis	6	Elmer Van Dyke	Sedalia	James R. Farkas	Sedalia
Pike	2	John W. Middleton	Louisiana	Mathew L. Nickels	Louisiana
Platte	1			S. Lloyd Allen	Kansas City
St. Charles-Lincoln	4	James L. Carpenter	St. Charles	Keim L. Baird	St. Charles
St. Louis Medical Society	3	Francis X. Lieb	St. Louis	Robert R. MacDonald	St. Louis
St. Louis County Medical Society	4	Vernon H. Balster	St. Louis	David M. Berwald	St. Louis
Saline	6			Robert W. Blalock	Marshall
SEMO County Medical Society (Stoddard-New Madrid-Mississippi-Scott)	10	Fred H. Thornton	Sikeston	Daniel L. Rosenstein	Sikeston
South Central (Howell-Oregon-Texas-Wright-Douglas-Ozark)	9	C. Franklin Smith	Willow Springs	W. T. Morgan, Jr.	West Plains
Webster	8	R. J. Bareis	Marshfield	J. F. Patterson	Marshfield
West Central Missouri Medical Society (Bates-Cass-Cedar-St. Clair-Vernon)	6	Robert L. Magee	El Dorado Springs	William W. Haynie	Butler

Alphabetical Roster of Members

(The alphabetical list of members includes the name and number of each member's county society.)

A

A'HMADI,MALEK,R,	BOONE	026
AACH,RICHARO,OAVIO,	ST. LOUIS CITY	190
AARON,GEO,	JACKSON	098
ABAOIR,RUSHDY,	BOONE	026
ABAQUETA,GAMALIEL,R,	JACKSON	098
ABDOU,NANCY,L,	JACKSON	098
ABEL,CHAS,CASPARI,	ST. LOUIS CITY	190
ABEL,OLIVER,	ST. LOUIS CITY	190
ABELAROO,MIGUEL,LIGON,	ST. LOUIS CITY	190
ABELE,WM,ARVEO,	COOPER	062
ABELL,WALTER,E,	ST. LOUIS CITY	190
ABELLA,BIENVENIDO,Z,	JACKSON	098
ABENO,MELVIN,N,	JACKSON	098
ABERCROMBIE,KEITH,JAMES,	JACKSON	098
ABINOJA,CONRAOO,BAMBAO,	ST. LOUIS CITY	190
ABOOEELY,OANIEL,	ST. LOUIS CITY	190
ABRAMS,BERNARO,MARK,	JACKSON	098
ABRAMS,MORRIS,	ST. LOUIS CITY	190
ABRAMSON,CHAS,LOUIS,	ST. LOUIS CITY	190
ACKER,HARRY,L,	ST. LOUIS CITY	190
ACKERMAN,LAUREN,V,	ST. LOUIS CITY	190
ACUFF,R,PHILIR,	BUCHANAN	030
ADAMS,HAROLO,OEAN,	BOONE	026
AOAMS,HOWARD,OWIGHT,	CLAY	050
AOAMS,RILEY,R,	CARE GIRAROEAU	042
ADAMS,ROBT,BELOING,	JASPER	102
AOELMAN,ARTHUR,	JACKSON	098
AOELMANN,EUGENE,	ST. LOUIS CITY	190
AOEYEMI-OORO,HENRY,O,	ST. LOUIS CITY	190
ADIBI,FEREYOOON,	BUTLER-WAYNE-RIPLEY-CARTER	034
AOLER,BENARO,C,	ST. LOUIS CITY	190
AOLER,FEOERICO,	JACKSON	098
AFF,HELEN,	ST. LOUIS COUNTY	194
AFUWARE,EMMANUEL,A,	ST. LOUIS CITY	190
AGASINO,ARMELA,M RESUMA,	ST. LOUIS CITY	190
AGASINO,GAUDENCIO,LIMBO,	ST. LOUIS CITY	190
AGEE,LOREN,G,	JACKSON	098
AGRESS,HARRY,	ST. LOUIS CITY	190
AGUILERA,TRINIOAD,J A,	CHARITON-MACON-MONROE-RANOOLPH	046
AGUINALDO,JAIME,A,	ST. LOUIS CITY	190
AHAO,ABDUL,	BUCHANAN	030
AHAOI,ABO,UL AHAO,	ST. LOUIS CITY	190
AHERN,ARCHIBALO,MARK C,	ST. LOUIS CITY	190
AHLERING,GEO,H,	ST. LOUIS CITY	190
AHLVIN,ROBT,CALHOUN,	SEMO	202
AHMAO,BASHIR,	ST. LOUIS CITY	190
AHUJA,ARJANOAS,L,	ST. LOUIS CITY	190
AITKEN,LOUIS,F,	ST. LOUIS CITY	190
AJANS,ZAKI,A K,	AUORAIN	014
AKER,UMIT,TEKIN,	ST. LOUIS CITY	190
AKS,OANL,	JACKSON	098
AKYOL,SALIM,	ST. LOUIS CITY	190
AL-SHATHIR,SAA,M,	JASPER	102
ALBANI,FRANK,JOSEPH,	JACKSON	098
ALBANO,BENJ,I,	JEFFERSON	106
ALBERA,VICTOR,HAROLO,	ST. LOUIS COUNTY	194
ALBERG,MARVIN,R,	JACKSON	098
ALBERT,INGRIO,	ST. LOUIS CITY	190
ALCANCIA,ELRIDIO,Y,	GREENE	082
ALOERMAN,OONALO,P,	JACKSON	098
ALDERMAN,THOS,FRANCIS,	JACKSON	098
ALEGRE,JORGE,MAXIMO,	ST. LOUIS CITY	190
ALEKSANDER,BERNAROO,G,	ST. LOUIS CITY	190
ALEX,MORRIS,	ST. LOUIS COUNTY	194
ALEXANOER,GEO,KARAOIMOS,	ST. LOUIS COUNTY	194
ALLAIN,JAMES,J,	CLAY	050
ALLAN,JAMES,EOWIN,	COLE	058
ALLAN,JAMES,RAY,	CLAY	050
ALLBEE,ROGER,HUBBARO,	JEFFERSON	106
ALLCORN,DONALD,JEAN,	PETTIS	178
ALLEBACH,HOBART,K B,	JACKSON	098
ALLEN,DAVIO,O,	JASRER	102
ALLEN,E,WARREN,	GRAND RIVER	078
ALLEN,HENRY,C,	ST. LOUIS CITY	190
ALLEN,HOLLIS,N,	ST. LOUIS CITY	190
ALLEN,JAMES,HOLLIS,	ST. LOUIS COUNTY	194
ALLEN,JERRY,H,	GREENE	082
ALLEN,JOS,E,	BOONE	026
ALLEN,LOUIS,ANOERSON,	CLAY	050
ALLEN,MELVIN,A,	ST. LOUIS CITY	190
ALLEN,ROBERT,WILLIAM,	BOONE	026
ALLEN,ROBT,E,	JACKSON	098
ALLEN,SAML,LLOYO,	PLATTE	188
ALLEN,WILLARO,M,	ST. LOUIS CITY	190
ALLEN,WILLIAM,C,	BOONE	026
ALLEN,WM,C,	BOONE	026
ALLEN,WM,E,	ST. LOUIS CITY	190
ALLEN,WM,H,	WEST CENTRAL	214
ALLIN,STERHEN,CRAIG,	GREENE	082
ALLISON,JAMES,BRAOLEY,	GREENE	082
ALMIRON,OSIAS,ABUAN,	ST. LOUIS CITY	190
ALMONO,CARL,H,	BOONE	026
ALONSO-YAGUE,RASCUAL,	ST. LOUIS CITY	190
ALONSO,JOSE,MARIO V,	ST. LOUIS CITY	190
ALRERN,LOUIS,M,	ST. LOUIS CITY	190
ALSOR,WEBB,S,	JACKSON	098
ALTHAUS,CARL,J,	ST. LOUIS COUNTY	194
ALTHEIOE,HARVEY,E IRVING,	ST. LOUIS COUNTY	194
ALTHEIOE,JOHN,P,	ST. LOUIS CITY	190
ALTMAN,MARTIN,RERRY,	ST. CHARLES-LINCOLN	126
ALTOMARE,EDWARD,R,	JACKSON	098
ALUL,MOHAMMAD-ALI,HAMOI,	ST. CHARLES-LINCOLN	126
ALVAREZ,LUIS,LIBERTO,	ST. LOUIS CITY	190
ALVAREZ,ULISES,CASIMIRO,	ST. LOUIS COUNTY	194
ALVIS,BENNETT,Y,	ST. LOUIS CITY	190
ALVIS,EOMUND,B,	ST. LOUIS CITY	190
ALYEA,JAMES,OGOEN,	BOONE	026
AMAOO-LEOO,OAVIO,E,	ST. LOUIS CITY	190
AMES,WM,HOWARO,	BUCHANAN	030
AMIN,AURORA,	ST. LOUIS COUNTY	194
AMIN,NAVIN,R,	ST. LOUIS CITY	190
AMJAO,MOHAMMAO,TAGHI,	ST. LOUIS CITY	190
AMMATELLI,FRANCIS,JOS,	JACKSON	098
AMOURY,RAYMONO,ANTHONY,	JACKSON	098
ANCHETA,AROLINARIO,A,	GREENE	082
ANOERSON,CHARLES,BERNARO,	ST. LOUIS CITY	190
ANDERSON,1VAN,AXEL,	BOONE	026
ANOERSON,JOHN,MAXEY,	ST. LOUIS CITY	190
ANOERSON,PAUL,BERTRAM,	OZARKS	166
ANOERSON,RHILIR,CARR,	BOONE	026
ANOERSON,RAYMONO,B,	JACKSON	098
ANOERSON,ROBERT,	CLAY	050
ANOERSON,THOS,RAMSEY,	BOONE	026
ANDREASSEN,OIMIL,F,	M1D MISSOURI	182
ANDRES,EOWARO,H,	BUCHANAN	030
ANDREWS,BERNEIL,W,	CLAY	050
ANORUS,BAILEY,C,	JACKSON	098
ANGELO,THOMAS,L,	ST. LOUIS COUNTY	194
ANGLO,LUIS,B,	ST. LOUIS CITY	190
ANIS,ONSSY,HANNA,	BOONE	026
ANSLINGER,OAVIO,LAWRENCE,	ST. LOUIS COUNTY	194
ANSTEY,GEO,C,	ST. LOUIS CITY	190
ANTHONY,OALLAS,OEAN,	GREENE	082
ANTHONY,ELWYN,JAMES,	ST. LOUIS CITY	190
ANTONIOU,CHRISTOS,A,	ST. LOUIS COUNTY	194
APOSTOL,ANORES,GALAM,	OZARKS	166
APPLEBERRY,CHAS,H,	MINERAL AREA	138
ARBAB,ALI,AKBAR,	JACKSON	098
ARCELONA,JESUS,	ST. LOUIS CITY	190
ARCHER,CAROL,RUTH,	ST. LOUIS CITY	190
ARENOS,PROCESO,T,	ST. LOUIS COUNTY	194
ARIAS,FERNANOO,	ST. LOUIS CITY	190
ARMS,ARNOLO,V,	JACKSON	098
ARMS,RICHARO,A,	JACKSON	098
ARMSTRONG,JAY,HOWARO,	CLAY	050
ARNESON,AXEL,N,	ST. LOUIS CITY	190
ARNEY,WM,G,	ST. LOUIS CITY	190
ARNOLO,HERBERT,MILLER,	BARTON	018
ARNOLD,JOHN,OAVIO,	JACKSON	098

ARNOLO,KENNETH,JEROME,	ST. LOUIS CITY	190
ARNOLD,RICHARO,C,	BOONE	026
ARNOT,JOHN,P,	ST. LOUIS CITY	190
ARONBERG,JEROME,MILTON,	ST. LOUIS COUNTY	194
ARONSON,ABRAHAM,	ST. LOUIS COUNTY	194
ARRIBAS,AURORA,ELLOSO,	JACKSON	098
ARRIBAS,NEVA,POBRE,	ST. LOUIS CITY	190
ARRIBAS,ROMEO,FIRMEZA,	JACKSON	098
ARST,HERBERT,EUGENE,	CLAY	050
ASEL,NORMAN,OONALO,	BOONE	026
ASGHAR,MOHAMMAO,	ST. LOUIS CITY	190
ASH,CHAS,J,	GREENE	082
ASHBY,JENNIFER,O,	JACKSON	098
ASHBY,RICHARO,	ST. LOUIS CITY	190
ASHCRAFT,KEITH,WESLEY,	JACKSON	098
ASHER,A,GRAHAM,	JACKSON	098
ASHER,KENNETH,O,	CAPE GIRAROEAU	042
ASHLEY,HUGH,V,	CARE GIRAROEAU	042
ASHLEY,THOS,E,	GREENE	082
ASKEW,JOHN,HENRY,	SEMO	202
ASNANI,MITHLESH,GUPTA,	JACKSON	098
TKINSON,THOS,ERNEST,	GREENE	082
TTERBURY,COLIN,E,	BOONE	026
TWELL,FLOYO,C,	JACKSON	098
UER,ARTHUR,IRWIN,	ST. LOUIS CITY	190
UFOER HEIOE,G,RUSSELL,	ST. LOUIS CITY	190
UGUSTE,MELEOAIN,	ST. LOUIS CITY	190
UGUSTIN,CESAR,	ST. LOUIS CITY	190
ULENBACHER,CARL,E,	FRANKLIN-GASCONAOE-WARREN	074
UNER,CECIL,RAY,	GREENE	082
VERILL,KEITH,HOWARO,	JACKSON	098
VERY,WILLARO,BARTLETT,	COOPER	062
VILA,ESTRELLA,ZURBANO,	MARION-RALLS-SHELBY	130
VILA,RATRICIO,C,	MARION-RALLS-SHELBY	130
VIOLI,LOUIS,V,	ST. LOUIS CITY	190
YATA,SEOAT,M,	ST. LOUIS COUNTY	194
YKENT,YAVUZ,	ST. LOUIS CITY	190
YLWARO,HOWARO,J,	ST. LOUIS COUNTY	194
YLWARO,HOWARO,JOS,	BOONE	194
VAZIAN,VATCHE,H,	ST. LOUIS COUNTY	194
AN,KENNETH,NAJEEB,	RETTIS	178
UMA,NOBUTAKA,	ST. LOUIS CITY	190

B

BKA,JOS,JOHN,	ST. LOUIS CITY	190
CH,LYSLE,M,	MARION-RALLS-SHELBY	130
CK,OONALO,KING,	GREENE	082
CKER,MATTHIAS,H,	ST. LOUIS CITY	190
DGER,VIRGINIA,MAE,	ST. LOUIS CITY	190
ER,ALVIN,JULIUS,	JACKSON	098
GBY,JAMES,W,	ST. LOUIS COUNTY	194
GWE,LATA,R,	ST. LOUIS COUNTY	194
GWE,RANJIT,MAOHARAO,	ST. CHARLES-LINCOLN	126
HL,OM,P,	ST. LOUIS CITY	190
HN,CHAS,F,	CARE GIRAROEAU	042
BAI,SANG,ZIN,	JEFFERSON	106
BAIK,KIL,YOUNG,	LAFAYETTE-RAY	118
BAILEY,ALAN,HALE,	GREENE	082
BAILEY,ORENNAN,	ST. LOUIS CITY	190
BAILEY,WM,HAROLO,	ST. LOUIS COUNTY	194
BAIRO,KEIM,LAUOEROALE,	ST. CHARLES-LINCOLN	126
BAJAJ,ARUNKUMAR,R,	ST. LOUIS CITY	190
BAKER,ALBERT,SHERWOOO,	BOONE	026
BAKER,OONALD,LEE,	FRANKLIN-GASCONADE-WARREN	074
BAKER,JAMES,M,	BOONE	026
BAKER,JOSERHINE,OAVIS,	CHARITON-MACON-MONROE-RANDOLRH	046
BAKER,RHILIP,J,	JACKSON	098
BAKER,WARREN,C,	ANOREW	010
BALOWIN,RICHARO,	ST. LOUIS CITY	190
BALOWIN,RICHARO,M,	GREENE	082
BALOWIN,THEOOORE,RICHARO,	LAFAYETTE-RAY	118
BALES,EUGENE,L,	GRANO RIVER	078
BALHUIZEN,JOHN,	CLAY	050
BALLAL,H,SATISHCHANORA,	ST. LOUIS CITY	190
BALLARO,V,BRYCE,	JACKSON	098
BALLINGER,WALTER,F,	ST. LOUIS CITY	190
BALSTER,VERNON,HENRY,	ST. LOUIS COUNTY	194
BAMSHAO,JERRY,	ST. LOUIS COUNTY	194
BANOLE,OONALO,F,	ST. LOUIS CITY	190
BANEZ,COLITA,L REGNER,	ST. LOUIS CITY	190
BANJASTITKUL,CHUSAK,	ST. LOUIS COUNTY	194
BANKUTI,FERENC,	JACKSON	098
BANNON,ANNE,	ST. LOUIS CITY	190
BANTON,MILAGROS,T R,	ST. LOUIS CITY	190
BANTON,THOMAS,J,	ST. LOUIS CITY	190
BANTON,WM,C,	ST. LOUIS CITY	190
BARBEE,CHAS,WALKER,	BOONE	026
BARBERO,GIULIO,JOHN,	BOONE	026
BARBOUR,MARVIN,R,	BUTLER-WAYNE-RIRLEY-CARTER	034
BAROSLEY,JOHN,LESTER,	ST. LOUIS CITY	190
BARE,CHESTER,ISAAC,	JACKSON	098
BARE,EOWARO,F,	NORTHWEST	158
BAREIS,ROBT,JOHN,	WEBSTER	210
BARELLI,PAT,A,	JACKSON	098
BARKER,EOWARO,THEOOORE,	ST. LOUIS COUNTY	194
BARLOON,JAMES,HENRY,	JACKSON	098
BARNARO,JOHN,L,	JACKSON	098
BARNER,HENORICK,BOYER,	ST. LOUIS CITY	190
BARNES,ASA,	BOONE	026
BARNES,SETH,S,	CAPE GIRAROEAU	042
BARNETT,CHAS,HARLAN,	OALLAS-HICKORY-POLK-OAOE	066
BARNETT,FLOYO,A,	CHARITON-MACON-MONROE-RANOOLPH	046
BARNETT,GOROON,P,	JACKSON	098
BARNHILL,FLOYO,R,	GREENE	082
BARONE,RAUL,L,	WEST CENTRAL	214
BARR,GLENN,ALLEN,	JACKSON	098
BARRAGAN,HECTOR,O,	ST. LOUIS COUNTY	194
BARRETT,SCOTT,R,	ST. LOUIS CITY	190
BARRIOS,FRANCISCO,	ST. LOUIS CITY	190
BARROW,JACK,	ST. LOUIS COUNTY	194
BARRY,GERALO,W,	JACKSON	098
BARRY,WM,B,	JACKSON	098
BARTER,BRUCE,	JACKSON	098
BARTLETT,HUGH,C,	MIO MISSOURI	182
BARTLETT,JOHN,E,	GREENE	082
BARTLETT,ROBT,W,	ST. LOUIS CITY	190
BARTLEY,RICHARO,LEE,	GREENE	082
BARTNICK,MITCHEL,L,	ST. LOUIS CITY	190
BARTON,LESLIE,G L,	ST. LOUIS COUNTY	194
BARTON,ROBT,WILLEY,	ST. LOUIS COUNTY	194
BARTULICA,NICHOLAS,	BUCHANAN	030
BASANTZ,FERNANOO,VICTOR,	JACKSON	098
BASKA,RICHARC,EUGENE,	JACKSON	098
BASS,WALTER,RICHARO,	JACKSON	098
BATES,BARBARA,	JACKSON	098
BATES,GEO,COMER,	CLAY	050
BATTMER,ROBT,EARL,	JACKSON	098
BAUER,EUGENE,ANOREW,	ST. LOUIS CITY	190
BAUER,JOHN,O,	ST. LOUIS CITY	190
BAUER,JOS,A,	ST. LOUIS COUNTY	194
BAUER,LAFE,W,	JACKSON	098
BAUER,MARIA,ANTONI,	ST. LOUIS CITY	190
BAUER,OTTO,FRANK GEO,	ST. LOUIS CITY	190
BAUER,ROBT,A,	ST. LOUIS COUNTY	194
BAULA,ARMINOO,GUERRERO,	ST. LOUIS CITY	190
BAUM,FRANK,E,	JACKSON	098
BAUMAN,HENRY,C,	NORTHWEST	158
BAUMANN,ALBERT,R,	MIO MISSOURI	182
BAUMGARTEN,WALTER,	ST. LOUIS CITY	190
BAUSCHARO,FREOERICK,O,	ST. LOUIS CITY	190
BAUTISTA,ROGELIC,LLEGO,	CHARITON-MACON-MONROE-RANOOLPH	046
BAY,MERRILL,R,	JACKSON	098
BAYER,WILLIAM,LANG,	JACKSON	098
BAYRAKOAR,AHMAO,KHALOOUN,	ST. LOUIS CITY	190
BEALER,LOUIS,ALAN,	MIO MISSOURI	182
BEALL,MC PHERSON,SCOTT,	JACKSON	098
BEAMON,RICHARO,FREOERICK,	CLAY	050
BEARO,WM,JACOB,	JACKSON	098
BEARE,J,BYRON,	ST. LOUIS CITY	190
BEASLEY,LOUIS,K,	ST. LOUIS COUNTY	194
BEATO,OAVIO,LEWIS,	ST. LOUIS CITY	190
BEATTY,ARCH,JOE,	JACKSON	098
BEATTY,EUGENE,CARL,	JACKSON	098
BEATTY,NINA,OAWSON-REIO,	JACKSON	098
BEATY,WM,R,	ST. LOUIS CITY	190
BEAUCHAMP,GARY,OUANE,	JACKSON	098
BECK,CALVIN,EOSEL,	JACKSON	098
BECK,MARCUS,RICHARO,	BOONE	026
BECK,RAUL,MARTIN,	BUCHANAN	030
BECKER,BERNARO,	ST. LOUIS CITY	190
BECKER,EOWARO,JENNINGS,	ST. LOUIS CITY	190
BECKER,RICHARO,R,	JACKSON	098
BECKER,ROBT,LOUIS,	ST. LOUIS COUNTY	194

BECKER,ROLFE,ALLEN,	JACKSON	098
BECKER,STANLEY,CLIFFORO,	ST. LOUIS CITY	190
BECKETTE,EOMUND,	ST. LOUIS CITY	190
BECKLOFF,GERALO,LEE,	JACKSON	098
BECKMAN,DONALO,ERWIN,	ST. LOUIS CITY	190
BEHBAHANI,PARVIZ,MORSHEO,	ST. LOUIS CITY	190
BEHELER,EOWARO,MILTON,	BUCHANAN	030
BEHRENOS,STEVEN,HENRY,	JACKSON	098
BEHRENS,OONALD,THEOOORE,	ST. LOUIS CITY	190
BEHRENS,GERALO,LEE,	ST. LOUIS CITY	190
BEIOLE,RAYMONO,JOS,	ST. LOUIS CITY	190
BEISNER,DONALO,HENRY,	GREENE	082
BELANCOURT,DUNET,F,	ST. LOUIS CITY	190
BELOEN,EOGAR,A,	COLE	058
BELEN,MARIETTA,	JEFFERSON	106
BELEW,JOE,EOWARO,	ST. LOUIS CITY	190
BELL,HUBERT,HARVEY,	JACKSON	098
BELL,MARTIN,JAY,	ST. LOUIS CITY	190
BELL,ROBT,MALSEEO,	ST. LOUIS CITY	190
BELL,WM,F,	JACKSON	098
BENAGE,CLARENCE,MATTHEW,	ST. LOUIS COUNTY	194
BENITONE,JERRY,O,	PEMISCOT	170
BENNETT,JAMES,O,	JACKSON	098
BENNETT,JOHN,	ST. LOUIS CITY	190
BENNETT,KENNETH,JOHN,	ST. LOUIS CITY	190
BENNOCH,SHANE,LINTON,	GREENE	082
BENOIST,WALTER,FISCHEL,	ST. LOUIS COUNTY	194
BENOIT,HECTOR,W,	JACKSON	098
BENSON,JOHN,F,	ST. LOUIS CITY	190
BENSON,LARRY,EOWARO,	CLAY	050
BENSON,RONALO,GOROON,	GREENE	082
BENSON,SCOTT,CONRAO,	BUCHANAN	030
BENSON,WILLIAM,F,	JACKSON	098
BENTINGANAN,VICTOR,O,	MINERAL AREA	138
BENTLAGE,CHAS,HENRY,	JASPER	102
BENTLEY,JOHN,O,	GREENE	082
BERARO,LOUIS,N,	ST. LOUIS CITY	190
BERENSON,SHELDON,ELLIS,	JACKSON	098
BERG,EOWARD,FRANK,	ST. LOUIS CITY	190
BERG,LEONARO,	ST. LOUIS CITY	190
BERG,RALPH,	ST. LOUIS CITY	190
BERGER,EDWARO,J,	ST. LOUIS COUNTY	194
BERGMAN,HUGO,F,	ST. LOUIS CITY	190
BERGMANN,OWAYNE,LEROY,	ST. LOUIS CITY	190
BERGMANN,JOHN,FREOERICK,	ST. LOUIS COUNTY	194
BERGMANN,MARTIN,	ST. LOUIS COUNTY	194
BERGMANN,VICTOR,H,	JACKSON	098
BERGNER,GRACE,E,	ST. LOUIS CITY	190
BERLANO,HARRY,ISADORE,	ST. LOUIS CITY	190
BERLIN,ROGER,	JACKSON	098
BERMAN,WM,	ST. LOUIS CITY	190
BERNABE,FLORINIC,H,	ST. LOUIS COUNTY	194
BERNABE,OFELIA,M,	ST. LOUIS COUNTY	194
BERNARD,JAMES,WALTER,	PEMISCOT	170
BERNDSEN,GERARO,H,	ST. LOUIS COUNTY	194
BERNEY,FRANCIS,J,	BUCHANAN	030
BERNI,ANTHONY,ARTHUR,	ST. LOUIS CITY	190
BERNREITER,MICHAEL,	JACKSON	098
BERNSTEIN,AARON,M,	ST. LOUIS COUNTY	194
BERRY,JOHN,WALTNER,	ST. LOUIS CITY	190
BERRY,MAXWELL,G,	JACKSON	098
BERRY,PAUL,THOS,	GREENE	082
BERWALD,OAVIO,MORTON,	ST. LOUIS COUNTY	194
BERWALO,IRVIN,I,	ST. LOUIS COUNTY	194
BEST,ROBT,BRUCE,	LAFAYETTE-RAY	118
BETTONVILLE,PAUL,J,	ST. LOUIS CITY	190
BETZ,RICHARO,JOSEPH,	OZARKS	166
BETZ,ROBERT,FRANCIS,	OZARKS	166
BHATI,OEO,KALYAN,	MID MISSOURI	182
BHATTACHARYA,ARJUN,	ST. LOUIS COUNTY	194
BHENO,DAVIO,PAUL,	JASPER	102
BHOTHINARO,BHISIT,	ST. LOUIS COUNTY	194
BIALECKI,LEON,	ST. LOUIS CITY	190
BICKEL,VERN,T,	BARTON	018
BICKLEY,JAMES,EOWARD,	JACKSON	098
BIDOY,RALPH,LEO,	ST. LOUIS CITY	190
BIDWELL,ROBT,EOWARD G,	JACKSON	098
BIELLO,OANIEL,R,	ST. LOUIS CITY	190
BIERY,RICHARO,MARTIN,	JACKSON	098
BIGGS,ALFREO,OE BARO,	JACKSON	098
BIGGS,FREO,JOS,	BUTLER-WAYNE-RIPLEY-CARTER	034
BIGGS,HARRY,L,	JACKSON	098
BIGGS,JOHN,	ST. LOUIS CITY	190
BIKALES,VICTOR,WM,	JACKSON	098
BILCHIK,RONALO,CHAS,	ST. LOUIS COUNTY	194
BILLS,MARVIN,L,	JACKSON	098
BILLY,LAWRENCE,JOHN,	ST. LOUIS CITY	190
BILSKY,NATHAN,	ST. LOUIS CITY	190
BINDBEUTEL,OONALD,A,	ST. LOUIS CITY	190
BINOER,MORTON,A,	ST. LOUIS CITY	190
BIRCHER,JOHN,L,	ST. LOUIS CITY	190
BIRO,H,WALOD,	ST. LOUIS CITY	190
BIRO,WM,J F,	JASPER	102
BIRENBAUM,AARON,	ST. LOUIS COUNTY	194
BIRGE,CLIFFORO,ALLEN,	ST. LOUIS CITY	190
BIRKBY,WM,FRANCIS,	BOONE	026
BIRSNER,FRANK,H,	JASPER	102
BISHOP,MARION,DALE,	ST. LOUIS COUNTY	194
BISHOP,MARY,C MC FAYOEN,	ST. LOUIS CITY	190
BISNO,OANL,	ST. LOUIS CITY	190
BIZEK,JOS,LOUIS,	OZARKS	166
BLACK,OON,ALVIN,	JACKSON	098
BLACK,EUGENE,C,	JACKSON	098
BLACK,JOSEPH,T,	ST. LOUIS CITY	190
BLACK,SAML,PAUL WEST,	BOONE	026
BLACK,THOMAS,C,	JACKSON	098
BLACKMAN,PATRICIA,A B,	ST. LOUIS COUNTY	194
BLACKWELL,CHARLES,RUFUS,	JACKSON	098
BLACKWELL,CHAS,WILFREO,	BOONE	026
BLAOES,ROSS,DEES,	GREENE	082
BLAOOW,TERRENCE,CRAIG,	JASPER	102
BLAIR,JOHN,DOUGLAS,	ST. LOUIS CITY	190
BLAIR,OLGA,MENOEZ,	ST. LOUIS CITY	190
BLAIR,VILRAY,PAPIN,	ST. LOUIS CITY	190
BLALOCK,ROBT,W,	SALINE	198
BLAND,HAROLO,EOWARD,	BOONE	026
BLANK,MICHAEL,KENNETH,	JEFFERSON	106
BLANKENSHIP,OALE,M,	CAPE GIRARDEAU	042
BLANKENSHIP,GEO,WM,	OZARKS	166
BLANTON,JOS,CULLEN,	SEMO	202
BLATH,RICHARO,ALAN,	ST. LOUIS CITY	190
BLIM,RICHARO,OON,	JACKSON	098
BLOCK,ARNOLD,SYLVAN,	ST. LOUIS CITY	190
BLOCK,JEROME,EOWARO,	PETTIS	178
BLOUNT,LEE,	ST. LOUIS CITY	190
BLYTHE,JAMES,GRANVILLE,	ST. LOUIS CITY	190
BOC,INOCENCIO,MAHUSAY,	ST. LOUIS CITY	190
BOCKELMAN,CLIFFORO,H,	ST. LOUIS CITY	190
BOOENHAUSEN,GARY,E,	JACKSON	098
BOEOEKER,ROY,V,	ST. LOUIS CITY	190
BOGER,JAMES,W,	PETTIS	178
BOHIGIAN,GEO,MICHAEL,	ST. LOUIS CITY	190
BOHLING,COREY,A,	ST. LOUIS CITY	190
BOHNSACK,RALPH,WOODS,	GRAND RIVER	078
BOLDIZAR,ALBERT,GEO,	ST. LOUIS CITY	190
BOLOT,THOS,HENRY,	ST. LOUIS CITY	190
BOLES,C,REAO,	ST. LOUIS COUNTY	194
BOLINSKE,ROBT,E,	ST. LOUIS COUNTY	194
BOLLOZOS,GEORGE,O,	ST. LOUIS CITY	190
BOLTON,ROBT,LE ROY,	ST. LOUIS CITY	190
BONO,LESLIE,FEE,	ST. LOUIS CITY	190
BONOURANT,BRYCE,H,	ST. LOUIS CITY	190
BONEBRAKE,MAC,OONALD,	GREENE	082
BONFANTI,ALBERT,LEWIS,	ST. LOUIS CITY	190
BONIFACIO,ANORES,S,	JEFFERSON	106
BONIUK,ISAAC,	ST. LOUIS CITY	190
BONNEY,SAML,COWN,	FRANKLIN-GASCONADE-WARREN	074
BONSANTI,ROBT,LOUIS,	ST. LOUIS COUNTY	194
BOONE,DANL,CARRINGTON,	CLAY	050
BOONE,MARTIN,HAYOEN,	GREENE	082
BOONKHAM,CHOTCHAI,	ST. LOUIS CITY	190
BOONSHAFT,BENJE,	ST. LOUIS COUNTY	194
BOONYASAI,BOONFU,	MINERAL AREA	138
BOOTH,WM,VEROELL,	SEMO	202
BOPP,JON,RONALO,	JASPER	102
BOROY,MARVIN,DEAN,	JACKSON	098
BORENSTINE,JOS,	JACKSON	098
BORJA,EGBERT,RULLOOA,	GREENE	082
BOROWSKY,BENJ,ARTHUR,	ST. LOUIS CITY	190
BORROMEO,CARLOS,JASON,	MARION-RALLS-SHELBY	130
BORSUK,GREGORY,MICHAEL,	JACKSON	098
BORTNICK,ARTHUR,R,	ST. LOUIS COUNTY	194

ORTNICK,EUGENE,	JACKSON	D9B
OTWIN,ARNOLO,ELLIS,	JACKSON	09B
OUHASIN,JOHN,O,	ST. LOUIS CITY	190
OURGEOIS,CURTIS,HORATIO,	BOONE	026
OURJOLLY,WILSDN,P,	ST. LOUIS CITY	190
OURKE,THOS,EDWARO,	ST. LOUIS CITY	190
OVERI,JOS,CHAS,	ST. LOUIS CITY	190
OWOERN,EOWARO,H,	ST. LOUIS CITY	19D
OWOISH,PALMER,R,	SALINE	19B
OWE,EDWIN,EARL,	COLE	05B
OWEN,STEPHEN,F,	ST. LOUIS CITY	190
OWERMAN,HAROLD,H,	ST. LOUIS CITY	190
OWERS,JAMES,EDWARO,	ST. LOUIS CITY	190
OWERSOX,WARREN,A,	ST. LOUIS CITY	190
OWLES,G,ROBT,	ST. LOUIS COUNTY	194
OWLES,RICHARD,P,	CLAY	D50
OWLES,WM,TSCHARNER,	ST. LOUIS CITY	190
OWMAN,MELVIN,C,	OZARKS	166
OWMAN,W,KIRK,	CAPE GIRAROEAU	042
OWNIK,THEOOORE,BRYAN,	CLAY	050
OWSER,JOHN,F,	JACKSON	09B
OYARSKY,SAUL,	ST. LOUIS CITY	190
OYCE,JOHN,MILTON,	AUORAIN	014
OYO,GEO,K,	JACKSON	09B
OYOSTON,CATHERINE,O O,	LAFAYETTE-RAY	11B
OYDSTON,WYATT,WAYNE,	LAFAYETTE-RAY	11B
OYER,PHILIP,A,	JACKSON	09B
OYLAN,PETER,C,	JACKSON	09B
OZZO,RAYMONO,JOHN,	FRANKLIN-GASCONAOE-WARREN	074
RABY,HDWARO,HUGH,	JACKSON	09B
RAOFORD,JOHN,FRANKLIN,	JACKSON	09B
RAOLEY,RICHARO,V,	ST. LOUIS CITY	190
RAOLEY,WM,WYMORE,	AUDRAIN	014
RAOSHAW,WM,OAVID,	BODNE	026
RADY,HARRY,ROBT,	ST. LOUIS CITY	190
RAOY,HUGH,S,	LAFAYETTE-RAY	11B
RAHMACUPTA,NANTHANA,	CLAY	050
RAMS,JACK,B,	JACKSON	09B
RANCATO,OONALO,HAYWOOD,	ST. LDUIS CITY	190
RANO,EARL,L,	ST. LOUIS COUNTY	194
RAND,STANLEY,N,	JACKSON	09B
RANCON,FREOERICK,M,	JASPER	1D2
RANGLE,ROBT,WM,	ST. LOUIS CITY	190
RAUFMAN,HARVEY,S,	ST. LOUIS COUNTY	194
RAVERMAN,ABE,E,	JACKSON	09B
RAVO,CESAR,A,	JACKSON	09B
RAZOS,JOHN,C,	PETTIS	178
REGANT,ROBT,EUGENE,	COLE	D5B
REMER,RITA,FRIECA,	ST. LOUIS CITY	190
REMSER,HARRY,L,	ST. LDUIS CITY	190
RENNAN,DANL,JOS,	ST. LOUIS CITY	190
RENNAN,GEO,A,	ST. LOUIS CITY	190
RENNAN,RAYMONO,J,	GRAND RIVER	07B
RENNAN,ROBT,ALEXIS,	ST. LDUIS CITY	190
BRENNAN,RDBT,V,	ST. LOUIS CITY	190
BRENNER,PAUL,AOOLPH A,	FRANKLIN-GASCONAOE-WARREN	074
BRENT,LANNY,ROSS,	GREENE	082
BRERETON,ROBT,LOFTUS,	ST. LOUIS CITY	190
BRIAN,WM,JOHN,	GREENE	082
BRICK,JEFFREY,MICHAEL,	JACKSON	09B
BRICKER,EUGENE,M,	ST. LOUIS CITY	190
BRIELMAIER,CHARLES,	ST. LOUIS CITY	190
BRIGHAM,OAVIO,WM,	ST. LOUIS CITY	190
BRIMMD,A,I,	ST. LOUIS CITY	190
BRION,PACELLI,ESCONOO,	ST. LOUIS COUNTY	194
BRISCOE,JDHN,RANODLPH,	ST. LOUIS COUNTY	194
BRISTOW,ROBT,B,	BUCHANAN	030
BRIZIO-MDLTENI,LOREOANA,	CLAY	050
BROAOOUS,LOREN,EHRMAN,	GREENE	082
BROOEUR,ARMANO,EOWARO,	ST. LDUIS CITY	190
BROOY,ARNOLO,GENE,	ST. LOUIS CDUNTY	194
BRONSON,SHAEL,S,	ST. LOUIS CITY	19D
BROOKES,ROBT,O,	ST. LDUIS CITY	190
BROOKRESON,ALTON,OAVIS,	BUTLER-WAYNE-RIPLEY-CARTER	034
BROOKRESON,ALTON,F,	BUTLER-WAYNE-RIPLEY-CARTER	034
BRODKS,JDHN,E,	GREENE	082
BROUN,GORONWY,O,	ST. LOUIS CITY	190
BROWER,CLYOE,L,	JACKSON	09B
BROWN,AORIAN,J,	JACKSON	09B
BROWN,OAVIO,W,	GREENE	082
BROWN,ELWYN,S,	JACKSON	09B
BROWN,FREOERICK,BEOFORO,	OZARKS	166
BROWN,IRWIN,S,	JACKSDN	09B
BROWN,JAMES,M,	ST. LOUIS CITY	19D
BROWN,JAMES,T,	GREENE	082
BROWN,JOHN,JEFFERSON,	CALLAWAY	03B
BROWN,KATHERINE,SHIRLEY,	CALLAWAY	03B
BROWN,MENZIE,H,	JACKSON	09B
BRDWN,RICHARO,JOHN C,	ST. CHARLES-LINCOLN	126
BROWN,ROBT,S,	JACKSON	09B
BROWN,SEYMOUR,	ST. LOUIS CITY	190
BROWN,VIOLETA,ORTEGA,	JACKSON	09B
BROWNE,JON,E,	JACKSON	09B
BROWNING,RONALD,A,	JASPER	102
BROWNSBERGER,RDBT,H,	WEST CENTRAL	214
BROYLES,WATKINS,A,	GRANO RIVER	07B
BRUBAKER,LEONARO,H,	BOONE	026
BRUCE,HELEN,M LYNCH,	ST. LOUIS CITY	19D
BRUCE,LED,A,	SEMD	2D2
BRUCE,ROBT,MICHAEL,	ST. LOUIS CITY	190
BRUKAROT,OIANE,THERESE,	BOONE	026
BRUMM,LAWRENCE,W,	JACKSON	09B
BRUNER,CLAUOE,R,	BDONE	026
BRUNER,ROBT,E,	JACKSDN	09B
BRUNS,KENNETH,	ST. LOUIS CITY	190
BRUST,CARL,H,	JACKSON	09B
BRYAN,JAMES,H,	ST. LOUIS CITY	19D
BRYAN,WM,H,	JACKSDN	09B
BRYAN,WM,THOS KIMLIN,	ST. LOUIS CITY	190
BRYANT,SYONEY,LEE,	BUCHANAN	03D
BRYANT,T,J,	JACKSON	09B
BRYANT,W,D,	PEMISCOT	170
BUBEN,ROBT,WM,	MARION-RALLS-SHELBY	130
BUCHANAN,BARBARA,NEENAN,	JACKSON	09B
BUCKNER,RDBT,C,	JACKSON	09B
BUCY,JAMES,G,	ST. LOUIS CITY	190
BUOO,JOHN,J,	ST. LOUIS CITY	190
BUOKE,HAROLO,A,	JACKSON	09B
BUEHLER,CARL,T,	MILLER	134
BUETTNER,JOHN,BRIGHAM,	ST. LOUIS CITY	19D
BUHLER,VICTDR,B,	JACKSON	09B
BUIE,BRUCE,RICHARO,	JACKSON	09B
BUKSTEIN,MICHAEL,JEROME,	MARION-RALLS-SHELBY	130
BUMGARNER,JAMES,E,	BOONE	026
BUMGARNER,ROGER,W,	BOONE	026
BUNTING,WILLISTON,P,	JACKSON	09B
BURCH,JOHN,ELLIS,	JASPER	1D2
BURCHAM,TOM,RICHAROSON,	MINERAL AREA	13B
BUROE,RONALO,MARSHALL,	ST. LOUIS CITY	19D
BUROGE,ROBERT,E,	ST. LOUIS CITY	190
BURFORO,EDWIN,K,	CAPE GIRAROEAU	042
BURGESS,OEAN,	ST. LOUIS CITY	190
BURK,EMMETT,KAY,	CLAY	050
BURKE,ROBT,JOHN,	ST. LOUIS CITY	190
BURKEY,JORDAN,W,	GREENE	082
BURKHART,CHARLES,EOWARO,	ST. LOUIS CITY	190
BURLEIGH,BRUCE,WENTWORTH,	JASPER	102
BURMEISTER,RAY,WM,	ST. LOUIS CITY	190
BURNS,FRANCIS,JOHN,	ST. LOUIS CITY	190
BURNS,FRANCIS,R,	MARION-RALLS-SHELBY	130
BURNS,THOS,WAOE,	BDONE	026
BURNSIDE,CHAS,R,	ST. LOUIS COUNTY	194
BURR,OONALD,CLARENCE,	ST. LOUIS CITY	190
BURROWS,STEPHEN,O,	ST. LOUIS CITY	190
BURRY,VIRGIL,F,	JACKSON	09B
BURST,DONALO,D,	ST. LOUIS CITY	190
BURSTEIN,ROBT,	ST. LOUIS COUNTY	194
BURTON,OALE,FORREST,	MARION-RALLS-SHELBY	13D
BUSBY,WM,EUGENE,	COLE	05B
BUSCH,ANTHONY,K,	ST. LDUIS CITY	19D
BUSIEK,ERWIN,FREO,	GREENE	082
BUSIEK,PAUL,JOS,	GREENE	082
BUSIEK,URBAN,J,	GREENE	DB2
BUSSE,PAUL,	ST. LOUIS CITY	190
BUSSMANN,OONALO,W,	ST. LOUIS CITY	19D
BUSSMANN,ODNALD,W,	ST. LDUIS CITY	190
BUTCHER,HARVEY,R,	ST. LOUIS CITY	190
BUTCHER,ROBT,W,	JACKSDN	D9B
BUTLER,ELZA,FARRELL,	BUCHANAN	D3D
BUTLER,PATRICK,LDUIS,	JASPEP	1D2
BUTLER,RICHARO,L,	ST. LOUIS COUNTY	194
BUTSCH,RICHARO,HENRY,	ST. LOUIS COUNTY	194

BUTT,JAMES,HORTON,	BOONE	026
BUTTERWORTH,NELSON,S,	JACKSON	098
BUTTS,JAMES,DON,	MID MISSOURI	182
BYER,JOHN,ALBERT,	BOONE	026
BYLAND,BENJ,FRANK,	NORTHWEST	158
BYLAND,SAML,J,	MONTGOMERY	146
BYNUM,WM,R,	BOONE	026
BYRNE,JOHN,E,	ST. LOUIS CITY	190
BYRNE,PAUL,ADAM,	ST. LOUIS CITY	190
BYRUM,FRITZ,ARNOLD,	ST. LOUIS CITY	190
C		
CABAL,EDITO,	ST. LOUIS CITY	190
CABAL,MARIA,	ST. LOUIS CITY	190
CABONCE,AUGUST,L,	ST. LOUIS CITY	190
CABRAL,GALILEU,	ST. LOUIS COUNTY	194
CABRERA,TOMAS,V,	ST. CHARLES-LINCOLN	126
CACIOLO,CARLO,PAUL,	ST. LOUIS CITY	190
CACIOPPO,JOS,E,	ST. LOUIS COUNTY	194
CADICE,JOHN,BENARD,	ST. LOUIS CITY	190
CADIZ-ROJDLES,ADORACION,	ST. LOUIS CITY	190
CAFFREY,RAYMOND,J,	JACKSON	098
CAIN,ALVIN,R,	BARTON	018
CAIN,CHAS,F,	PEMISCOT	170
CAJILI,ANTONIO,TAGLE,	ST. LOUIS CITY	190
CALDWELL,FRED,	BUTLER-WAYNE-RIPLEY-CARTER	034
CALDWELL,JOHN,K,	JACKSON	098
CALLAGHAN,GERARD,MICHAEL,	ST. LOUIS CITY	190
CALLAHAN,DONALD,E,	ST. LOUIS COUNTY	194
CALLAHAN,JOS,DREW,	ST. LOUIS CITY	190
CALLAWAY,GUY,D,	GREENE	082
CALLEN,KENNETH,EUGENE,	BOONE	026
CALLIHAN,CHARLES,F,	SOUTH CENTRAL	206
CALLMAN,GEORGE,	BUCHANAN	030
CALODNEY,MARTIN,M,	ST. LOUIS CITY	190
CALOVICH,EMERY,R,	JACKSON	098
CAMACHO,HOMERO,	JACKSON	098
CAMEL,H,MARVIN,	ST. LOUIS CITY	190
CAMP,RICHARD,VERNON,	BUTLER-WAYNE-RIPLEY-CARTER	034
CAMPBELL,ALBERT,J,	PETTIS	178
CAMPBELL,CECIL,S,	ST. LOUIS CITY	190
CAMPBELL,DANIEL,C,	OZARKS	166
CAMPBELL,EDWARD,D,	CAPE GIRARDEAU	042
CAMPBELL,FREDERICK,B,	JACKSON	098
CAMPBELL,JAMES,E,	CHARITON-MACON-MONROE-RANDOLPH	046
CAMPBELL,JAMES,W,	SEMO	202
CAMPBELL,JOHN,G,	JACKSON	098
CAMPOS,ANTONIO,	ST. LOUIS CITY	190
CAMPOS,FRANCISCO,JOSE,	ST. LOUIS CITY	190
CANAAN,SAML,ADAMS,	ST. LOUIS CITY	190
CANCELADA,JUAN,V,	MINERAL AREA	138
CANENT,RAMON,VARELA,	JACKSON	098
CANLAS,ARSENIO,LACSON,	ST. LOUIS CITY	190
CANLAS,EMILIO,MUNIOZ,	BUTLER-WAYNE-RIPLEY-CARTER	034
CANNON,EDWARD,MICHAU,	ST. LOUIS CITY	190
CANDY,NESTOR,RABE,	BOONE	026
CANTOR,HARVEY,EDWARD,	ST. LOUIS CITY	190
CANTY,EUGENE,J,	ST. CHARLES-LINCOLN	126
CAPPS,EUGENE,CLYDE,	JACKSON	098
CARDENAS,JUAN,OSWALDO,	ST. LOUIS COUNTY	194
CARDER,GEO,ARTHUR,	JACKSON	098
CARLETON,CHAS,E,	MINERAL AREA	138
CARLIN,ALBERT,LEONARD,	NORTHWEST	158
CARLIN,M,RICHARD,	ST. LOUIS CITY	190
CARLS,GARRY,LEE,	ST. LOUIS CITY	190
CARLSON,ARNE,E,	ST. LOUIS COUNTY	194
CARLSON,ELMER,CARL,	BUTLER-WAYNE-RIPLEY-CARTER	034
CARLSON,HJALMAR,E,	JACKSON	098
CARLSON,JOHN,STEPHEN,	JACKSON	098
CARLTON,LYNN,N,	GREENE	082
CARMODY,JOHN,PATRICK,	ST. LOUIS CITY	190
CARMONA,GILBERTO,V,	ST. LOUIS COUNTY	194
CARNAHAN,CHAS,EUGENE,	BOONE	026
CARNELL,BILLY,MAX,	MID MISSOURI	182
CARNES,VICTOR,METCALFE,	JASPER	102
CAROLLA,ROBT,LOUIS,	BOONE	026
CARPENTER,GEO,TYSON,	BUCHANAN	030
CARPENTER,JAMES,LOUIS,	ST. CHARLES-LINCOLN	126
CARPENTER,WALLACE,	NORTHWEST	158
CARR,ARCHIE,D,	ST. LOUIS CITY	190
CARR,PHILLIP,WM,	GREENE	082
CARRANZA,MAURO,JAVIER,	ST. LOUIS CITY	190
CARRERA,MARIO,	ST. LOUIS COUNTY	194
CARRIER,JOHN,A,	ST. LOUIS COUNTY	194
CARRINGTON,HOWARD,W,	MID MISSOURI	182
CARROLL,GEO,A,	ST. LOUIS CITY	190
CARROLL,GRAYSON,L,	ST. LOUIS CITY	190
CARROLL,PERCY,J,	ST. LOUIS COUNTY	194
CARROLL,THOS,W,	BARTON	018
CARRON,JOS,FRANCIS,	JEFFERSON	106
CARRON,OSCAR,A,	PERRY-ST. GENEVIEVE	174
CARSON,RICKEY,REYNOLDS,	JEFFERSON	106
CARTER,EDWIN,E,	ST. LOUIS COUNTY	194
CARTER,JAMES,EARL,	JACKSON	098
CARTER,JAMES,ROBT,	OZARKS	166
CARTER,JOHN,FAHY,	ST. LOUIS CITY	190
CARTER,RONALD,D,	BOONE	026
CARUSO,ALFRED,ANTHONY,	JACKSON	098
CARY,JOHN,MILTON,	ST. LOUIS CITY	190
CASE,MARY,E SCHMIDT,	ST. LOUIS CITY	190
CASE,WM,FREDERICK,	JACKSON	098
CASEY,EDWIN,J,	ST. LOUIS CITY	190
CASEY,ELIOT,CHAS,	ST. LOUIS CITY	190
CASH,CHAS,RAYMOND,	DUNKLIN	070
CASHMAN,JOHN,W,	JACKSON	098
CASON,ELBERT,H,	ST. LOUIS CITY	190
CASSEL,MELVIN,ALFRED,	ST. LOUIS CITY	190
CASTASUS,MANUEL,A,	ST. LOUIS CITY	190
CASTER,PHILIP,W,	MID MISSOURI	182
CASTILLO,ISABELO,	NORTHWEST	158
CASTILLO,MICHAEL,EDWARD,	CLAY	050
CATALANO,JOHN,DENIS,	ST. LOUIS CITY	190
CATANZARO,ANTHONY,F,	ST. LOUIS CITY	190
CATANZARO,FRANCIS,JOS,	ST. LOUIS CITY	190
CATANZARO,RUDOLPH,E,	ST. LOUIS COUNTY	194
CATLETT,JACK,M,	JACKSON	098
CATTANEO,ERNEST,ALLEN,	JACKSON	098
CAVANAGH,DENIS,	ST. LOUIS CITY	190
CAVANESS,ERNEST,W,	JACKSON	098
CAYABYAB,PEDRO,C,	ST. LOUIS CITY	190
CEJAS,LEANDRO,PABLO,	SEMO	202
CENTNER,PAUL,JOS,	JACKSON	098
CHADARATANA,PHADUNG,	ST. LOUIS CITY	190
CHAKROBORTTY,H,	ST. LOUIS COUNTY	194
CHALKLEY,JUDSON,I,	BOONE	026
CHALLENER,WM,A,	BUCHANAN	030
CHALLONER,DAVID,REYNOLDS,	ST. LOUIS CITY	190
CHAMBERS,JAMES,Q,	JACKSON	098
CHAMNESS,JAMES,THOS,	ST. LOUIS CITY	190
CHAND,SURESH,	ST. LOUIS CITY	190
CHANDLER,ROBT,ALLEN,	JACKSON	098
CHANDRA,MAHESH,	JACKSON	098
CHANDUWADIA,DOSSU,J,	ST. LOUIS COUNTY	194
CHANG,DAVID,Y C,	JACKSON	098
CHAPEL,JAMES,L,	BOONE	026
CHAPLIN,HUGH,	ST. LOUIS CITY	190
CHAPMAN,DAVID,WOLFE,	JACKSON	098
CHAPMAN,JEAN,A,	CAPE GIRARDEAU	042
CHARLES,BENJ,H,	ST. LOUIS CITY	190
CHARLES,FRANCOIS,	ST. LOUIS CITY	190
CHARNAS,RAYMOND,M,	ST. LOUIS CITY	190
CHASE,NED,B,	JASPER	102
CHASTAIN,CHAS,WM,	MINERAL AREA	138
CHATKUPT,SUTHON,	CLAY	050
CHAUDHARY,MOHAMMAD,A,	JACKSON	098
CHAUDHURI,SUDHA,TAPAN,	JACKSON	098
CHAUDHURI,TAPAN,KUMAR,	JACKSON	098
CHAVEZ,SALVADOR,	ST. LOUIS CITY	190
CHEEK,CHAS,WM,	BOONE	026
CHEEK,J,WM,	GREENE	082
CHEHVAL,MICHAEL,JOHN,	ST. LOUIS CITY	190
CHELLAPPA,DANUKODI,	JASPER	102
CHEN,I-HSIUNG,	PERRY-ST. GENEVIEVE	174
CHERNOFF,SELBERT,G,	JACKSON	098
CHERRE,CHAS,JAMES,	ST. LOUIS CITY	190
CHESANOW,ROBT,LAWRENCE,	ST. LOUIS CITY	190
CHESNEY,GEO,W,	JASPER	102
CHEUK,SHU-SUM,	ST. LOUIS CITY	190
CHIASSON,EMMERSON,C,	BOONE	026
CHIEFFI,MARGARET,JACKSON,	ST. LOUIS CITY	190
CHILDS,DONNALEA,STEEPLES,	JACKSON	098
CHILDS,RICHARD,MC CLUNG,	JACKSON	098
CHILES,DAVID,R,	CLAY	050

CHINSKY,MURRAY,	ST. LOUIS COUNTY	194
HIPONGIAN,RAUL,ARBILO,	ST. LOUIS CITY	190
HISHTI,MUHAMMAD,ISHAQ,	ST. LOUIS CITY	190
HIU,TAI-MAO,	ST. LOUIS CITY	190
HO,KYU,SOP,	ST. LOUIS CITY	190
HOI,SAE,RONG,	ST. LOUIS COUNTY	194
HOI,SEI YOUNG,	ST. LOUIS CITY	190
HOU,YEN-PING,	ST. LOUIS CITY	190
HOUINARD,MICHAEL,P,	SEMO	202
HOWDHURY,DIPAK,	JACKSON	098
HRIST,MARTIN,H,	BUCHANAN	030
HRISTENSEN,HAROLD,L,	GREENE	082
HRISTIANSON,CHAS,S,	OZARKS	166
HRISTY,JOHN,PAUL,	BUTLER-WAYNE-RIPLEY-CARTER	034
HRISTY,RAYMOND,ARTHUR,	GREENE	082
HUA,STEVEN,	ST. LOUIS COUNTY	194
HUNG,KAP-EUN,	ST. LOUIS COUNTY	194
HUNG,MOO,HUM,	JACKSON	098
HUNG,RICHARD,TAM,	JACKSON	098
HURCHILL,STEPHEN,WOOD,	JACKSON	098
HUTE,WM,DEWARD,	CHARITON-MACON-MONROE-RANDOLPH	046
IAPCIAK,STANLEY,JOS,	ST. LOUIS CITY	190
IOIS,GERHARD,W,	JACKSON	098
LARK,FRANK,I,	JASPER	102
LARK,GRANVILLE,E,	JACKSON	098
LARK,IRVING,HOWARD,	JACKSON	098
LARK,KENDALL,ALLEN,	COLE	058
LARK,RICHARD,EDWIN,	ST. LOUIS CITY	190
LARKE,MICHAEL,JAMES,	GREENE	082
LARKE,MICHAEL,STEWART,	GREENE	082
LARY,WM,F,	GREENE	082
LASEMAN,WILMA,WINTER,	ST. LOUIS CITY	190
LAWSON,JAMES,WM,	GREENE	082
LAYCOMB,GERALD,K,	ST. LOUIS CITY	190
LAYTON,EDGAR,L,	GREENE	082
LAYTON,JILL,MARSHALL,	ST. LOUIS COUNTY	194
LEARY,FRANK,	ST. LOUIS CITY	190
LENDENIN,WILLIAM,W,	ST. LOUIS CITY	190
LEVER,HENRY,WM,	ST. CHARLES-LINCOLN	126
LINE,MERLE,ARTHUR,	JACKSON	098
LISHAM,JOHN,FRANCIS,	MARION-RALLS-SHELBY	130
LOTHIER,ROBT,WIRTH,	JACKSON	098
LOUGH,CHAS,ATHERTON,	JACKSON	098
OATES,THOS,A,	ST. LOUIS COUNTY	194
OBB,JAMES,ROBT,	JACKSON	098
OBB,MILTON,LAWRENCE,	ST. LOUIS CITY	190
OBEN,LAWRENCE,ALLAN,	ST. LOUIS CITY	190
OBURN,DONALD,F,	JACKSON	098
OCHRAN,DONALD,Q,	BOONE	026
OCHRAN,J,R,	CAPE GIRARDEAU	042
OCHRAN,THOS,EWELL,	GREENE	082
OCHRANE,JOS,J,	JACKSON	098
OCKERELL,SANFORD,F,	JACKSON	098
ODILLA,SOSTENES,G,	ST. LOUIS COUNTY	194
COFER,THOS,NOBLE,	GRAND RIVER	078
COFFEE,AMOS,LEE,	SOUTH CENTRAL	206
COFFEY,RALPH,R,	JACKSON	098
COFFIN,THEODORE,A,	JACKSON	098
COHEN,EDWARD,	ST. LOUIS CITY	190
COHEN,FRANK,	ST. LOUIS COUNTY	194
COHEN,HARRY,BERNARD,	BOONE	026
COHEN,HARRY,K,	JACKSON	098
COHEN,HILLARD,K,	ST. LOUIS CITY	190
COHEN,LAWRENCE,S,	JACKSON	098
COHEN,ROBERT,STUART,	ST. LOUIS COUNTY	194
COHLE,RICHARD,RAYMOND,	JASPER	102
COHRS,CLARENCE,CHRIS,	CHARITON-MACON-MONROE-RANDOLPH	046
COKINGTIN,LEOVIGILDO,C,	JACKSON	098
COKRHAME,JACK,	ST. LOUIS COUNTY	194
COLBERT,ROBT,STEPHEN,	SEMO	202
COLE,HARRY,ORSON,	ST. LOUIS CITY	190
COLE,WM,R,	PETTIS	178
COLEMAN,ROBT,LEHN,	JACKSON	098
COLGLAZIER,MARY,C,	JACKSON	098
COLLER,FREDERICK,CHAS,	GREENE	082
COLLINS,DOUGLASS,DAVID,	GREENE	082
COLLINS,EDWARD,J,	ST. LOUIS CITY	190
COLLINS,GRETCHEN,DORRIS,	CHARITON-MACON-MONROE-RANDOLPH	046
COLLINS,JACK,RAYMOND,	ST. LOUIS COUNTY	194
COLLINS,JOHN,AUSTIN,	ST. LOUIS CITY	190
COLLINS,JOHN,MICHAEL,	ST. LOUIS COUNTY	194
COLLINS,JOHN,WESLEY,	JACKSON	098
COLOM,GEO,ANDREW,	JACKSON	098
COLOSI,NICHOLAS,JOS,	ST. LOUIS CITY	190
COLWILL,JACK,MARSHALL,	BOONE	026
COMAS,MANUEL,RAMON,	ST. LOUIS CITY	190
COMEAU,RICHARD,JOS A,	SEMO	202
COMENS,PHILLIP,	ST. LOUIS CITY	190
COMENS,RUTH,CERF,	ST. LOUIS CITY	190
COMER,JULIAN,RUSSELL,	MARION-RALLS-SHELBY	130
COMFORT,GEO,DAVID,	AUDRAIN	014
COMMERFORD,JOHN,F,	ST. CHARLES-LINCOLN	126
CONANT,JAMES,FREDERICK,	JEFFERSON	106
CONE,ALFRED,J,	ST. LOUIS COUNTY	194
CONE,WM,DRURY,	MID MISSOURI	182
CONN,ROBT,DEAN,	JACKSON	098
CONNELLY,MICHAEL,WEBBER,	ST. CHARLES-LINCOLN	126
CONNORS,JOHN,PHILLIP,	ST. LOUIS CITY	190
CONRAD,JOS,A,	GRAND RIVER	078
CONRAD,MARSHALL,B,	ST. LOUIS CITY	190
CONRAD,RAYMOND,C,	GREENE	082
COOK,JAMES,ROBT,	GREENE	082
COOK,JERRY,WM,	CLAY	050
COOK,MARVIN,	ST. LOUIS CITY	190
COOK,THOS,BENTON,	LAFAYETTE-RAY	118
COOPER,BARRY,ROBT,	CLAY	050
COOPER,BYRON,S,	ST. LOUIS COUNTY	194
COOPER,CHAS,WINSTON,	COLE	058
COOPER,CLAUDE,W,	SOUTH CENTRAL	206
COOPER,CLAUDE,WESLEY,	GREENE	082
COOPER,GARY,O,	CLAY	050
COOPER,HENRY,T,	ST. LOUIS CITY	190
COOPER,JAMES,FRANKLIN,	ST. LOUIS CITY	190
COOPER,MAURICE,E,	BOONE	026
COOPER,ROBT,L,	JOHNSON	110
COOPER,ROBT,L,	JOHNSON	110
COOPER,THEODORE,	ST. LOUIS CITY	190
COOPER,THOMAS,J,	ST. LOUIS CITY	190
COOPER,THOS,PERRY,	ST. LOUIS CITY	190
COOPERSTOCK,MICHAEL,S,	BOONE	026
COPE,JAMES,C,	BOONE	026
COPE,JOS,S,	LAFAYETTE-RAY	118
COPP,RALPH,	ST. LOUIS CITY	190
COPPINGER,THOS,ALEXANDER,	JACKSON	098
CORDAY,ROBT,J,	ST. LOUIS CITY	190
CORDER,ROBT,LEE,	BUCHANAN	030
CORDONNIER,JAMES,KERMIT,	GREENE	082
CORDONNIER,JUSTIN,J,	ST. LOUIS CITY	190
CORONADO,MARIO,A,	ST. LOUIS CITY	190
CORRIGAN,GILBERT,E,	ST. LOUIS CITY	190
CORRY,FRANCIS,M,	GREENE	082
CORTNER,MARY,CATHERINE,	JACKSON	098
CORVALAN,JUAN,CARLOS,	ST. LOUIS CITY	190
CORWIN,KENNETH,DALE,	ST. LOUIS COUNTY	194
COSCIA,ROBERT,L,	GREENE	082
COSTA,DOMINIC,VICTOR,	ST. LOUIS CITY	190
COSTELLO,CYRIL,J,	ST. LOUIS CITY	190
COSTELLO,JOS,P,	ST. LOUIS CITY	190
COSTEN,WILLIAM,S,	ST. LOUIS CITY	190
COSTRINO,JOS,A,	ST. LOUIS COUNTY	194
COTTEY,JOHN,HIGBEE,	AUDRAIN	014
COTTON,THOS,RICHARD,	JACKSON	098
COULSON,FOREST,H,	CAPE GIRARDEAU	042
COULTER,JAMES,WM,	GREENE	082
COURTER,GARY,M,	MID MISSOURI	182
COURTER,LARRY,P,	COLE	058
COVA,RENO,R,	ST. CHARLES-LINCOLN	126
COWAN,GEO,ALEXANDER B,	JACKSON	098
COWDRY,EDMUND,V,	ST. LOUIS COUNTY	194
COWLES,ALAN,LAURENCE,	BOONE	026
COWLEY,RAY,GARN,	OZARKS	166
COX,JOHN,PHILLIP,	BUCHANAN	030
COX,KENNETH,E,	JACKSON	098
COX,MARY,E,	ST. LOUIS CITY	190
COX,ROBT,O,	ST. LOUIS COUNTY	194
COX,WM,ARTHUR,	COLE	058
COX,WM,L,	JACKSON	098
COXE,WM,S,	ST. LOUIS CITY	190
COZART,DUANE,EMMETT,	ST. LOUIS COUNTY	194
COZEAN,CHARLES,H,	CAPE GIRARDEAU	042
CRAFT,GEORGE,A,	HOWARD	094
CRAFTS,DAVID,	ST. LOUIS CITY	190

CRAIG,ALAN,GOROON,	ST. LOUIS CITY	190
CRAIG,HERBERT,WARNER,	BOONE	026
CRAIG,1RWIN,T,	JASPER	102
CRAIG,OWEN,WM OONALO,	BUCHANAN	03D
CRAIG,RICHARO,DWEN,	BUCHANAN	030
CRA1N,JAMES,W,	OZARKS	166
CRALLE,ROBERT,V,	ST. LDUIS CITY	190
CRANE,JOHN,BRUCE,	FRANKLIN-GASCONADE-WARREN	074
CRAWFORD-TROTTER,KATH,J,	ST. LOUIS COUNTY	194
CRAWFORD,ARCHIE,L,	JASPER	102
CRAWFORD,OPAL,B,	GREENE	082
CRAWFORO,ROBT,MILTON,	FRANKLIN-GASCONADE-WARREN	074
CRAYTON,BILLY,G,	LAFAYETTE-RAY	118
CREECH,JOS,C,	ST. CHARLES-LINCOLN	126
CRESPIN,STEPHEN,RALPH,	ST. LOUIS CITY	190
CRESPO,HORAC1O,T1ANGCO,	ST. LOUIS CDUNTY	194
CRESPO,REMEOIOS,RIVERA,	ST. LOUIS COUNTY	194
CRIGHTON,JOHN,C,	GREENE	082
CRISCIDNE,JAMES,R,	ST. LOUIS CITY	190
CRISCIONE,JAMES,S,	ST. LOUIS C1TY	190
CRISPELL,LAWRENCE,S,	JASPER	102
CRITCHLOW,WM,C,	SEMO	202
CROCKER,ALBERT,MATHIEU,	JACKSON	098
CROCKETT,JAMES,E,	JACKSON	098
CROOM,DORWYN,W,	OUNKLIN	070
CROSS,ALBERT,OEAN,	GRANO RIVER	078
CROSSMAN,ROBT,W,	ST. LOUIS CITY	190
CROSTHWAIT,EDWARO,L,	GREENE	082
CROTTY,JOHN,P,	ST. LOUIS CITY	190
CROUCH,FRANCIS,R,	MINERAL AREA	138
CROUCH,THOS,TINOAL,	JACKSON	098
CROW,MARTIN,LOUIS,	JACKSON	098
CROWE,JOHN,T,	CAPE GIRAROEAU	042
CROWELL,HUGH,CURRY,	ST. LOUIS CITY	190
CROWLEY,WM,JAMES,	BOONE	026
CROZIER,FRANKLIN,ALFREO,	LAFAYETTE-RAY	118
CRUZ,ELIGIO,CORNEJO,	ST. LOUIS CITY	19D
CRUZ,SERGIO,GOMEZ,	OZARKS	166
CUBILLC,ENRIQUE,	ST. LOUIS CITY	190
CUENTO,OBLENOO,ALMENORAS,	ST. LOUIS COUNTY	194
CULLEY,THOMAS,S,	BOONE	026
CULLUM,ALBERT,GEO J,	ST. LOUIS COUNTY	194
CUNOIFF,HARRY,CLAY,	BOONE	026
CUNNINGHAM,O,OEAN,	GREENE	082
CUNNINGHAM,EOWIN,J,	ST. LOUIS COUNTY	194
CUPNOW,RICHARO,BLAIR,	CLAY	050
CURRAN,M,DESMOND,	JACKSON	D98
CURRY,MICHAEL,JOS,	ST. CHARLES-LINCOLN	126
CURTS,CALVIN,JEFFRIES,	JACKSON	098
CUTCLIFF,OANL,JOHN,	JACKSON	098
CUTLER,GOROON,BUTLER,	ST. LOUIS CITY	19D
CUTLER,HAROLC,MASHA,	ST. LOUIS CITY	190
CUTLER,HARRY,	ST. LOUIS COUNTY	194
CZEBRINSKI,ECWARO,W,	ST. LOUIS CITY	190

D

OAAKE,JOHN,W,	ST. LOUIS CITY	190
DAAKE,JOHN,WILSON,	ST. LOUIS CITY	190
DABBS,WILBUR,OUANE,	OZARKS	166
OAGARTZIKAS,ANASTASIOS,K,	ST. LOU1S CITY	190
OAHM,CHAS,HENRY,	ST. LOUIS CITY	190
DALEY,FRANK,RUSSELL,	GRAND R1VER	078
OALTON,ARTHUR,REX,	ST. LOUIS CITY	190
OALTON,TIMOTHY,THOS,	JACKSDN	098
OAMES,RICHARD,J,	ST. LOU1S CITY	190
OAMRON,EOWARD,OSCAR,	ST. CHARLES-LINCOLN	126
OAMRON,OSCAR,HOMER,	JOHNSON	110
OANORIOGE,WALTER,CURTISS,	JASPER	102
OANFORTH,WM,H,	ST. LOUIS CITY	190
OANGANAN,CANDIOO,SANGIL,	ST. LOUIS CITY	190
OANGANAN,ELEANA,QUINTOS,	ST. LOUIS CITY	190
OAN1ELSSON,EPNST,PETER,	GREENE	082
OANIS,PETER,GOOFREY,	ST. LOU1S CITY	190
OANIS,RICHARO,KRAMER,	ST. LOUIS CITY	190
OANKNER,ARNOLD,	ST. LOUIS CITY	190
OARNELL,DALE,EOWARD,	JACKSON	098
OARNELL,THOS,F B,	BOONE	026
OAS,ARABINOA,	ST. LOUIS CDUNTY	194
OASH,IPA,	ST. LOUIS CITY	190
OASH,UOAYA,N,	ST. LOUIS CITY	190
DATTA,JYOTI,SARUP,	OZARKS	166
OATTA,KAPAL,OEV,	ST. LOUIS CITY	190
OATTA,NARENOAR,KUMAR,	MINERAL AREA	138
OATUIN,ALEJANORC,M,	ST. LOUIS CITY	190
OAUM,HAROLO,F,	PETTIS	178
OAUM,WAYNE,J,	ST. LOUIS CITY	190
OAUT,OONALO,WALTER,	AUORAIN	014
OAVAULT,GEO,K,	LAFAYETTE-RAY	118
OAV1ONER,MARK,LCRNE,	JACKSON	098
DAVIOSON,JOHN,O,	ST. LOUIS CITY	190
OAVIOSON,KENDRICK,CLARK,	JACKSON	098
CAVIOSON,MORRIS,	ST. LOUIS COUNTY	194
OAVIS,C,BRAXTON,	WEST CENTRAL	214
OAVIS,CHAS,SAML,	JASPER	102
DAVIS,OAVID,	BOONE	026
OAVIS,OONALO,RAYMOND,	JACKSON	098
DAVIS,EOGAR,W,	ST. LOUIS COUNTY	194
OAVIS,GENE,L,	ST. LOUIS COUNTY	194
DAVIS,GUSTAVE,LCUIS,	ST. LOUIS CITY	190
DAVIS,HERBERT,V,	JACKSON	098
DAVIS,JACK,MANLEY,	JACKSON	098
OAVIS,KENNETH,ALBERT,	JACKSON	098
OAVIS,LANOIS,YOUNG,	LEWIS-CLARK-SCOTLANO	122
DAVIS,LEONARD,L,	AUORAIN	014
OAVIS,MARLOU,	ST. CHARLES-LINCOLN	126
OAVIS,MARTIN,WHEATLEY,	ST. LOUIS CITY	190
OAVIS,MARY,A,	ST. LOUIS CITY	190
OAVIS,WILBUR,LEACH,	SEMO	2D2
DAVIS,WM,EUGENE,	BOONE	026
OAVISSON,WALTER,F,	COLE	058
OAY,ROMNEY,M,	BUCHANAN	030
DE CASTRO,EDWINO,TOROBIO,	ST. LOUIS CITY	190
OE CASTRO,FERNANOO,	ST. LOUIS CITY	190
OE FED,THEOOORE,C,	JACKSON	098
OE GENOVA,GERARD,H,	PERRY-ST. GENEVIEVE	174
OE JESUS CARBONELL,A,	ST. LOUIS CITY	190
OE LA TORRE,JOHN,J,	FRANKL1N-GASCONAOE-WARREN	074
OE LEON,ROMUALDO,V,	ST. LOUIS COUNTY	194
OE MOTTE,JEANNE,MARIE,	LAFAYETTE-RAY	118
OE TAR,BURLEIGH,EL1,	JASPER	102
DE UNGRIA,ESTELITA,G,	ST. LOUIS CITY	190
OE UNGRIA,PABLO,C,	ST. LOUIS CITY	190
OE VERA,ANSON,E,	ST. LOUIS CITY	190
OE VIVO,OARRYL,CLAUDE,	ST. LOU1S C1TY	190
OEAKIN,V,ROGERS,	ST. LOUIS C1TY	190
OEAN,FRANCIS,OE SALES,	HOWARO	094
OEBNAM,JAMES,WALTDN,	ST. LOU1S C1TY	190
DECANINI,JESUS,MARIO,	BUCHANAN	030
OECKARD,SHELBY,WAYNE,	GREENE	082
OEEKEN,JAMES,H,	JACKSON	098
OEETHS,TONY,MATHIAS,	ST. LOUIS CITY	190
DEHNER,JONATHAN,O,	ST. LOUIS CITY	190
DEITCHMAN,ROBT,B,	ST. LOUIS COUNTY	194
OEL CARMEN,JAIME,JOVER,	ST. LOUIS CITY	190
OEL MURO,FRANCISCO,	CLAY	050
OEL PIZZO,FEROINANO,	ST. CHARLES-LINCOLN	126
OEL ROSARIO,HORAC1O,O,	ST. LCUIS COUNTY	194
DEL VALLE,FERNANOO,	ST. LOUIS CITY	190
DELES,VICENTE,OORDMAL,	JEFFERSON	106
OELIGEORGES,JOHN,	CLAY	D50
DEMPSEY,HERBERT,A,	JACKSON	098
OENES,BELA,	ST. LOUIS CITY	190
DENK,ALAN,FRANCIS,	ST. LOUIS CITY	190
OENNER,LEE,J,	JACKSON	098
DENNINGHOFF,JAMES,C,	BOONE	026
OENNIS,WM,PAUL,	MINEPAL AREA	138
OENNISON,CARL,FRANCIS,	ST. LOUIS COUNTY	194
DENT,GEORGE,WINNETT,	MINERAL AREA	138
OENTON,ROBT,EUGENE,	CLAY	050
OERNONCOURT,JOHN,E,	CLAY	050
OESAI,RAVINORA,S,	ST. CHARLES-LINCOLN	126
OETTMER,ROBT,FRANKLIN,	MINERAL AREA	138
OEUTCH,MAX,	ST. LOUIS COUNTY	194
OEVGAN,BALOEV,K,	ST. LOUIS CITY	190
OEVINE,JOHN,BERNARO,	ST. LOUIS CITY	190
OEVINE,MARK,WM,	CLAY	D50
OEVINS,GEORGE,STANFORO,	JACKSON	D98
OEW,THOS,ALLEN,	ST. LOUIS CITY	190
OEWALD,PAUL,AOOLPH,	ST. LOUIS CITY	190
OEWEIN,EOWARO,GED,	ST. LOUIS CITY	190
OEXTER,JAMES,OUANE,	BOONE	026
OEZA,PLARIOEL,	ST. LOUIS CITY	190
DI FILIPPO,EMIL,	ST. CHARLES-LINCOLN	126

DI LEO,SENATRO,WM,	ST. LOUIS CITY	190
DICK,EARL,	ST. LOUIS CITY	190
DICKHAUS,DONALD,WM,	BOONE	026
DICKLER,DONALD,JOS,	ST. LOUIS COUNTY	194
DIEHR,MAURICE,AUGUST,	ST. LOUIS COUNTY	194
DIEKROEGER,MANUEL,L,	COOPER	062
DIEMER,PETER,ANDREW,	ST. LOUIS CITY	190
DIERBERG,DALE,F,	ST. LOUIS COUNTY	194
DIERKER,HARRY,DENNIS,	MINERAL AREA	138
DIESTELHORST,JAMES,ALVIN,	ST. LOUIS COUNTY	194
DIETERICH,RUSSELL,	ST. CHARLES-LINCOLN	126
DILLARD,BURL,MAYES,	ST. LOUIS CITY	190
DILLARD,ERIN,M,	GREENE	082
DILLS,JOS,NEWTON,	GREENE	082
DIMOND,E,GREY,	JACKSON	098
DINKENS,JAMES,A,	CAPE GIRARDEAU	042
DIVELEY,REX,L,	JACKSON	098
DIXON,GEO,DAVID,	JACKSON	098
DIXON,HERBERT,K,	JASPER	102
DIXON,JOHN,R,	GRAND RIVER	078
DIXON,VEWISER,LEROY,	JACKSON	098
DIZNEY,DESMION,MAGDALENA,	NORTHWEST	158
DLABAL,LUKE,JACOB,	JACKSON	098
DLABAL,LUKE,JACOB,	JACKSON	098
DMYTRYK,EUGENE,THOS,	ST. LOUIS CITY	190
DODGE,MARK,	JACKSON	098
DODGE,PHILIP,ROGERS,	ST. LOUIS CITY	190
DODHIA,RATILAL,LALJI,	JACKSON	098
DOERHOFF,ADELIA,L M,	COLE	058
DOERHOFF,ALAN,ROY,	COLE	058
DOERING,ROBT,WINTER,	JACKSON	098
DOISY,PHILIP,PEREZ,	ST. LOUIS CITY	190
DOISY,ROBT,A,	ST. LOUIS COUNTY	194
DOLAN,CHARLES,TERRENCE,	CLAY	050
DOLAN,DANL,LYNN,	GREENE	082
DOLAN,JOHN,THOS,	ST. LOUIS CITY	190
DOMANN,DARREL,DUANE,	GREENE	082
DOMBEK,STANLEY,J,	JACKSON	098
DOMKE,HERBERT,R,	CALLAWAY	038
DOMOND,LHERISSON,	ST. LOUIS CITY	190
DONAHOE,JAMES,L,	ST. LOUIS CITY	190
DONALDSON,ROBT,CLINTON,	ST. LOUIS CITY	190
DONATI,ROBT,MARIC,	ST. LOUIS CITY	190
DONLEY,LEO,FRANCIS,	ST. LOUIS COUNTY	194
DONLEY,ROBT,RAYMOND,	OZARKS	166
DONNELL,HAROLD,E,	JEFFERSON	106
DONNELL,ROBT,HART,	JEFFERSON	106
DONNELL,THOS,ALISON,	JEFFERSON	106
DONOVAN,JOHN,F,	ST. LOUIS CITY	190
DONOVAN,THOS,JOSEPH,	ST. LOUIS CITY	190
DOOLEY,JOS,MICHAEL,	ST. LOUIS CITY	190
DORSCH,ERVIN,HUGO,	JACKSON	098
DORTON,ROBT,KING,	ST. LOUIS CITY	190
DOUCETTE,RAYMOND,CONRAD,	ST. LOUIS CITY	190
DOWELL,GEO,HOWARD,	ST. LOUIS COUNTY	194
DOWELL,J,LARRY,	GRAND RIVER	078
DOWNEY,JAMES,WADSWORTH,	JACKSON	098
DOWNEY,JON,P,	CAPE GIRARDEAU	042
DOYLE,CHAS,RICHARD,	ST. LOUIS CITY	190
DRACE,CHAS,C,	ST. LOUIS CITY	190
DRAKE,AVERY,ALA,	MID MISSOURI	182
DRAKE,DAVID,W,	ST. LOUIS CITY	190
DRAKE,ROY,F,	JACKSON	098
DRAKE,WM,LORD,	ST. LOUIS CITY	190
DRANEY,THOS,EDWIN,	JACKSON	098
DRAPER,BERNARD,LEE,	MID MISSOURI	182
DREHER,RICHARD,L,	JACKSON	098
DRESCHER,EMMETT,BURK,	ST. LOUIS CITY	190
DREWS,ROBT,CARREL,	ST. LOUIS CITY	190
DREY,NORMAN,WALTER,	ST. LOUIS CITY	190
DREYER,CARL,JOS,	ST. LOUIS CITY	190
DREYER,PHILIP,VERNON,	CHARITON-MACON-MONROE-RANDOLPH	046
DREYER,WM,F,	SOUTH CENTRAL	206
DRISKO,ROBERT,M,	JACKSON	098
DROWNS,BRUCE,V,	JACKSON	098
DROZDA,JOSEPH,	ST. CHARLES-LINCOLN	126
DU MONT,CLEMENT,C,	BUCHANAN	030
DU MONTIER,RENE,J,	ST. CHARLES-LINCOLN	126
DUBIN,SOL,H,	JACKSON	098
DUBUQUE,THEODORE,J,	ST. LOUIS CITY	190
DUEMLER,ROBT,HUGH,	ST. LOUIS CITY	190
DUER,MILDRED,CAROLYN,	JACKSON	098
DUFFY,FRANCIS,GERARD,	ST. LOUIS CITY	190
DUFFY,OLIVER,F,	GRAND RIVER	078
DUGGAN,JOHN,JOS,	ST. LOUIS COUNTY	194
DUKSTEIN,WALTER,GEO,	JACKSON	098
DULING,GERALD,JAMES,	ST. CHARLES-LINCOLN	126
DUMAOAG,VIRGILIC,P,	ST. LOUIS COUNTY	194
DUNAWAY,HOWARD,ANDREW,	SEMO	202
DUNCAN,DAVID,TERRY,	ST. CHARLES-LINCOLN	126
DUNCAN,ROBT,DALRYMPLE,	GREENE	082
DUNCAN,WM,HENRY,	JACKSON	098
DUNHAM,ROBT,HOWARD,	CLAY	050
DUNLANY,SAM,C,	ST. LOUIS CITY	190
DUNLEAVY,JAMES,D,	JACKSON	098
DUNMIRE,GEO,Q,	DUNKLIN	070
DUNN,ROBT,PAUL,	JACKSON	098
DUNSHEE,ROBT,E,	NORTHWEST	158
DUPONT,JEAN,RENE,	SEMO	202
DURIE,ROBT,HOWARD,	JACKSON	098
DURKIN,JOHN,W,	ST. LOUIS CITY	190
DURNELL,MONAFORD,DEE,	JACKSON	098
DURR,JON,W,	ST. LOUIS COUNTY	194
DURST,HENRY,	CALLAWAY	038
DWORKIN,SAUL,	ST. LOUIS CITY	190
DWYER,FRANK,XAVIER,	JACKSON	098
DWYER,HUGH,LEO,	JACKSON	098
DWYER,THOS,LEO,	AUDRAIN	014
DY-RAGOS,RAMON,REYES,	CLAY	050
DYER,DALLAS,JOS,	ST. LOUIS CITY	190
DYER,GARY,ALDEN,	BUCHANAN	030
DZUNDZEV,PENCO,TODOR,	ST. LOUIS CITY	190
DZUR,JAMES,R,	CAPE GIRARDEAU	042

E

EACHEMPATI,RAMA,G,	ST. LOUIS CITY	190
EACHEMPATI,UMA,RAMAGOPAL,	ST. LOUIS CITY	190
EADES,DEE,WM,	ST. LOUIS CITY	190
EADES,JOS,WM,	ST. LOUIS CITY	190
EAGLETON,MARK,D,	ST. LOUIS CITY	190
EARNEST,JAMES,BRYAN,	JACKSON	098
EARP,RALPH,K,	ST. LOUIS CITY	190
EBEL,EUGENE,HENRY,	ST. LOUIS COUNTY	194
EBERLE,JOHN,P,	ST. LOUIS CITY	190
EBERLE,VINCENT,LOUIS,	ST. LOUIS CITY	190
ECK,BIRKLE,	ST. LOUIS CITY	190
ECKER,DESIDER,B,	ST. LOUIS COUNTY	194
ECKERT,CLARENCE,T,	ST. LOUIS CITY	190
EDDY,RICHARD,L,	BOONE	026
EDELE,EUGENE,HARRY,	ST. LOUIS CITY	190
EDELMAN,ALAN,HARVEY,	ST. LOUIS CITY	190
EDMONDS,ROBT,WALLACE,	PETTIS	178
EDWARDS,DAVID,RUSSELL,	PETTIS	178
EDWARDS,DONALD,E,	CAPE GIRARDEAU	042
EDWARDS,JAMES,EARL,	ST. LOUIS CITY	190
EDWARDS,JOS,CASTRO,	ST. LOUIS CITY	190
EDWARDS,THEODORE,F,	CLAY	050
EDWARDS,WALDO,BERRY,	JEFFERSON	106
EGAN,ROBT,CLARENCE,	ST. LOUIS CITY	190
EGAN,THOS,FRANCIS,	ST. LOUIS CITY	190
EGGERS,GEO,WM N,	BOONE	026
EGGLESTON,DONALD,EDWIN,	CHARITON-MACON-MONROE-RANDOLPH	046
EGGLESTON,HARRY,CONRAD,	ST. LOUIS COUNTY	194
EGGLESTON,THOS,F,	ST. LOUIS COUNTY	194
EHRLICH,CARL,FRANK,	ST. LOUIS COUNTY	194
EIDELMAN,JACK,ROBT,	ST. LOUIS COUNTY	194
EIMER,CHAS,EUGENE,	ST. LOUIS CITY	190
EISEMANN,GUSTAVE,	JACKSON	098
EISEN,ARTHUR,Z,	ST. LOUIS CITY	190
EISENMANN,BENJ,PAUL,	FRANKLIN-GASCONADE-WARREN	074
EKERN,HERMAN,PETER,	AUDRAIN	014
EKLUND,ALFRED,WALDEMAR,	WEST CENTRAL	214
ELDENBURG,DONALD,OTTO,	PETTIS	178
ELDERS,FRANK,ALVIN,	MID MISSOURI	182
ELIAS,DAVID,JULIAN,	JACKSON	098
ELIASSON,SVEN,GUSTAV,	ST. LOUIS CITY	190
ELISCU,JULIETTE,M,	JASPER	102
ELKINS,RONALD,FLAGG,	GREENE	082
ELLER,CHAS,HOWE,	ST. LOUIS COUNTY	194
ELLER,GORDON,W,	CAPE GIRARDEAU	042
ELLERSIECK,DOROTHY,M,	ST. LOUIS CITY	190
ELLETT,WM,HOWELL,	WEST CENTRAL	214
ELLFELDT,HOWARD,J,	JACKSON	098

ELLIOTT,RAYMOND,GLENN,	JACKSON	098
ELLIOTT,WADE,EUGENE,	JACKSON	098
ELLIS,DAVID,LEE,	JACKSON	098
ELLIS,FRANCIS,JEROME,	GREENE	082
ELLIS,HARRY,LEON,	GREENE	082
ELLIS,JEFFREY,JAMES,	ST. LOUIS CITY	190
ELLISON,LEROY,E,	ST. LOUIS COUNTY	194
ELLSASSER,JAMES,C,	ST. LOUIS CITY	190
ELLSWORTH,WILLARD,	GRAND RIVER	078
ELROD,DENNIS,B,	CAPE GIRARDEAU	042
ELSER,OTTO,H,	JACKSON	098
ELSON,JULIUS,	ST. LOUIS COUNTY	194
ELYASSI,HEDAYATOLLAH,	BOONE	026
EMERAN,GEORGES,J,	ST. LOUIS CITY	190
EMERSON,REYNOLDS,L,	ST. LOUIS COUNTY	194
EMERT,FRANK,LEROY,	PETTIS	178
ENGEL,LAWRENCE,POWER,	JACKSON	098
ENGELHARDT,ROBT,C,	BUTLER-WAYNE-RIPLEY-CARTER	034
ENGELMANN,CALVIN,ERNEST,	JACKSON	098
ENGLEMAN,REINHOLD,	JACKSON	098
ENGLISH,MILTON,TATE,	NORTH CENTRAL	162
ENGLISH,WALLACE,DAVIS,	DUNKLIN	070
ENKVETCHAKUL,BOONMEE,	GREENE	082
EPSTEIN,JAMES,MICHAEL,	ST. LOUIS CITY	190
ERENMEMIS,RIFAT,	ST. LOUIS CITY	190
ERICKSON,HARTLEY,JOHN,	PETTIS	178
ERICSSON,SAML,E F,	JACKSON	098
ERNST,EDWIN,CHAS,	ST. LOUIS CITY	190
ERNST,JOS,G,	ST. LOUIS COUNTY	194
ERNST,RICHARD,E,	ST. LOUIS CITY	190
ERNST,ROLAND,P,	ST. LOUIS CITY	190
ESCOBEDO,BOLIVAR,M,	ST. LOUIS COUNTY	194
ESCOFFERY,RICHARD,FRASER,	ST. LOUIS CITY	190
ESHELMAN,ALBERT,DALE,	JACKSON	098
ESPARRAGO,F,R,	OZARKS	166
ESSLINGER,ARTHUR,T J,	ST. LOUIS CITY	190
ESSMYER,JOS,K,	CAPE GIRARDEAU	042
ESTERLY,JAMES,ALLEN,	BOONE	026
ESTES,JACK,MARTELL,	ST. LOUIS COUNTY	194
ESTHER,JOHN,ROBT,	JASPER	102
ESTRADA,CORAZON,DE LEON,	ST. LOUIS CITY	190
ESTRADA,JESUS,ISTURIS,	ST. LOUIS CITY	190
ETHEREDGE,EDWARD,EZEKIEL,	ST. LOUIS CITY	190
ETIENNE,ROBT,BELIZAIRE,	ST. LOUIS CITY	190
ETO,JACKSON,KAZUO,	ST. LOUIS CITY	190
EUBANK,DAVID,FURMAN,	JACKSON	098
EUBANK,DILLARD,MARION,	JACKSON	098
EUBANK,WM,Y,	JACKSON	098
EUGENIO,ROMEO,REYES,	PERRY-ST. GENEVIEVE	174
EUPRASERT,PRICHA,	JACKSON	098
EVANS,EZRA,LEVI,	GREENE	082
EVANS,JOS,CEDRIC,	JACKSON	098
EVANS,LAWRENCE,G,	ST. LOUIS CITY	190
EVANS,LAWRENCE,LEE,	JACKSON	098
EVENS,RONALD,GENE,	ST. LOUIS CITY	190
EVERETT,JAMES,E,	JACKSON	098
EVERSOLL,NORTON,JOHN,	ST. LOUIS COUNTY	194
EXARHOU,KLARK,	ST. LOUIS COUNTY	194
EXON,C,STUART,	COLE	058
EYERMAN,EDWARD,LOUIS,	ST. LOUIS CITY	190
EYERMANN,HENRY,WALTER,	FRANKLIN-GASCONADE-WARREN	074
EZZATI,MASHALLAH,	ST. LOUIS CITY	190

F

FABIAN,LEONARD,W,	ST. LOUIS CITY	190
FABITO,DANIEL,C,	ST. LOUIS COUNTY	194
FABITO,MELINDA,AYALA,	ST. LOUIS COUNTY	194
FAIR,WM,L,	GRAND RIVER	078
FAIR,WM,ROBT,	ST. LOUIS CITY	190
FAIRCHILD,JAMES,FRED,	PERRY-ST. GENEVIEVE	174
FAIRCHILD,ROBT,C,	JACKSON	098
FAJATIN,ROMULO,	ST. LOUIS CITY	190
FAKHOURY,DONALD,ADLY,	CLAY	050
FALLON,RICHARD,HENRY,	ST. LOUIS CITY	190
FALZONE,JOHN,J,	COLE	058
FARAON,JOSE,BAYABO,	JACKSON	098
FARBERMAN,ELLIOTT,	ST. LOUIS CITY	190
FARKAS,JAMES,ROBT,	PETTIS	178
FARMER,NORMA,P DUNNING,	MINERAL AREA	138
FARNEY,JACOB,PFISTER,	JACKSON	098
FARNHAM,MILO,MARVIN,	JACKSON	098
FARNSWORTH,JESSE,J,	JACKSON	098
FARRALES,FRANKLIN,BARRON,	JACKSON	098
FARRELL,CORINNE,	BOONE	026
FARRELL,FRANK,WILSON,	ST. LOUIS CITY	190
FARRELL,JOHN,SYLVESTER,	ST. LOUIS CITY	190
FARRELL,ROBT,JOS,	ST. LOUIS CITY	190
FARRELL,SAMMY,LEWIS,	FRANKLIN-GASCONADE-WARREN	074
FARTHING,GENE,WM,	GREENE	082
FARZANA,FARIDA,	ST. LOUIS CITY	190
FATHMAN,ANTHONY,ERRETT,	ST. LOUIS COUNTY	194
FAVAZZA,ARMANDO,R,	BOONE	026
FAYEZ,JAMIL,ABDUL LATIF,	JACKSON	098
FAYNE,FRED,ALBERT,	JACKSON	098
FEDOTIN,MICHAEL,SCOTT,	JACKSON	098
FEE,CHESTER,F,	JACKSON	098
FEELEY,DONALD,RALPH,	ST. LOUIS CITY	190
FEHLMAN,BERNARD,F,	ST. LOUIS CITY	190
FEIBEL,ROBT,MARKS,	ST. LOUIS COUNTY	194
FEIGIN,RALPH,D,	ST. LOUIS CITY	190
FEIND,EARL,EVERETT,	MID MISSOURI	182
FEIST,GEO,V,	JACKSON	098
FEIST,WM,EDGAR,	JACKSON	098
FELDER,JAMES,PARHAM,	ST. CHARLES-LINCOLN	126
FELDMAN,DAVID,	ST. LOUIS COUNTY	194
FELICIANO,WILFRIDO,C,	ST. LOUIS COUNTY	194
FELIX,ROBT,H,	ST. LOUIS CITY	190
FELLER,HAROLD,HENRY,	ST. LOUIS CITY	190
FELLHAUER,CARL,M,	ST. LOUIS CITY	190
FELTS,JAMES,A,	ST. LOUIS CITY	190
FELTZ,LAWRENCE,WM,	PERRY-ST. GENEVIEVE	174
FERGUSON,DONALD,S,	JACKSON	098
FERGUSON,JOHN,LYNN,	GREENE	082
FERGUSON,JOHN,P,	GREENE	082
FERGUSON,LUTHER,JOHN,	BUCHANAN	030
FERGUSON,ROBT,M,	JASPER	102
FERGUSON,THOS,B,	ST. LOUIS CITY	190
FERNEAU,JAMES,EDWARD,	BOONE	026
FERRARA,JOHN,PIERRE,	ST. LOUIS COUNTY	194
FERRELL,THOS,ENOCH,	GREENE	082
FERRENDELLI,JAMES,A,	ST. LOUIS CITY	190
FERRIS,CARYL,RAY,	JACKSON	098
FERRO,ANTHONY,LOPEZ,	ST. LOUIS CITY	190
FERRY,RICHARD,JOSEPH,	ST. LOUIS CITY	190
FETICK,PAUL,G,	ST. LOUIS CITY	190
FEUTZ,EDWARD,P,	ST. LOUIS COUNTY	194
FIGUEROA,ELISEO,O,	ST. LOUIS COUNTY	194
FILES,JAMES,BERTRAND,	COLE	058
FINGER,DONALD,H,	ST. LOUIS CITY	190
FINGERHOOD,MARVIN,G,	ST. LOUIS COUNTY	194
FINGERT,HYMAN,H,	ST. LOUIS COUNTY	194
FINK,LE,ROY LOUIS,	ST. LOUIS CITY	190
FINK,ROGER,LEE,	GREENE	082
FINKEL,BARNEY,WM,	ST. LOUIS COUNTY	194
FINKLE,ROBERT,H,	JACKSON	098
FINN,MURRAY,E,	ST. LOUIS CITY	190
FINNEGAN,JOS,VINCENT,	ST. LOUIS CITY	190
FIORDELISI,ROCCO,JOS,	ST. LOUIS CITY	190
FISCHER,EDWARD,H,	CLAY	050
FISCHER,ERICH,	ST. LOUIS CITY	190
FISCHER,JOHN,R B,	ST. LOUIS COUNTY	194
FISCHER,JOSE,M,	CLAY	050
FISCHER,MARTIN,JOS,	BUCHANAN	030
FISCHER,THEODORE,	PERRY-ST. GENEVIEVE	174
FISH,RICHARD,G,	ST. LOUIS COUNTY	194
FISH,VIRGIL,OTTO,	ST. LOUIS CITY	190
FISHER,JAMES,KINGDON,	JACKSON	098
FISHER,JOS,LEE,	BUCHANAN	030
FISHER,STANLEY,D,	PETTIS	178
FISHMAN,JOHN,JAY,	ST. LOUIS COUNTY	194
FISHMAN,MARVIN,ALLEN,	ST. LOUIS CITY	190
FITCH,C,H MAX,	GREENE	082
FITCH,COY,DEAN,	ST. LOUIS CITY	190
FITE,JAMES,ELWIN,	GREENE	082
FITZ SIMMONS,JAMES,G,	JACKSON	098
FITZGERALD,LEO,PETER T,	ST. LOUIS CITY	190
FITZGERALD,ROBERT,H,	JACKSON	098
FITZGERALD,WM,T,	ST. LOUIS CITY	190
FIVIAN,GERALD,JOS,	ST. LOUIS CITY	190
FLANCE,ISRAEL,JEROME,	ST. LOUIS CITY	190
FLANDERS,VIRGIL,E,	CLAY	050
FLANIGAN,GEO,DALTON,	ST. LOUIS CITY	190
FLATLEY,JOHN,ALLEN,	JACKSON	098

LAVAN,OAVIO,B,	ST. LOUIS CITY	190
LEISHMAN,ALFREO,	ST. LOUIS CITY	190
LEMING,ALLAN,ROGER,	JACKSON	098
LEMING,JACOB,WM,	CHARITON-MACON-MONROE-RANOOLPH	046
LEMING,ROBT,J,	ST. CHARLES-LINCOLN	126
LEMING,THOS,SIMPSON,	CHARITON-MACON-MONROE-RANOOLPH	046
LETES,JAMES,W,	ST. LOUIS COUNTY	194
LOERCHINGER,JAMES,S,	ST. CHARLES-LINCOLN	126
LORENDO,FEOERICO,N,	MARION-RALLS-SHELBY	130
LORENOO,PURIFICACION,T,	MARION-RALLS-SHELBY	130
LORES-VEGA,CARLOS,H,	ST. LOUIS CITY	190
LORO,MARIANO,N,	ST. LOUIS COUNTY	194
LOTTE,BERNARD,HENRY,	ST. LOUIS CITY	190
LOTTE,SYLVESTER,A,	ST. LOUIS CITY	190
LYNN,EOWARO,P,	ST. LOUIS CITY	190
LYNN,JAMES,MICHAEL,	JACKSON	098
YNN,JOHN,TIMOTHY,	ST. LOUIS CITY	190
YNN,JOS,EOWARO,	ST. LOUIS CITY	190
YNN,THOMAS,T,	ST. LOUIS COUNTY	194
GARTY,WM,MARTIN,	ST. LOUIS CITY	190
GERSON,VIRGINIA,L,	GREENE	082
GLE,PHILIP,RICHARO,	GREENE	082
LCK,WM,PAGE,	JACKSON	098
LKNER,ALBERT,LE ROY,	JOHNSON	110
OTE,JERRY,EOWARO,	BOONE	026
RO,LEE,T,	ST. LOUIS CITY	190
RO,THOMAS,E,	ST. LOUIS CITY	190
ROYCE,NORMAN,ALBERT,	JACKSON	098
REMAN,PHILLIP,BEVERLY,	MARION-RALLS-SHELBY	130
RMAN,GEO,WM,	BUCHANAN	030
RMAN,LOUIS,HYMAN,	JACKSON	098
RREST,JOHN,VINCENT,	ST. LOUIS CITY	190
RSEN,JAMES,ALBERT,	ST. LOUIS CITY	190
RSMAN,WALOC,WORTH,	ST. LOUIS COUNTY	194
RSYTH,BRUCE,TOOO,	ST. LOUIS COUNTY	194
RSYTHE,LEES,CORYELL,	JACKSON	098
RSYTHE,ROBT,W,	JACKSON	098
RTI,JOHN,J,	ST. LOUIS CITY	190
RTIN,FELIX,OAVIO,	JACKSON	098
RTIN,JORGE,A,	MIO MISSOURI	182
TOPOULOS,CHRIS,K,	CLAY	050
UTS,OALLAS,BYRNE,	JACKSON	098
WLER,FREO,OU MONT,	JACKSON	098
WLER,I,CHAS,	CLAY	050
WLER,JAMES,WM,	JACKSON	098
WLER,MARVIN,L,	SOUTH CENTRAL	206
X,GERALO,EARL,	BUCHANAN	030
X,LEON,J,	ST. LOUIS COUNTY	194
X,ROBT,EOWARO,	ST. LOUIS CITY	190
ANCIS,WILLIAM,C,	GREENE	082
ANCISCO,CLARENCE,B,	JACKSON	098
ANCISCO,DOMINIC,S,	ST. LOUIS CITY	190
ANCISCO,EOGARDO,CPUZ,	WEST CENTRAL	214
ANCO,PILAR,JUAN,	JACKSON	098
FRANK,ALVIN,R,	ST. LOUIS CITY	190
FRANK,GAEL,R,	JACKSON	098
FRANKLIN,CURTIS,U,	JACKSON	098
FRANKLIN,HAROLO,ALVIN,	ST. LOUIS COUNTY	194
FRANKLIN,MAX,SCHWAB,	ST. LOUIS CITY	190
FRASER,OANL,MC KENZIE,	ST. LOUIS CITY	190
FRASER,RICHARO,ANOREW,	BUTLER-WAYNE-RIPLEY-CARTER	034
FRAWLEY,THOS,F,	ST. LOUIS CITY	190
FRAZIER,ROBT,EOWARO,	BOONE	026
FRAZIER,ROBT,LEON,	SEMO	202
FREDERICK,RAYMONO,O,	ST. LOUIS CITY	190
FREEOMAN,RUTH,SCHREIBER,	ST. LOUIS CITY	190
FREEMAN,OAVIO,MERRILL,	ST. LOUIS CITY	190
FREEMAN,JERRY,COLLINS,	JACKSON	098
FREIOEN,FLOYO,J,	JACKSON	098
FREIHEIT,HAROLO,JOHN,	ST. LOUIS COUNTY	194
FREIMAN,SEYMOUR,MICHAEL,	ST. LOUIS CITY	190
FREIN,OONALO,ELMO,	WEST CENTRAL	214
FRENCH,M,OEVCNNE,	JACKSON	098
FREUNO,SAML,JACQUES,	ST. LOUIS CITY	190
FRIEOMAN,IRA,JEROME,	ST. LOUIS COUNTY	194
FRIEOMAN,MORRIS,LOUIS,	JACKSON	098
FRIEOMAN,PAUL,LAWRENCE,	ST. LOUIS CITY	190
FRIEOMAN,ROBT,HENRY,	ST. LOUIS COUNTY	194
FRIEORICH,ANTHONY,P,	ST. LOUIS CITY	190
FRIEORICH,ERNST,RUOOLF,	ST. LOUIS CITY	190
FRIES,ARMANO,O,	ST. LOUIS CITY	190
FRIES,JOHN,WM,	ST. LOUIS CITY	190
FRISKEL,ARTHUR,K,	ST. LOUIS CITY	190
FRISTOE,FRANK,H,	BOONE	026
FRITSCH,ANOREW,JOHN,	JASPER	102
FRITZLEN,THOS,JAMES,	JACKSON	098
FROELICH,EOWIN,JACOB,	ST. LOUIS COUNTY	194
FROELICH,RAE,WARREN,	MIO MISSOURI	182
FRUEH,BARTLEY,RICHARD,	BOONE	026
FRUMSON,GUY,H,	ST. LOUIS CITY	190
FRYER,MINOT,P,	ST. LOUIS CITY	190
FUCHS,GEO,JOS,	BOONE	026
FUCHS,GEO,JOS,	ST. LOUIS COUNTY	194
FUHRMAN,OONALO,LEE,	JACKSON	098
FUJITA,MILTON,TAKASHI,	ST. LOUIS CITY	190
FULEIHAN,FARIO,MUFAOI,	ST. LOUIS CITY	190
FULKS,RICHARO,B,	MONITEAU	142
FULLGRABE,EMIL,ALBERT,	COLE	058
FUNSCH,ROBERT,E,	ST. LOUIS CITY	190
FURLA,GUS,JOHN,	ST. LOUIS CITY	190
FURLOW,LEONARD,T,	ST. LOUIS CITY	190
FUSON,LEVI,HARRISON,	BUCHANAN	030
FUSON,WM,ARTHUR,	GRANO RIVER	078

G

GABILONDO,JORGE,C,	ST. LOUIS CITY	190
GAFFNEY,CALOWELL,JAMES,	ST. LOUIS CITY	190
GAFNEY,GEO,THOS,	ST. LOUIS CITY	190
GAGLIAROO,JOSEPH,	ST. LOUIS CITY	190
GAINES,ALBERT,HOMER,	JACKSON	098
GAINEY,HAROLD,L,	JACKSON	098
GAITONDE,MANGESH,RAJARAM,	JACKSON	098
GALAKATOS,ANOREW,E,	ST. LOUIS CITY	190
GALAN,ALEJANORO,ALFREOO,	ST. LOUIS CITY	190
GALBOL,HARLEY,INGVAR R,	CLAY	050
GALBREATH,ASHFORO,MARTIN,	JACKSON	098
GALE,ARTHUR,HELMAN,	ST. LOUIS COUNTY	194
GALE,JOS,FRANCIS,	GRANO RIVER	078
GALINSKY,LEON,JACOB,	OZARKS	166
GALL,IRA,C,	ST. LOUIS COUNTY	194
GALLAGHER,LIONEL,M,	MONITEAU	142
GALVEZ,SISENANOO,P,	GRANO RIVER	078
GAMBILL,ALICE,F,	BOONE	026
GANOLMAYR,JACOB,MATHIAS,	ST. LOUIS CITY	190
GANSLOSER,WILBERT,MAX,	ST. LOUIS CITY	190
GANTNER,GEO,E,	ST. LOUIS CITY	190
GANTZ,JOHN,AUGUST,	ST. LOUIS CITY	190
GAPASIN,ERNESTO,MAOAYAG,	MIO MISSOURI	182
GARCIA-FERRER,EOUAROO,A,	ST. LOUIS CITY	190
GARCIA,CHAS,LEON,	AUORAIN	014
GARCIA,FLORENTINA,U,	ST. LOUIS CITY	190
GARO,RAYMONO,FLOYO,	JACKSON	098
GARONER,JOS,A,	JASPER	102
GARONER,JOS,WOOOS,	OZARKS	166
GARFINKEL,BERNARO,T,	ST. LOUIS CITY	190
GARNER,JAMES,H,	JACKSON	098
GARNER,LYNN,MASON,	COLE	058
GARNER,ROYAL,STANLEY,	COLE	058
GARRETT,GLEN,HARLEY,	BOONE	026
GARRIGA,FRANCISCO,JAVIER,	ST. LOUIS CITY	190
GARRISON,OAVIO,LEE,	BUCHANAN	030
GARRISON,ROY,F,	JACKSON	098
GARRISON,THEOOORE,WAYNE,	MIO MISSOURI	182
GARROTTO,LEWIS,JOSEPH,	BOONE	026
GARY,GEO,	GRANO RIVER	078
GASKA,WALTER,JOHN,	GREENE	082
GASKINS,JOHN,HAYOEN,	JACKSON	098
GASTON,SAML,LEE,	JASPER	102
GATES,OAVIO,F,	BOONE	026
GAUER,ROBT,J,	CLAY	050
GAUNT,WM,OANFORTH,	BOONE	026
GAUTHIER,CHARLES,PETER,	JACKSON	098
GAVINI,RAJENORA,RAO,	ST. LOUIS CITY	190
GEARHART,OAVIO,LE MOINE,	ST. LOUIS CITY	190
GEARHART,MERRIAM,	GRANO RIVER	078
GEARHART,WILBUR,HARRIS,	ST. LOUIS COUNTY	194
GEONEY,WM,BURTON,	ST. LOUIS CITY	190
GEHA,BRAHAM,JOHN,	JACKSON	098
GEIB,PHILIP,J,	ST. LOUIS CITY	190
GEIGER,WM,A,	JACKSON	098
GEISE,AUGUST,WM,	ST. LOUIS CITY	190
GEISSE,GUILLERMC,	ST. LOUIS CITY	190
GELLMAN,ELLIOT,FIELD,	ST. LOUIS COUNTY	194

GEMPEL,PAUL,AUGUST,	JACKSON	098
GENOVE,VIOALITA,FLORES,	JACKSON	098
GENTRY,ENOCH,NELSON,	JACKSON	098
GENTRY,MARVIN,CARROL,	SOUTH CENTRAL	206
GENTRY,MERRITT,LOGAN,	COLE	058
GENTRY,MICHAEL,ALLEN,	GREENE	082
GENTSCH,KENNETH,WALTER,	ST. LOUIS CITY	190
GEORGE,THEOOORE,	LAFAYETTE-RAY	118
GEROES,JOHN,ALFPEO,	GREENE	082
GERMAN,WALTER,A,	GREENE	082
GERMANN,OONALO,R,	JACKSON	098
GERMUTH,FREOERICK,G,	ST. LOUIS CITY	190
GERNSTETTER,S,L,	BUTLER-WAYNE-RIPLEY-CARTER	034
GEROWIN,LANCE,	ST. LOUIS CITY	190
GERST,ALOYSIUS,CHAS,	ST. LOUIS CITY	190
GHOLKAR,VIJAY,RANGHONATH,	JACKSON	098
GIACOBBE,PETER,JOHN,	JACKSON	098
GIBBONS,ROBT,THOS,	JACKSON	098
GIBSON,OAVIO,MARSH,	JACKSON	098
GIBSTINE,MARVIN,HAROLO,	ST. LOUIS COUNTY	194
GIOOINGS,FRANK,CHANDLER,	GREENE	082
GIESELMAN,RALPH,VICTOR,	ST. LOUIS COUNTY	194
GIFFEN,LAWRENCE,EVERETT,	COLE	058
GIFFIN,JAMES,MANNING,	GREENE	082
GILOEA,EOWIN,FRANCIS,	ST. LOUIS CITY	190
GILOEA,MARGARET,C L,	ST. LOUIS CITY	190
GILOEN,JEROME,J,	ST. LOUIS CITY	190
GILL,PAUL,JONES,	GREENE	082
GILLILANO,CHAS,EOWARO,	GRANO RIVER	078
GILLISPIE,ROY,	OZARKS	166
GILPIN,OORIS,C WEISER,	ST. LOUIS CITY	190
GILULA,LOUIS,ARNOLO,	ST. LOUIS CITY	190
GINAROI,OONALO,EOWARO,	JACKSON	098
GINSBERG,NORMAN,AARON,	JACKSON	098
GIRAPARNONT,BANG-ORN,	ST. LOUIS CITY	190
GIRAPARNONT,PRABHAK,	ST. LOUIS COUNTY	194
GISH,E,RUTLEOGE,	CALLAWAY	038
GIST,WM,WILMOT,	JACKSON	098
GIVLER,ROBT,LE ROY,	JACKSON	098
GLAONEY,JOHN,HERSEL,	ST. LOUIS CITY	190
GLASER,LARRY,FORREST,	JACKSON	098
GLASS,ROBT,LESLIE,	PETTIS	178
GLASS,WM,JAMES,	OZARKS	166
GLASSCOCK,ERNEST,L,	JACKSON	098
GLAZER,MELVIN,LOUIS,	JACKSON	098
GLENN,EOWARO,A,	PIKE	186
GLINES,MICHAEL,H,	ST. LOUIS CITY	190
GLOVER,JACK,FOY,	GREENE	082
GLOVER,WM,ALBERT KENNETH,	OZARKS	166
GNAOE,ALBERT,JOS,	ST. LOUIS CITY	190
GOOINEZ,MARYE,HILOA O O,	ST. LOUIS CITY	190
GOOSHALK,MIRIAM,FREORICA,	BOONE	026
GOEBEL,JOAN,MARY,	ST. LOUIS CITY	190
GOELL,ROBT,S,	ST. LOUIS CITY	190
GOERZ,ANN,A FINKENBINOER,	JACKSON	098
GOERZ,ROYAL,OON,	JACKSON	098
GOETZ,KENNETH,LEE,	JACKSON	098
GOHEEN,JOHN,RICHARO,	JACKSON	098
GOLO,JONATHAN,ALAN,	ST. LOUIS CITY	190
GOLOBERG,ISAOORE,EDWARO,	LAFAYETTE-RAY	118
GOLOFARB,ALVIN,	ST. LOUIS CITY	190
GOLOGABER,ALBERTO,	ST. LOUIS CITY	190
GOLOKAMP,JOHN,OAVIO,	ST. CHARLES-LINCOLN	126
GOLOMAN,ARNOLO,MILTON,	ST. LOUIS CITY	190
GOLOMAN,GOROON,MELVIN,	ST. LOUIS COUNTY	194
GOLOMAN,HYMEN,JOS,	ST. LOUIS COUNTY	194
GOLOMAN,MELVIN,LEONARO,	ST. LOUIS CITY	190
GOLOMAN,STANLEY,L,	JACKSON	098
GOLORING,OAVIO,	ST. LOUIS CITY	190
GOLORING,SIONEY,	ST. LOUIS CITY	190
GOLOSICH,EOWARO,	JACKSON	098
GOLOSTEIN,MARCY,ALLEN,	ST. LOUIS CITY	190
GOLOSTEIN,MARVIN,FRANK,	JACKSON	098
GOLLUB,SAML,WALTER,	ST. LOUIS COUNTY	194
GOMEZ,CESAR,A,	ST. LOUIS COUNTY	194
GONORING,WILLIAM,H,	BUCHANAN	030
GONZALES,JOSE,H,	PERRY-ST. GENEVIEVE	174
GONZALEZ,MARIC,GARZA,	JOHNSON	110
GOOOMAN,JONATHAN,N,	ST. LOUIS COUNTY	194
GOOOMAN,NATHANIEL,	ST. LOUIS COUNTY	194
GOOORICH,HAROLO,A,	ST. LOUIS COUNTY	194
GOOOSON,WM,HAMMACK,	JACKSON	098
GOOLSBEE,ROBT,LEON,	JACKSON	098
GOROON,BRUCE,JEFFREY,	BOONE	026
GOROON,JAMES,M,	ST. LOUIS CITY	190
GOROON,JAMES,SPENCER,	COLE	058
GORE,GLENN,LELANO,	ST. CHARLES-LINCOLN	126
GORLA,WAYNE,OLIVER,	ST. LOUIS CITY	190
GOSE,OON,FERRELL,	GREENE	082
GOTTIPATTI,BHARATHI,B,	MARION-RALLS-SHELBY	130
GOTTSCH,JOSEPH,C,	JACKSON	098
GOWOAMARAJAN,RENGASAMY,	JACKSON	098
GOWLER,OOUGLAS,ROBT,	ST. LOUIS CITY	190
GRABLE,JAMES,O,	PEMISCOT	170
GRABSKE,CHAS,FREOERICK,	JACKSON	098
GRACE,STEVE,	GREENE	082
GRAOY,RONALO,KEENEY,	ST. LOUIS COUNTY	194
GRAFF,RALPH,JOS,	ST. LOUIS CITY	190
GRAGNANI,JOHN,	BOONE	026
GRAHAM,PATRICK,GROSVENOR,	JACKSON	098
GRAHAM,WALLACE,HARRY,	JACKSON	098
GRANETO,JOS,ANTHONY,	ST. LOUIS CITY	190
GRANNEMANN,H,NEAL,	MIO MISSOURI	182
GRANT,CLAUOE,SKAGGS,	BUCHANAN	030
GRANT,JOHN,MOSBY,	ST. LOUIS CITY	190
GRANT,NEVILLE,	ST. LOUIS CITY	190
GRANT,SAML,BECKER,	ST. LOUIS CITY	190
GRAUL,WALTER,P,	ST. LOUIS CITY	190
GRAVES,ARTHUR,J,	OZARKS	166
GRAY,GARY,JAMES,	ST. LOUIS COUNTY	194
GRAY,MARY,L,	ST. LOUIS CITY	190
GRAY,WALTER,CORWIN,	ST. LOUIS COUNTY	194
GREBE,T,KEITH,	JASPER	102
GREBEL,CLEMENT,BOVARO,	ST. LOUIS CITY	190
GREEN,J,RICHARO,	JACKSON	098
GREEN,MANUEL,EOWIN,	ST. LOUIS COUNTY	194
GREEN,MORTON,ROBT,	ST. LOUIS CITY	190
GREEN,WM,RAOFORO,	ST. LOUIS CITY	190
GREENE,HARRY,LEMOINE,	MARION-RALLS-SHELBY	130
GREENE,W,WALLACE,	JACKSON	098
GREENLUNO,NELSON,C,	WEST CENTRAL	214
GREENMAN,MARSHALL,B,	ST. LOUIS COUNTY	194
GREGORIUS,CHARLES,O,	BOONE	026
GREGORY,JOHN,GEARY,	ST. LOUIS CITY	190
GRESICK,ROBT,JOS,	ST. LOUIS CITY	190
GRIEGE,CHAS,WM,	ST. LOUIS CITY	190
GRIFFIN,OONALO,RAY,	JACKSON	098
GRIFFIN,M,EVELYN PLUMMER,	OALLAS-HICKORY-POLK-OAOE	066
GRIFFIN,OLIN,AOLAE,	OALLAS-HICKORY-POLK-OADE	066
GRIFFIN,WM,THOS,	BOONE	026
GRIFFITH,JOHN,A,	JACKSON	098
GRIGGS,JAMES,YOUNG,	ST. LOUIS CITY	190
GRIM,EOWARO,MICHAEL,	JASPER	102
GRIMES,MANNING,ELMORE,	BUCHANAN	030
GRINOON,JOS,B,	ST. LOUIS CITY	190
GROCE,GEO,OAVIO,	CALLAWAY	038
GRONAU,AXEL,REINHOLO L,	ST. LOUIS COUNTY	194
GROSHONG,TEO,OONALO,	BOONE	026
GROVE,GULPH,WM,	JOHNSON	110
GROWOON,JOHN,ARTHUR,	JACKSON	098
GRUBB,PAUL,H,	JASPER	102
GRUBB,ROBT,LEE,	ST. LOUIS CITY	190
GRUNOMANN,WM,HENRY,	ST. LOUIS COUNTY	194
GRUNT,JEROME,ALVIN,	JACKSON	098
GUALBERTO,CRISANTO,	ST. LOUIS CITY	190
GUASTELLO,JOS,RICHARO,	JACKSON	098
GUASTELLO,MARIO,JOS,	JACKSON	098
GUBIN,ALAN,S,	PEMISCOT	170
GUHLEMAN,HENRY,V,	COLE	058
GUILLEN,OIOSOAOA,T,	ST. LOUIS CITY	190
GUILLEN,ROOOLFO,T,	ST. LOUIS COUNTY	194
GULICK, CHARLES R.	ST. LOUIS CITY	190
GULICK,C,RICHARO,	ST. LOUIS CITY	190
GULLETT,CHAS,CHESTER,	JACKSON	098
GUMMELS,BELMONT,B,	ST. LOUIS CITY	190
GUNAWAROHANA,HEMACHANORA,P,	ST. LOUIS CITY	190
GUNOLE,SIGMUNO,	JACKSON	098
GUNN,JACK,	MORGAN	150
GUNN,RICHARO,W,	JACKSON	098
GUNN,WALTER,THOS,	ST. LOUIS CITY	190
GUNTER,JOE,S,	BUCHANAN	030
GUPTA,B,S NAGHABHUSHANA,	JACKSON	098
GUPTA,JITENDRA,K,	ST. LOUIS COUNTY	194

GUPTA,NARAYAN,CHANORA,	ST. LOUIS COUNTY	194
GURNEE,LANOON,H,	COLE	058
GURSAHANI,MAN,MOHAN,	ST. LOUIS COUNTY	194
GUSTAFSON,JON,ERIK,	JACKSON	098
GUTEK,EOWARO,PHILIP,	JACKSON	098
GUZE,SAML,8ARRY,	ST. LOUIS CITY	190
GWIN,EOWARO,	GREENE	082

H

H'OOU8LER,CHAS,EOWARO,	GREENE	082
H'OOU8LER,FRANCIS,T,	GREENE	082
H'OOU8LER,PETER,8EMIS,	GREENE	082
HAAS,HARRY,O,	JACKSON	098
HA8ERT,EOWARO,R,	ST. LOUIS COUNTY	194
HA8I8,HENRY,N,	JACKSON	098
HAOOOCK,JAMES,NELSON,	ST. LOUIS CITY	190
HAEN,CHAS,JOS,	GREENE	082
AFFNER,HEINZ,EMIL,	ST. LOUIS CITY	190
AGAN,OANL,J,	ST. LOUIS CITY	190
AGAN,JOHN,CHAS,	CLAY	050
AGAR,DAVIO,LEO,	JACKSON	098
AGE8USCH,OMER,ERNST,	ST. LOUIS CITY	190
AGEMANN,PAUL,OONK,	ST. LOUIS COUNTY	194
AGEN,OUANE,QUENTIN,	ST. LOUIS COUNTY	194
AHN,8RUCE,H,	JACKSON	098
AHN,FREOERICK,WM,	JACKSON	098
AI8ACH,HELMUT,	8OONE	026
AIGHT,JOHN,M,	JACKSON	098
AITH,EOWARO,EARL,	JACKSON	098
AITH,WALTER,FILMORE,	JACKSON	098
ALEY,TEO,MARKHAM,	CLAY	050
ALFORO,RICHARO,	ST. LOUIS CITY	190
ALL,CHAS,RO8T,	MORGAN	150
ALL,OAVIO,G,	BOONE	026
ALL,OAVIO,W,	GREENE	082
ALL,OURWARO,GOPHAM,	GREENE	082
ALL,EUGENE,W,	ST. LOUIS COUNTY	194
ALL,LEE,AKER,	ST. LOUIS CITY	190
ALL,MARVIN,FRANCIS,	JASPER	102
ALL,PRESTON,CALOWELL,	ST. LOUIS CITY	190
ALL,RALPH,RAYMONO,	JACKSON	098
ALL,RO8T,ANTOINE,	ST. LOUIS CITY	190
ALL,RO8T,TEO,	JACKSON	098
ALL,STANLEY,GENE,	MARION-RALLS-SHEL8Y	130
ALL,THOS,8RYAN,	JACKSON	098
ALL,WM,K,	ST. LOUIS CITY	190
ALLA8A,MOHE8,A8OEL S,	JASPER	102
ALLAZGO,SANTIAGO,Y,	ST. LOUIS COUNTY	194
ALLEY,R,HALIKIOPOULOS,	ST. LOUIS CITY	190
ALLINGER,EARL,S,	ST. LOUIS COUNTY	194
ALLORAN,MARK,JOS,	ST. LOUIS CITY	190
ALPEPIN,PHILLIP,H,	JACKSON	098
ALVERSON,JOHN,OAVIO,	ST. LOUIS CITY	190
AM8URG,FREOERIC,LEONARO,	GREENE	082
AMILL,RO8T,WILSON,	JACKSON	098
HAMILTON,CALOWELL,K,	ST. LOUIS CITY	190
HAMILTON,EUGENE,GREEN,	ST. LOUIS CITY	190
HAMILTON,WILLIAM,PATRICK,	ST. LOUIS CITY	190
HAMILTON,WM,PETE,	OZARKS	166
HAMLIN,HOWARO,H,	JACKSON	098
HAMLIN,WYETH,	MARION-RALLS-SHEL8Y	130
HAMMES,ROMAN,ELOER,	ST. CHARLES-LINCOLN	126
HAMMLER,CHRISTIANA,V,	MIO MISSOURI	182
HAMMONO,O,WAOE,	ST. LOUIS COUNTY	194
HAMMONO,OAVIO,TOOO,	ST. LOUIS CITY	190
HAMPTON,HENRY,EUGENE,	ST. LOUIS CITY	190
HAMPTON,OSCAR,P,	ST. LOUIS COUNTY	194
HAMPTON,STANLEY,F,	ST. LOUIS CITY	190
HANAN,ERNEST,8YRON,	GREENE	082
HANAWAY,JOS,	ST. LOUIS CITY	190
HANOLER,ERIC,	8UCHANAN	030
HANOLER,FREO,PHILLIP,	COLE	058
HANES,LILY,A FARLEY P,	ST. LOUIS CITY	190
HANKIN,NORMAN,MERLIN,	ST. LOUIS CITY	190
HANNA,FAYEZ,ANOPAWIS,	ST. LOUIS COUNTY	194
HANNA,HUGH,A,	JOHNSON	110
HANNAH,HAMNER,	JACKSON	098
HANNAS,RALSTON,R,	JACKSON	098
HANS8ROUGH,EUGENE,TICE,	8UTLER-WAYNE-RIPLEY-CARTER	034
HANSEL,FRENCH,KELLER,	ST. LOUIS CITY	190
HANSEN,ARTHUR,LLOYO,	WEST CENTRAL	214
HANSER,THEOOORE,H,	ST. LOUIS CITY	190
HANSON,E,JEROME ,	JACKSON	098
HANSON,KARL,HERMAN,	JACKSON	098
HANSS,ARMANO,WM,	GREENE	082
HANTMAN,STEPHEN,LEWIS,	ST. LOUIS COUNTY	194
HANTZ,OSCAR,	ST. LOUIS COUNTY	194
HAROACRE,RUTH,ANNA,	JACKSON	098
HAROIN,WM,8LANCHARO,	ST. LOUIS COUNTY	194
HAROWICKE,HENRY,M,	8OONE	026
HAROY,OAVIO,ALMSTEOT,	ST. LOUIS CITY	190
HAROY,GUEROAN,	ST. LOUIS COUNTY	194
HAROY,HENPY,MALCOLM,	JACKSON	098
HAROY,JOHN,WILLARO,	JACKSON	098
HAROY,PATPICK,JOS,	ST. LOUIS COUNTY	194
HAROY,SAMUEL,W,	ST. LOUIS CITY	190
HARDY,STANTON,LEE,	MINERAL AREA	138
HARELL,ALEX,	ST. LOUIS CITY	190
HARFOPO,CARL,G,	ST. LOUIS CITY	190
HARKINS,WM,8LAKE,	ST. LOUIS CITY	190
HARLESS,MORRIS,SHERMAN,	JACKSON	098
HARLOW,LLOYO,MATHEE,	JACKSON	098
HARMON,8EN,C,	GREENE	082
HAPMS,FLORIAN,LOUIS,	CHARITON-MACON-MONROE-RANOOLPH	046
HARMS,JAMES,FREOERIC,	WEST CENTRAL	214
HARNER,CASPER,G,	8UCHANAN	030
HARPER,FLEMING,8ATES,	ST. LOUIS CITY	190
HARR,PATRICK,8RIAN,	NORTHWEST	158
HARRELL,HENPY,JACKSON,	OALLAS-HICKOPY-POLK-OAOE	066
HARRIN,WM,RALPH,	JACKSON	098
HARRIS,OAVIO,JOS,	JACKSON	098
HARRIS,HUGH,SMITH,	8OONE	026
HARRIS,LANNY,WINSTON,	JACKSON	098
HARRIS,RO8T,JOEL,	8OONE	026
HARRIS,WELOON,L,	JACKSON	098
HARRISON,LEE,8ULLEN,	ST. LOUIS CITY	190
HARRISON,RICHARO,L,	ST. LOUIS CITY	190
HARRISON,STRATTON,WM,	GREENE	082
HARRISON,WINSTON,EFTON,	8OONE	026
HART,L,WAYNE,	JACKSON	098
HART,WILLIAM,	ST. LOUIS CITY	190
HART,WILLIAM,G,	ST. LOUIS CITY	190
HART,WM,MILTON,	8OONE	026
HARTMAN,GREGORY,LEE,	JACKSON	098
HARTMAN,PAUL,TUPPER,	ST. LOUIS CITY	190
HARTNETT,THOS,OALEY,	. ST. LOUIS COUNTY	194
HARTSTEIN,JACK,	ST. LOUIS CITY	190
HARTWIG,FREOERICK,H,	JACKSON	098
HARTWIG,JOHN,AOAM,	ST. LOUIS CITY	190
HARTWIG,RAYMONO,WM,	JACKSON	098
HARVEY,HAROLO,OEWEY,	GREENE	082
HARWELL,JAMES,LARRY,	ST. LOUIS COUNTY	194
HARWELL,JAMES,LESTER,	8UTLER-WAYNE-RIPLEY-CARTER	034
HASEK,JAMES,A,	SOUTH CENTRAL	206
HASEK,OLIVER,MARTIN,	SOUTH CENTRAL	206
HASENMUELLER,JAMES,JOS,	ST. LOUIS COUNTY	194
HATA,OAIKICHI,	COOPER	062
HATFALVI,8ELA,ISTVAN,	ST. LOUIS CITY	190
HAUN,RONALO,L,	ST. LOUIS CITY	190
HAUSER,RO8T,JAMES,	COLE	058
HAUSHEER,HERMAN,JOS,	JACKSON	098
HAVALOAR,KANTI,LAL,	NORTHWEST	158
HAW,MARVIN,TINSLEY,	8OONE	026
HAWK,8RAY,ORA,	ST. LOUIS CITY	190
HAWKER,WM,OAVIS,	ST. LOUIS CITY	190
HAWKINS,CALVIN,OALE,	GREENE	082
HAWKINS,OORIS,JEAN,	JACKSON	098
HAWKINS,GEO,L,	ST. LOUIS CITY	190
HAWKINS,JAMES,C,	8OONE	026
HAYOEN,MELVIN,RAY,	MIO MISSOURI	182
HAYEK,WESLEY,E,	ST. LOUIS CITY	190
HAYES,LAWRENCE,LOUIS,	CLAY	050
HAYES,PAUL,WESLEY,	8UCHANAN	030
HAYNES,JAMES,WM,	ST. LOUIS CITY	190
HAYNIE,WILLIAM,WAOE,	WEST CENTRAL	214
HAYS,LARRY,VINCENT,	JACKSON	098
HAZAN,JOSEPH,	ST. LOUIS CITY	190
HAZEN,RO8T,MELVILLE,	JACKSON	098
HAZUKA,OAVIO,FRANCIS,	JACKSON	098
HEAORICK,JOHN,ANOERSON,	ST. LOUIS CITY	190
HECKER,JOS,EOWIN,	8UTLER-WAYNE-RIPLEY-CARTER	034
HEOGES,PICHARO,CROMWELL,	CLAY	050
HEE8,MAX,A,	SEMO	202

HEILBRUNN,ILSE,	MID MISSOURI	182
HEILMAN,EDWARD,JAMES,	JACKSON	098
HEIMAN,AVIV,	ST. LOUIS COUNTY	194
HEIMBERG,MURRAY,	BOONE	026
HEIMBURGER,ELIZABETH,M W,	BOONE	026
HEIMBURGER,RICHARD,AMES,	BOONE	026
HEIN,PAUL,A,	ST. LOUIS CITY	190
HEINS,JAMES,NEIL,	ST. LOUIS CITY	190
HELBING,EDWARD,J,	ST. LOUIS COUNTY	194
HELFRICH,LORING,	SEMO	202
HELLAM,DUANE,C,	GREENE	082
HELLERSTEIN,STANLEY,	JACKSON	098
HELLMAN,RICHARD,	JACKSON	098
HELLWEG,CHAS,EDWARD,	OZARKS	166
HELLWEG,RAYMOND,W,	ST. LOUIS CITY	190
HELMAN,RICHARD,GRAHAM,	JACKSON	098
HEMAYA,RIZK,MISHRIKY,	JACKSON	098
HENARES-LEVY,LOURDES,	ST. LOUIS CITY	190
HENDERLITE,JOHN,WARREN,	ST. LOUIS CITY	190
HENDERSON,THOS,WAYNE,	SEMO	202
HENDIN,AARON,	ST. LOUIS COUNTY	194
HENDREN,THOS,HINES,	CLAY	050
HENGEN,H,E,	ST. LOUIS CITY	190
HENRY,CLARKE,L,	JACKSON	098
HENRY,JOS,ERIC,	CLAY	050
HENRY,LAWRENCE,DAYLE,	BOONE	026
HENRY,ROBT,DUANE,	WEST CENTRAL	214
HENSCHEL,EUGENE,VICTOR,	ST. LOUIS CITY	190
HENSTORF,HAROLD,R,	BOONE	026
HENZEL,JOHN,HAROLD,	BOONE	026
HER,KYU,SOOK,	ST. LOUIS CITY	190
HERBERT,CHAS,T,	CAPE GIRARDEAU	042
HERODIZA,ALFONSO,W,	JACKSON	098
HERFKENS,KENNETH,DEAN,	GREENE	082
HERJANIC,MARIJAN,	ST. LOUIS COUNTY	194
HERMAN,ALLEN,ISADORE,	BUCHANAN	030
HERMAN,EDWIN,MILES,	JACKSON	098
HERMAN,MORRIS,	ST. LOUIS CITY	190
HERNANDEZ,SALVADOR,R,	ST. LOUIS CITY	190
HERRMAN,GEO,V,	JACKSON	098
HERRON,ROBERT,T,	ST. LOUIS CITY	190
HERSHEY,FALLS,B,	ST. LOUIS COUNTY	194
HERTEL,RONALD,C,	ST. LOUIS CITY	190
HERVEY,WM,HUGH,	JACKSON	098
HERYER,JOHN,WACHTER,	JACKSON	098
HERZEN,ALEXANDER,TAYLOR,	ST. LOUIS CITY	190
HERZOG,GODOFREDO,MAX,	ST. LOUIS COUNTY	194
HESKER,ALBERT,ERWIN,	ST. LOUIS CITY	190
HETLAGE,LOUIS,P,	ST. CHARLES-LINCOLN	126
HEUSLER,ANTON,FREDERICK,	ST. LOUIS CITY	190
HEUTEL,LEE,BEN,	ST. LOUIS CITY	190
HIATT,BARRY,ALAN,	ST. LOUIS CITY	190
HIATT,H,CHARLES,	ST. LOUIS COUNTY	194
HIBBARD,BLAINE,ZOOK,	JACKSON	098
HICKCOX,JOHN,P,	BOONE	026
HICKERSON,WM,HUGHES,	JACKSON	098
HICKEY,GLENN,MONROE,	ST. LOUIS COUNTY	194
HICKEY,JAMES,LAMBERT,	ST. LOUIS CITY	190
HICKS,ROBT,STANLEY,	ST. LOUIS CITY	190
HIGGINS,PHILIP,CORNELIUS,	ST. LOUIS CITY	190
HIGHTOWER,HARRY,GRAY,	ST. LOUIS CITY	190
HILBERT,PAUL,HERBERT,	ST. LOUIS CITY	190
HILDRETH,HOWARD,ROMMEL,	ST. LOUIS CITY	190
HILGERS,THOS,WM,	ST. LOUIS CITY	190
HILL,JACK,HAROLD,	JACKSON	098
HILL,JAMES,ELDON,	CALLAWAY	038
HILL,RONALD,T,	SEMO	202
HILL,XA,CADENE AVERYLLIS,	ST. LOUIS CITY	190
HILLIARD,ALPHONSO,WM,	ST. LOUIS CITY	190
HILLMAN,RICHARD,EPHRAIM,	ST. LOUIS CITY	190
HILLS,JOE,ELLIOTT,	GREENE	082
HILTON,PAUL,EDGAR,	JASPER	102
HINDS,PAUL,AUBREY,	GREENE	082
HINDS,ROY,DAVID,	MARION-RALLS-SHELBY	130
HINK,FREDERICK,WM,	JACKSON	098
HIRONIMUS,JOHN,EDWARD,	ST. LOUIS CITY	190
HIRSCH,JOE,E,	JACKSON	098
HIRSCH,JOHN,O,	ST. LOUIS CITY	190
HITE,DENNIS,E,	MID MISSOURI	182
HO,GRINNY,H C,	SEMO	202
HOADLEY,WM,DEAN,	JACKSON	098
HOBBS,GEO,HALL,	JOHNSON	110
HOBBS,JOHN,E,	ST. LOUIS COUNTY	194
HOBSON,GERALD,JOS,	ST. LOUIS COUNTY	194
HOCTOR,EMMETT,F,	MINERAL AREA	138
HODGE,ROBT,HENRY,	CLAY	050
HODGSON,FRANK,HARRISON,	JACKSON	098
HOECH,GEO,P,	JACKSON	098
HOEHN,JOHN,P,	ST. LOUIS CITY	190
HOELSCHER,HAROLD,F,	FRANKLIN-GASCONADE-WARREN	074
HOEPER,SAML,DIETRICH,	JACKSON	098
HOEPER,SAMUEL,DIETRICH,	JACKSON	098
HOF,DAVID,G,	JACKSON	098
HOFFMAN,JACOB,SAML,	JACKSON	098
HOFFMANN,ALAN,LEO,	JACKSON	098
HOFFMANN,AUGUSTIN,O,	ST. LOUIS CITY	190
HOFFMANN,LEE,MARTHA,	JACKSON	098
HOFFMANN,RONALD,E,	ST. LOUIS CITY	190
HOFLING,CHAS,K,	ST. LOUIS CITY	190
HOFMEISTER,ROGER,WALTER,	BOONE	026
HOFSTATTER,LEOPOLD,	ST. LOUIS CITY	190
HOGAN,CORNELIUS,EMMETT,	ST. LOUIS CITY	190
HOGAN,JOHN,ROBT,	ST. LOUIS CITY	190
HOGAN,PATRICK,A,	ST. LOUIS CITY	190
HOGAN,PATRICK,COLM,	ST. LOUIS CITY	190
HOGANCAMP,GLENN,EDWARD,	ST. LOUIS COUNTY	194
HOJA,WITOLD,ALEXANDER,	BUTLER-WAYNE-RIPLEY-CARTER	034
HOLBROOK,CHAS,K,	ST. LOUIS CITY	190
HOLCOMB,JOHN,K,	CAPE GIRARDEAU	042
HOLDER,THOS,MARTIN,	JACKSON	098
HOLEKAMP,TIMOTHY,	ST. LOUIS CITY	190
HOLEMON,R,EUGENE,	ST. LOUIS CITY	190
HOLLAND,ROBT,DUANE,	GREENE	082
HOLLEY,DONALD,BURTON,	MID MISSOURI	182
HOLLIDAY,CRAIG,	ST. LOUIS CITY	190
HOLLINGER,LLOYD,ALVIN,	JACKSON	098
HOLLINGSWORTH,RAY,S,	HENRY	086
HOLLIS,RICHARD,W,	GREENE	082
HOLLO,VENCEL,WM,	ST. LOUIS CITY	190
HOLLOCHER,RICHARD,J,	ST. LOUIS CITY	190
HOLLWEG,KENNETH,CHAS,	JACKSON	098
HOLMAN,JOS,GILBERT,	JACKSON	098
HOLMES,DANL,EUGENE,	GREENE	082
HOLMES,DAVID,R,	GREENE	082
HOLMES,RICHARD,ALLEN,	BOONE	026
HOLSCHER,EDWARD,CHARLES,	ST. LOUIS CITY	190
HOLT,EARL,P,	ST. LOUIS CITY	190
HOLT,WALDO,S,	JACKSON	098
HOLT,WILLIAM,J,	ST. LOUIS CITY	190
HOLT,WM,EDWARD,	ST. LOUIS CITY	190
HOLTMANN,BARBEL,	ST. LOUIS CITY	190
HOLTON,EDWARD,B,	JACKSON	098
HOLTZ,ALAN,S,	ST. LOUIS CITY	190
HOLTZ,SUMNER,	ST. LOUIS COUNTY	194
HOLTZMAN,SAML,	JASPER	102
HONAAS,TRYGVE,O,	CAPE GIRARDEAU	042
HOOK,WALLER,GRAVES,	JACKSON	098
HOOKERMAN,BRUCE,JAY,	ST. LOUIS COUNTY	194
HOOVER,BERNARD,LAURENCE,	ST. LOUIS CITY	190
HOOVER,HERBERT,LEE,	GREENE	082
HOPKINS,JAMES,PRICHARD,	JACKSON	098
HOPKINS,SPENCER,T,	PETTIS	178
HOPKINS,THOS,J,	PETTIS	178
HORENSTEIN,SIMON,	ST. LOUIS CITY	190
HORI,JOSE,MIGUEL,	CHARITON-MACON-MONROE-RANDOLPH	046
HORN,PAUL,C,	CAPE GIRARDEAU	042
HORNER,JOHN,LINSCOTT,	ST. LOUIS CITY	190
HORNSTRA,ROBIJN,KERST,	JACKSON	098
HOROCHOWSKY,ALEJANDRO,	PETTIS	178
HORRILLENO,EMILIO,GREY,	ST. LOUIS COUNTY	194
HORTON,JAMES,O,	GREENE	082
HORWITZ,IRWIN,B,	ST. LOUIS CITY	190
HOUSTON,VINCENT,T,	ST. LOUIS CITY	190
HOVADHANAKUL,PRAPHAT,	ST. LOUIS CITY	190
HOWDEN,THOS,LAWRENCE,	BUCHANAN	030
HOWE,ALBERT,LOUIS,	ST. LOUIS COUNTY	194
HOWE,LOUIS,FRANCIS,	ST. LOUIS COUNTY	194
HOWELL,BILLY,DALE,	GRAND RIVER	078
HOXWORTH,GERALD,MONROE,	AUDRAIN	014
HOYE,ROBERT,C,	MINERAL AREA	138
HRNICEK,GARY,E,	GREENE	082
HUANG,CHUONG,CHUN,	ST. LOUIS COUNTY	194
HUANG,GEO,	ST. LOUIS CITY	190

HUANG,JUN,SHEN,	DUNKLIN	070
HUANG,SHIH,	ST. LOUIS CITY	190
HUBBARD,SALLY,LYNN,	GREENE	082
HUBBELL,IRA,GEO,	BOONE	026
HUBER,LASLEY,EARL,	CHARITON-MACON-MONROE-RANDOLPH	046
HUCK,FRANK,FISHER,	ST. LOUIS COUNTY	194
HUCK,RICHARD,FELIX,	ST. LOUIS CITY	190
HUCKSTEP,ROBT,ARNOLD,	MINERAL AREA	138
HUDGENS,RICHARD,WATTS,	ST. LOUIS COUNTY	194
HUDSON,GIP,RAILEY,	CHARITON-MACON-MONROE-RANDOLPH	046
HUEWE,DOUGLAS,ANTHONY,	GREENE	082
HUFFMAN,THOS,LAURENCE,	SOUTH CENTRAL	206
HUFFT,ROBERT,E,	GREENE	082
HUGGINS,ALBERT,MATHEW,	ST. LOUIS CITY	190
HUGHES,CHAS,PAUL,	ST. LOUIS CITY	190
HUGHES,DEREK,	COLE	058
HUGHES,JUDSON,MARTIN,	BUCHANAN	030
HUGHES,MICHAEL,FRANCIS,	JACKSON	098
HUGHES,ROBT,GERARD,	ST. LOUIS COUNTY	194
HUGHES,SHELBY,BOND,	HENRY	086
HULBERT,BERNARD,	ST. LOUIS CITY	190
HULSTRA,JOHANNES,F W,	GREENE	082
HUMMEL,ANTON,J,	ST. LOUIS CITY	190
HUMMEL,WM,CARL,	ST. LOUIS CITY	190
HUMPHREY,JAMES,DAVIS,	NORTHWEST	158
HUMPHREYS,EDWARD,T,	COOPER	062
HUNGATE,CARROLL,PAUL,	JACKSON	098
HUNKELER,JOHN,DOUGLAS,	JACKSON	098
HUNLETH,FRANK,EUGENE,	ST. LOUIS CITY	190
HUNT,JOHN,LOUIS,	BUTLER-WAYNE-RIPLEY-CARTER	034
HUNT,JOHN,W,	MINERAL AREA	138
HUNT,ROBERT,S,	CAPE GIRARDEAU	042
HUNT,THOS,RUSSELL,	JACKSON	098
HUNTER,MARTIN,PETERS,	JACKSON	098
HUNTINGTON,IONE,	OZARKS	166
HUNZICKER,WARREN,JOHN,	JACKSON	098
HUQ,MO,NASRUL,	AUDRAIN	014
HURST,DANIEL,J,	BOONE	026
HURST,WILFRED,WANDA,	JASPER	102
HUSAIN ARSHAD,SYED,	BOONE	026
HUSE,WM,JASON,	JACKSON	098
HUTCHINSON,JAMES,H,	ST. LOUIS CITY	190
HUTCHINSON,WILLIAM,	ST. LOUIS CITY	190
HUTTO,HERMAN,	ST. LOUIS CITY	190
WANG,KIU-WON,	ST. LOUIS CITY	190
WANG,YUNG,HWAN,	JASPER	102
YATT,ROBT,WAYNE,	BOONE	026
YOE,LAWRENCE,LAYTON,	JACKSON	098
YMAN,ANNA,	ST. LOUIS CITY	190

I

OE,CARL,H,	BOONE	026
DE,LUCIEN,WATERMAN,	BUCHANAN	030
KEDA,SHIGEMASA,	ST. LOUIS CITY	190
MES,ELVIN,O,	NORTHWEST	158
NGHAM,WALTON,CHAS,	JACKSON	098
INMAN,MAX,MURRAY,	ST. LOUIS CITY	190
INOCENCIO,EDDIE,C,	BUCHANAN	030
IPPENSEN,JOHN,HENRY,	GREENE	082
IRVIN,WM,MARTIN,	ST. LOUIS CITY	190
IRVINE,JOHN,WATSON,	JACKSON	098
IRWIG,FRED,	JACKSON	098
ISAAC,ANITA,M LANORUM,	GREENE	082
ISBELL,CHAS,HARLOW,	JASPER	102
ISE,FRANK,H,	CLAY	050
ISHIDA,YASUO,	ST. LOUIS CITY	190
ISHIZAWAR,YORCKAY,C,	ST. LOUIS CITY	190
ISLAM,MO,NURUL,	ST. LOUIS COUNTY	194
ITTNER,GEO,W,	ST. LOUIS CITY	190
IVY,HENRY,BERRY,	GREENE	082
IWANE,AKIRA,	ST. LOUIS CITY	190
IZMIRLIAN,GRANT,	ST. LOUIS COUNTY	194

J

JABLONSKI,RAYMOND,CHAS,	ST. LOUIS CITY	190
JACKSON,EDWARD,KURZ,	PIKE	186
JACKSON,HAYWOOD,RUDOLPH,	JACKSON	098
JACKSON,ROBT,LAWRENCE,	BOONE	026
JACKSON,VERNON,B,	CALLAWAY	038
JACOB,KARL,ADOLPH,	ST. LOUIS CITY	190
JACOB,WALTER,PAUL,	JACKSON	098
JACOBS,CHAS,C,	ST. LOUIS CITY	190
JACOBS,FREDERICK,AUGUST,	ST. LOUIS COUNTY	194
JACOBS,MORTON,	JACKSON	098
JACOBS,WALTER,HARVEY,	JACKSON	098
JAECKLE,RICHARD,GILBERT,	ST. LOUIS CITY	190
JAEGER,JOS,N,	CAPE GIRARDEAU	042
JAFFE,BERNARD,M,	ST. LOUIS CITY	190
JAIN,SAVITRI,GUPTA,	ST. LOUIS COUNTY	194
JAMES,ELIZABETH,J P,	BOONE	026
JAMES,OTIS,E,	JACKSON	098
JAMES,RONALD,CARNEY,	BOONE	026
JAMESON,JAMES,E,	GREENE	082
JANES,DONALD,REED,	JACKSON	098
JANNEY,JAMES,G,	ST. LOUIS CITY	190
JANSEN,ROBT,	JACKSON	098
JAROSEWYCZ,DEMETRIUS,	ST. LOUIS CITY	190
JARVIS,CATHY,C,	ST. LOUIS COUNTY	194
JATALA,IJAZ,AHMAD,	ST. LOUIS COUNTY	194
JAUDON,JOS,CABELL,	ST. LOUIS CITY	190
JAYANANDAIAH,HIREMATHADA,	MARION-RALLS-SHELBY	130
JAZBI,BASHARAT,ULLAH,	JACKSON	098
JEAN,J,TED,	ST. LOUIS CITY	190
JEANS,VIRGIL,EDWARD,	JASPER	102
JEDD,JAMES,JERRY,	ST. LOUIS CITY	190
JENAB,MORTEZA,	JACKSON	098
JENNETT,J,HARVEY,	JACKSON	098
JENNY,ARTHUR,B,	ST. LOUIS CITY	190
JENSEN,JOSHUA,ERNEST,	ST. LOUIS CITY	190
JHAM,MOHAN,N,	ST. LOUIS CITY	190
JICK,SIDNEY,	ST. LOUIS COUNTY	194
JIMENEZ,JOSE,	BUCHANAN	030
JOBE,CHAS,LOUIS,	GREENE	082
JOFFE,WM,STEVEN,	ST. LOUIS CITY	190
JOFTUS,MORRIS,	ST. LOUIS CITY	190
JOHNSON,C,LAURENCE,	JACKSON	098
JOHNSON,CHAS,JULIUS,	ST. LOUIS CITY	190
JOHNSON,CHAS,STILLWELL,	JOHNSON	110
JOHNSON,DALLAS,ADAMS,	JACKSON	098
JOHNSON,E,O,	CAPE GIRARDEAU	042
JOHNSON,EARL,W,	CAPE GIRARDEAU	042
JOHNSON,EDGAR,W,	JACKSON	098
JOHNSON,FRITZ,MAHIN,	GREENE	082
JOHNSON,GARETH,ROBT PAUL,	JACKSON	098
JOHNSON,GEO,ACIE,	GREENE	082
JOHNSON,GEO,LAWRENCE,	GREENE	082
JOHNSON,JAMES,S,	JACKSON	098
JOHNSON,JOS,CONE,	GREENE	082
JOHNSON,JOS,EDWARD,	JACKSON	098
JOHNSON,MITCHELL,O,	ST. LOUIS CITY	190
JOHNSON,RICHARD,EDWARD,	BOONE	026
JOHNSON,RICHARD,LEWIS,	JACKSON	098
JOHNSON,ROY,	ST. LOUIS COUNTY	194
JOHNSON,THOMAS,W,	JACKSON	098
JOHNSON,THOS,MAXWELL,	JACKSON	098
JOHNSON,TOM,A,	ST. LOUIS COUNTY	194
JOHNSON,WARFORD,B,	GREENE	082
JOHNSON,WARFORD,B,	GREENE	082
JOHNSON,WM,FRAY,	GREENE	082
JOHNSTON,GLEN,PAUL,	ST. LOUIS CITY	190
JOHNSTON,JOS,LEROY,	GREENE	082
JOHNSTON,WM,DAVID,	BOONE	026
JOHNSTONE,JOHN,T,	ST. LOUIS CITY	190
JOLLY,BENJ,NEWTON,	AUDRAIN	014
JOLLY,WM,HARDIN,	AUDRAIN	014
JONAS,HARRY,S,	JACKSON	098
JONES,ANDREW,BLUCHER,	ST. LOUIS CITY	190
JONES,AUGUSTIN,	ST. LOUIS CITY	190
JONES,DAVID,N,	CAPE GIRARDEAU	042
JONES,DOROTHY,J,	ST. LOUIS COUNTY	194
JONES,EDNA,MARTHA,	HENRY	086
JONES,EDWARD,S,	WEST CENTRAL	214
JONES,GALE,OWEN,	JACKSON	098
JONES,GREY,	ST. LOUIS CITY	190
JONES,HAROLD,LEE,	GREENE	082
JONES,JAMES,DAVID,	ST. LOUIS CITY	190
JONES,JAMES,HENNESSY,	ST. LOUIS CITY	190
JONES,KEITH,D,	JOHNSON	110
JONES,MARION,EDWARD,	JACKSON	098
JONES,OTEY,SHERMAN,	ST. LOUIS CITY	190
JONES,RICHARD,ARTHUR,	ST. LOUIS CITY	190
JONES,SAML,T,	JACKSON	098
JONES,SARA,T,	ST. LOUIS COUNTY	194
JONES,T,REID,	JACKSON	098
JONES,VICTOR,T,	ST. LOUIS COUNTY	194
JORDAN,WALTER,ROBT,	ST. LOUIS CITY	190

JOSEPH,DONALD,J,	BOONE	026
JOSEPH,HAROLD,J,	ST. LOUIS CITY	190
JOSLYN,HAROLD,LEES,	ST. LOUIS CITY	190
JOST,CHAS,AURELIUS,	ST. LOUIS CITY	190
JOTTE,RICHARD,F,	ST. LOUIS COUNTY	194
JUDD,DONALD,RICHARD,	ST. LOUIS CITY	190
JUDGE,WALTER,THOS,	JEFFERSON	106
JUDY,JOS,DAVID,	ST. LOUIS CITY	190
JUERGENS,WM,GEO,	ST. LOUIS CITY	190
JULIEN,RENE,	ST. LOUIS CITY	190
JUNG,CHRISTOPHER,H,	CAPE GIRARDEAU	042
JUNG,J,MARSHALL,	CAPE GIRARDEAU	042
JUSTUS,JOHN,B,	JACKSON	098

K

KABIR,MOHAMMED,AHMED,	ST. LOUIS COUNTY	194
KAHLER,MONTE,RAY,	DALLAS-HICKORY-POLK-DADE	066
KAHN,LAWRENCE,IRVING,	ST. LOUIS COUNTY	194
KAHN,MARVIN,	JACKSON	098
KAIRUZ,BARTOLOME,C,	ST. LOUIS CITY	190
KAISER,GEO,CHAS,	ST. LOUIS CITY	190
KALLENBACH,GLEN,R,	AUDRAIN	014
KAMADA,TSUTOMU,	ST. CHARLES-LINCOLN	126
KAMAKAS,NICHOLAS,C,	ST. LOUIS CITY	190
KAMENETZKY,STEPHEN,ALLEN,	ST. LOUIS CITY	190
KAMINSKI,DONALD,LEON,	ST. LOUIS CITY	190
KAMINSKY,WATSON,WALTER,	ST. LOUIS CITY	190
KAMURAN,OZGONCU,	ST. LOUIS COUNTY	194
KANAGAWA,HAROLD,K,	COLE	058
KANAREK,JOSEPH,	JACKSON	098
KANDALAFT,FUAD,HABIB,	SEMO	202
KANDT,RAYMOND,EDGAR,	JACKSON	098
KANE,CLYDE,ERNEST,	ST. LOUIS CITY	190
KANG,CHANG,HEUNG,	JEFFERSON	106
KANG,JUAN,	ST. LOUIS CITY	190
KANG,YOUNG,MOO,	ST. LOUIS CITY	190
KANNEGIESSER,HARTMUT,	ST. LOUIS COUNTY	194
KANTOR,JULIUS,MAX,	JACKSON	098
KANTOR,OWEN,	ST. LOUIS COUNTY	194
KANTOR,SAML,	JACKSON	098
KAO,MING-SHIAN,	ST. LOUIS CITY	190
KARLAN,ALEX,H,	ST. LOUIS CITY	190
KARLAN,MICHAEL,FREDERICK,	BOONE	026
KAPRESSER,NETAJEAN,GRACE,	ST. LOUIS CITY	190
KAPRESSER,ROLAND,C,	ST. LOUIS CITY	190
KARANOJEFF,APOSTLE,D,	ST. LOUIS CITY	190
KARDESCH,MILTON,	ST. LOUIS COUNTY	194
KARDINAL,CARL,GUSTAV,	BOONE	026
KARIS,ROBT,GEO,	ST. LOUIS CITY	190
KARL,MICHAEL,MEYER,	ST. LOUIS CITY	190
KARRAKER,ALVAN,G,	MINERAL AREA	138
KARSH,ROBT,S,	ST. LOUIS COUNTY	194
KARTUS,IRVING,	JACKSON	098
KASKIE,CLIFFORD,R,	ST. LOUIS CITY	190
KASS,MICHAEL,ALLEN,	ST. LOUIS CITY	190
KASTEN,MELVIN,C,	CAPE GIRARDEAU	042
KATF,NICOLA,YOUSSEF,	CLAY	050
KAUFFMAN,RUTH,	MORGAN	150
KAUFMAN,ANDREW,BERNARD,	JACKSON	098
KAUFMAN,KENNETH,ROLAND,	ST. LOUIS CITY	190
KAUFMAN,ROBT,LIONEL,	ST. LOUIS CITY	190
KAUFMANN,HERBERT,H,	JACKSON	098
KAUL,PHILIP,G,	JACKSON	098
KAUR,CHANDRA,S,	ST. LOUIS COUNTY	194
KAY,BILLY,F,	JACKSON	098
KAYANAN,JOSE,CRUZ,	JACKSON	098
KAYES,JACK,	ST. LOUIS CITY	190
KAYS,KENNETH,MITCHELL,	BOONE	026
KEAIRNES,HAROLD,WRENN,	JACKSON	098
KEATING,JAMES,PETER,	ST. LOUIS CITY	190
KEELER,JAMES,EDWARD,	JACKSON	098
KEENDY,JOHN,J,	ST. LOUIS CITY	190
KEFFLER,KARL,LEOPOLD,	ST. LOUIS CITY	190
KEIM,J,H,	CAPE GIRARDEAU	042
KEITHLY,DENNIS,J,	BOONE	026
KEITZER,WALTER,FORD,	BOONE	026
KELLER,DAVID,WALTER,	ST. LOUIS CITY	190
KELLER,LOUIS,	ST. LOUIS CITY	190
KELLER,MAURICE,JOS,	ST. LOUIS CITY	190
KELLER,ROBT,MICHAEL,	ST. CHARLES-LINCOLN	126
KELLETT,JOHN,GRAMANN,	ST. LOUIS CITY	190
KELLEY,GILBERT,BYRON,	ANDREW	010
KELLEY,ROBT,WILSON,	ST. LOUIS CITY	190
KELLING,DOUGLAS,GEO,	JACKSON	098
KELLING,JORDAN,A,	LAFAYETTE-RAY	118
KELLOGG,AURORA,GOZUM,	JACKSON	098
KELLY,JAMES,CORBET,	GREENE	082
KELLY,JOHN,JOS,	ST. LOUIS CITY	190
KELLY,JOSEPH,G,	CLAY	050
KELLY,R,EMMET,	ST. LOUIS CITY	190
KELLY,WILLIAM,A,	ST. LOUIS CITY	190
KELTNER,RAYMOND,MARION,	ST. LOUIS CITY	190
KELTNER,RAYMOND,O,	JACKSON	098
KENDALL,CHAS,ADDISON,	JACKSON	098
KENDALL,FORREST,H,	JACKSON	098
KENDALL,MALCOLM,EUGENE,	JACKSON	098
KENDIG,JOHN,HOWARD,	ST. LOUIS CITY	190
KENDIS,JOS,BERNARD,	ST. LOUIS COUNTY	194
KENNARD,G,KEITH,	JACKSON	098
KENNEDY,FRED,ROBT,	JACKSON	098
KENNEDY,JOHN,DONALD,	ST. LOUIS COUNTY	194
KENNEDY,TIMOTHY,DRISCOLL,	JACKSON	098
KENNEY,ROY,EVANS,	OZARKS	166
KENT,BELA,KASZAS,	JACKSON	098
KEOHANE,MARK,	ST. CHARLES-LINCOLN	126
KEOWN,KENNETH,K,	BOONE	026
KERNODLE,JEFFERSON,D,	JACKSON	098
KERR,DAVID,NAFE,	ST. LOUIS CITY	190
KERR,FRANK,TAYLOR,	OZARKS	166
KERR,HAROLD,HARPER,	JACKSON	098
KERR,SAML,EARL,	BOONE	026
KESSLER,SHELDON,	ST. LOUIS COUNTY	194
KETTERMAN,GRACE,HORST,	JACKSON	098
KETTERMAN,HERBERT,L,	JACKSON	098
KETTNER,EDWARD,G,	JACKSON	098
KEY,JAMES,S,	GREENE	082
KEY,MARTIN,LEWIS,	PERRY-ST. GENEVIEVE	174
KEYES,E,LAWRENCE,	ST. LOUIS CITY	190
KHALIL,TAMER,GEO,	GREENE	082
KHAN,ABDUL,GHANI,	ST. LOUIS COUNTY	194
KHAN,ABDUL,RAOOF,	ST. LOUIS CITY	190
KHAN,ALTAF,ALI,	ST. LOUIS COUNTY	194
KHAN,CHUNG,HONG,	ST. LOUIS COUNTY	194
KHAN,M,OSMAN,	NORTHWEST	158
KHODADOUST,KAVOUS,	ST. LOUIS CITY	190
KIEFFER,VICTOR,B,	ST. LOUIS CITY	190
KIENE,RICHARD,H,	JACKSON	098
KIENZLE,EDWARD,	ST. LOUIS CITY	190
KILBURN,KAYE,HATCH,	BOONE	026
KILKER,CLARENCE,H,	ST. LOUIS COUNTY	194
KILKER,DONALD,EDWIN,	ST. LOUIS COUNTY	194
KILLEBREW,DAVID,S,	ST. LOUIS CITY	190
KILLEN,DUNCAN,ARNOLD,	JACKSON	098
KILO,CHAS,	ST. LOUIS CITY	190
KIM,CHUNG,KI,	ST. LOUIS CITY	190
KIM,HEA,ILL,	MINERAL AREA	138
KIM,JONG,KU,	ST. LOUIS CITY	190
KIM,STANLEY,W,	ST. LOUIS CITY	190
KIM,WAYNE,W,	CAPE GIRARDEAU	042
KIMBALL,IRELAND,W,	PLATTE	188
KIMBALL,MERRITT,H,	JACKSON	098
KIMBLE,HARVEY,SIESS,	JACKSON	098
KIMELMAN,NATHAN,	ST. LOUIS COUNTY	194
KINDER,DOYLE,O,	GREENE	082
KINDER,JAMES,A,	CAPE GIRARDEAU	042
KINDER,JERRY,L,	CAPE GIRARDEAU	042
KINDRED,LYNN,HERBERT,	JACKSON	098
KING,ELBERT,RIFE,	WEST CENTRAL	214
KING,EUSTACE,E,	ST. LOUIS COUNTY	194
KING,FRANCIS,C,	ST. LOUIS CITY	190
KING,JAMES,PATRICK,	ST. LOUIS CITY	190
KING,JAY,TENBROOK,	JACKSON	098
KING,JOHN,VINCENT,	ST. LOUIS CITY	190
KING,JOHN,VINCENT,	ST. LOUIS CITY	190
KING,LARRY,P,	ST. LOUIS CITY	190
KING,MORRIS,K,	ST. LOUIS CITY	190
KING,PHILLIP,EUGENE,	CLAY	050
KING,RICHARD,HARRY,	HENRY	086
KING,ROBERT,JOHN,	BOONE	026
KINGSBURY,HELEN,	JACKSON	098
KINGSBURY,ROBT,JOHN,	ST. CHARLES-LINCOLN	126
KINGSLAND,ROBT,C,	ST. LOUIS COUNTY	194
KINSELLA,EDWARD,DOWNEY,	ST. LOUIS CITY	190
KINSELLA,PETER,W,	ST. LOUIS CITY	190

KINSELLA,RALPH,A,	ST. LOUIS CITY	190
KIPFER,ROBT,EARL,	GREENE	082
KIPNIS,DAVIO,M,	ST. LOUIS COUNTY	194
KIRKLANO,JERRY,ALLISON,	CLAY	050
KIRKMAN,ROBERT,E,	JASPER	102
KIRSTEIN,MELVIN,B,	ST. LOUIS CITY	190
KISSANE,JOHN,M,	ST. LOUIS CITY	190
KISSELL,RICHARO,W,	GREENE	082
KISTER,GEO,E,	ST. CHARLES-LINCOLN	126
KISTLER,WALTER,O,	ST. LOUIS CITY	190
KISTNER,WM,F,	ST. LOUIS CITY	190
KITCHEN,WM,MEYER,	JACKSON	098
KIYANCLAR,MOHAMEO,AMIN,	MINERAL AREA	138
KLACHKO,OAVIO,M,	BOONE	026
KLEBBA,LARRY,B,	COLE	058
KLEIN,AOELBERT,H,	ST. LOUIS CITY	190
KLEIN,ARNOLO,GEO,	ST. LOUIS CITY	190
KLEIN,EOWARO,H,	JACKSON	098
KLEIN,SAUL,JOSHUA,	ST. LOUIS CITY	190
KLEINSCHMIOT,CLINTON,C,	ST. LOUIS CITY	190
KLENK,CHAS,LEONARO,	ST. LOUIS CITY	190
KLINE,CARLYN,MOLSTAO,	BUCHANAN	030
KLINE,EDMUNO,WILKING,	BUCHANAN	030
KLINGE,FREOERICK,W,	ST. LOUIS CITY	190
KLINGNER,GEO,M,	GREENE	082
KLINGNER,GEO,MALCOLM,	GREENE	082
KLINKERFUSS,GEO,HENRY,	GREENE	082
KLIPPEL,ALLEN,R,	ST. LOUIS COUNTY	194
KLIRREL,BERNHAROT,WM,	ST. LOUIS CITY	190
KLOECKER,RICHARO,JOS,	ST. LOUIS CITY	190
KLOECKER,ROBT,PIERCE,	ST. LOUIS CITY	190
KLUZAK,THOMAS,R,	ST. LOUIS CITY	190
KNABB,HENRY,F,	GREENE	082
KNABB,KENNETH,ECWIN,	GREENE	082
KNEAL,ELLSWORTH,	ST. LOUIS CITY	190
KNEIBERT,FREO,LOUIS,	BUTLER-WAYNE-RIPLEY-CARTER	034
KNEPPER,RAUL,ALBERT,	BUCHANAN	030
KNIGHT,FRANKLIN,P,	ST. LOUIS COUNTY	194
KNIGHT,LYLE,B,	JACKSON	098
KNIGHT,WM,ALLEN,	ST. LOUIS CITY	190
KNIRSCHILO,BEOFORO,FLOYO,	SALINE	198
KNOCH,H,KERMIT,	JACKSON	098
KNOCK,HENRY,LERCY,	ST. LOUIS COUNTY	194
KNOPF,HARRY,LOUIS SAFIR,	ST. LOUIS CITY	190
KNOTTS,OONALO,R,	ST. LOUIS CITY	190
KNOWLES,ROBT,RAYMONO,	ST. LOUIS CITY	190
KNOWLTON,NORMAN,R,	ST. LOUIS CITY	190
KOBBERMANN,KCBBY,JOS,	GREENE	082
KOCH,ROBT,EUGENE,	ST. LOUIS COUNTY	194
KOONER,IRA,JOE,	ST. LOUIS CITY	190
KOEHLER,GEO,ALVIN,	ST. LOUIS CITY	190
KOEHLER,JOHN,WM,	JASRER	102
KOENIG,MARVIN,IRWIN,	ST. LOUIS CITY	190
KOERNER,KENNETH,ALBERT,	ST. LOUIS COUNTY	194
KOESSEL,ARTHUR,WM,	ST. LOUIS COUNTY	194
KOHLER,LOUIS,HIRSH,	ST. LOUIS CITY	190
KOLOYS,KENNETH,W,	CAPE GIRAROEAU	042
KOLKER,ALLAN,ERWIN,	ST. LOUIS CITY	190
KOLOONY,ROBT,CHAS,	ST. LOUIS CITY	190
KOLZE,VERNON,WM,	GREENE	082
KONZELMAN,JOHN,A,	ST. LOUIS COUNTY	194
KOON,BENNY,HERMAN,	JACKSON	098
KOONTZ,PAUL,GUTHRIE,	JACKSON	098
KORMAN,ERCUMENT,AHMET,	ST. LOUIS CITY	190
KOPP,LEONARO,JOS,	ST. LOUIS CITY	190
KOPPERMAN,MOROECAI,	JACKSON	098
KOPPERS,LAWRENCE,EUGENE,	JACKSON	098
KORENBLAT,RHILLIP,ERWIN,	ST. LOUIS COUNTY	194
KORN,ROBT,L,	ST. LOUIS CITY	190
KORTH,WM,MARCUS,	JACKSON	098
KOTNER,LAWRENCE,MELVIN,	ST. LOUIS CITY	190
KOURY,WILLIAM,C,	JACKSON	098
KOVAC,S,ROBT,	ST. LOUIS CITY	190
KOWERT,EOWARO,HARRY,	ST. LOUIS CITY	190
KRAEGER,RUSSELL,R,	ST. LOUIS CITY	190
KRAETSCH,ROBERT,E,	ST. LOUIS CITY	190
KRAFT,JACOB,	JACKSON	098
KRAHN,HENRY,CORNELIUS,	GREENE	082
KRAMER,FREO,	ST. LOUIS CITY	190
KRANER,JUSTIN,F,	ST. LOUIS CITY	190
KRANSON,SEYMOUR,J,	JACKSON	098
KRATZ,RAUL,E,	CAPE GIRAROEAU	042
KRAUS,FREOERICK,THIER,	ST. LOUIS CITY	190
KRAUSE,GEO,LYNN,	ST. LOUIS CITY	190
KREBS,JOS,MARTIN,	ST. LOUIS CITY	190
KREWET,FRANK,A,	ST. LOUIS COUNTY	194
KRISHNASAMY,BHARATH,	ST. LOUIS CITY	190
KROEGER,GEO,BALOWIN,	ST. LOUIS CITY	190
KROJANKER,ROLF,J,	ST. LOUIS CITY	190
KROMER,CHAS,JOS,	ST. LOUIS CITY	190
KRONEMER,NORTON,STANLEY,	ST. LOUIS CITY	190
KRUPIN,BARBARA,ARNOLD,	ST. LOUIS CITY	190
KRUPIN,THEOOORE,	ST. LOUIS CITY	190
KRUSE,CARL,RAYMONO,	MARION-RALLS-SHELBY	130
KUANGPARICHAT,MANOCH,	LAFAYETTE-RAY	118
KUBIN,MILFORO,T,	BOONE	026
KUCZER,ARNOLOO,	ST. LOUIS CITY	190
KUEBRICH,THOS,C,	ST. LOUIS CITY	190
KUENZI,OONALO,EOWARO,	CLAY	050
KUHLMAN,RALRH,FREORICK,	ST. LOUIS CITY	190
KUHLMAN,ROBERT,E,	ST. LOUIS CITY	190
KUHN,JOHN,RAYMONO,	JASPER	102
KUHN,NOBUKO,OBAYASHI,	ST. LOUIS CITY	190
KUHN,WM,FREOERICK,	JACKSON	098
KULAK,GARY,	ST. LOUIS CITY	190
KULKAMTHORN,SIRIPORN,	ST. LOUIS CITY	190
KULKAMTHORN,SRIRATT,	ST. LOUIS CITY	190
KULOWSKI,JACOB,	BUCHANAN	030
KUMAR,HANUMANTHU,	ST. LOUIS CITY	190
KUNAWONGSA,NIT,	ST. LOUIS CITY	190
KUNZ,HAROLO,GEO,	ST. LOUIS CITY	190
KUNZ,ROGER,OALE,	BOONE	026
KUNZ,STEPHEN,ROBT,	JACKSON	098
KUO,GONG,TEN,	SEMO	202
KURTZ,KARL,JOHN,	JACKSON	098
KUSAMA,HARUO,	ST. LOUIS CITY	190
KUTRYB,WALTER,J,	ST. LOUIS CITY	190
KUTTNER,MARIANNE,	ST. LOUIS COUNTY	194
KUYAKANON,WEERAPAN,	ST. LOUIS CITY	190
KWAN,VICENTE,WONG,	ST. LOUIS COUNTY	194
KWON,YONGSOO,	MARION-RALLS-SHELBY	130
KYAW,MYO,M,	ST. LOUIS COUNTY	194
KYGER,JOHN,E,	JACKSON	098

L

L'ECUYER,JEROME,LYNN,	ST. LOUIS CITY	190
LA ORIERE,RAYMONO,JOS,	ST. LOUIS CITY	190
LA FERRIERE,KEITH,	ST. LOUIS CITY	190
LA HUE,WILLIAM,CARROLL,	LAFAYETTE-RAY	118
LAATSCH,ROBT,HENRY,	BUTLER-WAYNE-RIPLEY-CARTER	034
LABABIOI,ZUHOI,A,	BOONE	026
LACHANCE,J,A LEOROLO,	BOONE	026
LACKEY,JOHN,M,	PETTIS	178
LACSON,LETICIA,OIMALANTA,	ST. LOUIS CITY	190
LACY,PAUL,ESTON,	ST. LOUIS CITY	190
LAOO,CHAS,B,	ST. LOUIS CITY	190
LAOENSON,ROLANO,RAUL,	BOONE	026
LAOYMAN,GEO,HENRY,	BUTLER-WAYNE-RIPLEY-CARTER	034
LAI,GUANG-JENG,	PERRY-ST. GENEVIEVE	174
LAIRO,JOHN,MAJOR,	ST. LOUIS COUNTY	194
LAKS,HILLEL,	ST. LOUIS CITY	190
LALLY,JAMES,JOS,	JACKSON	098
LAM,ERNESTO,S,	ST. LOUIS CITY	190
LAMAR,ROBT,FREOERICK,	JACKSON	098
LAMB,WANOA,	ST. LOUIS CITY	190
LAMBERT,LAURA,MARIAN,	JACKSON	098
LAMBERTI,JOS,WM,	BOONE	026
LAMBIE,ROOGER,WM,	JACKSON	098
LAMPROS,WM,RETER,	ST. LOUIS CITY	190
LAMY,JOHN,E,	PETTIS	178
LANOAU,WM,MILTON,	ST. LOUIS CITY	190
LANOERS,BURNELL,	JACKSON	098
LANOHUIS,LEO,RAY,	BOONE	026
LANOIS,GEO,KENNETH,	JACKSON	098
LANORY,J,HUBERT,	ST. LOUIS CITY	190
LANOY,RICHARO,	ST. LOUIS CITY	190
LANE,CLINTON,WELSH,	ST. LOUIS CITY	190
LANE,OANL,KERNS,	ST. LOUIS CITY	190
LANG,JOHN,JOS,	ST. LOUIS CITY	190
LANGE,AOOLPH,CHAS,	ST. LOUIS CITY	190
LANGENBACH,ALFREO,M,	ST. LOUIS CITY	190
LANGEVIN,JACK,ARNOLO,	SOUTH CENTRAL	206
LANGLOIS,PAUL,JOS,	ST. LOUIS CITY	190

LANGSTON,WALTER,ROLAND,	GREENE	082
LANIER,EARL,W,	ST. LOUIS CITY	190
LANKFORD,HAROLD,DAVID,	AUDRAIN	014
LANNING,R,JAMES,	CLAY	050
LANSANGAN,ISAIAS,PENA,	ST. LOUIS CITY	190
LANSCHE,W,EDWARD,	ST. LOUIS COUNTY	194
LAPI,ANGELO,	JACKSON	098
LAPP,HARRY,CLEMENS,	JACKSON	098
LAROCCA,FELIX,FRANCISCO,	ST. LOUIS CITY	190
LARSEN,KENNETH,V,	ST. LOUIS CITY	190
LARSEN,VIRGINIA,LAWRENCE,	ST. LOUIS CITY	190
LARSEN,WM,E,	JACKSON	098
LARSON,PAUL,U,	ST. LOUIS CITY	190
LATHAM,KENYON,STUART,	MONITEAU	142
LATHAM,RAYMOND,W,	JACKSON	098
LATIMER,WALTER,N A,	CLAY	050
LATTINVILLE,HENRY,ELMER,	ST. LOUIS CITY	190
LAU,LUIS,	ST. LOUIS CITY	190
LAUBER,JOS,JOHN,	ST. LOUIS COUNTY	194
LAUER,DANL,JAMES,	JACKSON	098
LAUER,JOHN,DONALD,	ST. LOUIS CITY	190
LAUX,FRANCE,ALBERT,	ST. LOUIS CITY	190
LAWRENCE,GEO,H,	ST. LOUIS CITY	190
LAWRENCE,JOHN,R,	SALINE	198
LAWTON,JOHN,T,	ST. LOUIS CITY	190
LAYLE,JOHN,KENNEDY,	JACKSON	098
LAYTON,IRA,CLARE,	JACKSON	098
LE BLANC,LEO,J,	ST. LOUIS CITY	190
LE FEVRE,PHILIP,JOS,	GREENE	082
LEACH,WILFRED,	ST. LOUIS CITY	190
LEAHY,JOHN,G,	ST. LOUIS CITY	190
LEARY,DANL,JOS,	ST. LOUIS CITY	190
LEDERER,CHAS,M,	JOHNSON	110
LEE,CARLETON,H,	BUCHANAN	030
LEE,DUK,SUNG,	ST. LOUIS CITY	190
LEE,FRANSISKA,ANN,	ST. LOUIS CITY	190
LEE,GERALD,BEDFORD,	JACKSON	098
LEE,HENRY,ALBERT,	JACKSON	098
LEE,IN,KOOK,	FRANKLIN-GASCONADE-WARREN	074
LEE,JONG,DOO,	ST. LOUIS CITY	190
LEE,KIL,SOO,	ST. LOUIS COUNTY	194
LEE,KING,Y,	JACKSON	098
LEE,LARRY,EUGENE,	JACKSON	098
LEE,SOCK-LA,	CHARITON-MACON-MONROE-RANDOLPH	046
LEE,TAE,HUNG,	JACKSON	098
LEECH,CHAS,ALBERT,	BOONE	026
LEECH,MAURICE,P,	HOWARD	094
LEEPER,CLAUDE,K,	BOONE	026
LEEPER,SIOLEE,WM,	BOONE	026
LEGAN,JOHN,KEITH,	DUNKLIN	070
LEHMAN,PHILIP,C,	BUCHANAN	030
LEHNER,RICHARD,L,	JACKSON	098
LEIDINGER,KARL,J,	GREENE	082
LEIFER,WM,WARREN,	JACKSON	098
LEIGHTNER,WM,FRED,	ST. LOUIS CITY	190
LEMING,BERT,H,	ST. LOUIS COUNTY	194
LEMMON,GEO,BRUCE,	GREENE	082
LENDBEL,MILTON,I,	ST. LOUIS CITY	190
LENDBEL,ROBERT,S,	ST. LOUIS CITY	190
LENTZ,CLARK,HERBERT,	JACKSON	098
LENTZ,HAROLD,C,	JACKSON	098
LENTZ,HAROLD,CALVIN,	OZARKS	166
LEO,WM,A,	JACKSON	098
LEONE,CHERYL,	ST. LOUIS CITY	190
LEONE,PHILIP,GEO,	ST. LOUIS CITY	190
LEONHARDT,ERWIN,M,	ST. LOUIS COUNTY	194
LEPLEY,CHARLES,	ST. LOUIS CITY	190
LEPLEY,ROSALYN,	ST. LOUIS CITY	190
LEROUX,GENE,HOOVER,	BUTLER-WAYNE-RIPLEY-CARTER	034
LERWICK,EVERETT,ROGER,	ST. LOUIS CITY	190
LESLIE,CHAS,HAROLD,	ST. LOUIS COUNTY	194
LESLIE,JAMES,T,	COLE	058
LESTMANN,HENRY,E,	BUTLER-WAYNE-RIPLEY-CARTER	034
LEVEY,HARRY,B,	JACKSON	098
LEVIN,MARVIN,E,	ST. LOUIS COUNTY	194
LEVITT,JOS,	ST. LOUIS CITY	190
LEVITT,ROBT,GORDON,	ST. LOUIS CITY	190
LEVY,IRWIN,	ST. LOUIS CITY	190
LEVY,JEROME,FRED,	ST. LOUIS CITY	190
LEVY,MORTON,ALLAN,	ST. LOUIS CITY	190
LEWELLEN,CHAS,HOLLOWAY,	PIKE	186
LEWIN,W,HOWARD,	ST. LOUIS COUNTY	194
LEWIS,CHAS,RICHARD,	ST. LOUIS CITY	190
LEWIS,DAVID,	ST. LOUIS CITY	190
LEWIS,JAMES,E,	ST. LOUIS CITY	190
LEWIS,NOEL,REX,	GREENE	082
LEWIS,REVIS,CLIFTON,	JACKSON	098
LEYDIG,STANLEY,M,	ST. LOUIS CITY	190
LIANG,HOWARD,S,	ST. LOUIS CITY	190
LIANG,JING,CHANG,	JACKSON	098
LIAO,KUN,TWU,	ST. LOUIS CITY	190
LICHTOR,JOS,MEYER,	JACKSON	098
LICHTY,CHAS,ALLEN,	MARION-RALLS-SHELBY	130
LIE,SIEN,HUIE,	JACKSON	098
LIEB,FRANCIS,XAVIER,	ST. LOUIS CITY	190
LIEBERMAN,DAVID,M,	ST. LOUIS CITY	190
LILA,ARAM,	CLAY	050
LILLY,DOUGLAS,R,	ST. LOUIS CITY	190
LIM,IL,TAIK,	ST. LOUIS CITY	190
LIMPATARMONKOL,PIEMSAKDI,	ST. LOUIS CITY	190
LIMPIPHIPHATN,DHAJPHONG,	PERRY-ST. GENEVIEVE	174
LIMPIPHIPHATN,ESTER,P,	PERRY-ST. GENEVIEVE	174
LIN,C,H,	CHARITON-MACON-MONROE-RANDOLPH	046
LIN,CHI-HSI,	GREENE	082
LIN,H,T,	CHARITON-MACON-MONROE-RANDOLPH	046
LIN,TAI,SUN,	ST. LOUIS CITY	190
LINDBERG,DONALD,A B,	BOONE	026
LINDEMAN,CARL,HENRY,	ST. LOUIS CITY	190
LINDEMAN,JOHN,FRANCIS,	ST. LOUIS CITY	190
LINDER,HOWARD,EUGENE,	ST. LOUIS COUNTY	194
LINDGREN,CARLETON,JAY,	JACKSON	098
LINDQUIST,CARL,N,	JACKSON	098
LINK,ALEXANDER,J,	ST. LOUIS CITY	190
LINK,VANCE,EUGENE,	JACKSON	098
LINS,ROBT,DEAN,	ST. LOUIS COUNTY	194
LINSENMEYER,CHARLES,M,	ST. CHARLES-LINCOLN	126
LINVILLE,HOWARD,E,	JACKSON	098
LIPSCHITZ,ERVIN,	ST. LOUIS COUNTY	194
LIPSITZ,ELLIS,SIGMUND,	ST. LOUIS CITY	190
LISCHER,CARL,E,	ST. LOUIS CITY	190
LISS,JAY,LAWRENCE,	ST. LOUIS COUNTY	194
LISSNER,ARTHUR,BART,	ST. LOUIS COUNTY	194
LISTERMAN,JOHN,CHARLES,	GREENE	082
LISTON,STEPHEN,	JACKSON	098
LITTLE,MONROE,HENRY,	ST. LOUIS CITY	190
LITTLEJOHN,ROBERT,T,	CLAY	050
LITTMANN,LEWIS,E,	ST. LOUIS CITY	190
LITTON,LYLE,D,	GREENE	082
LITTON,LYNN,O,	BOONE	026
LITTON,NANCY,J,	JACKSON	098
LITWILLER,RAYMOND,W,	BOONE	026
LITZOW,LOUIS,THOS,	ST. LOUIS COUNTY	194
LIVINGSTON,DON,GEO,	ST. LOUIS COUNTY	194
LLANES-RODAS,RIZALINA,	CLAY	050
LLOYD,IVAN,EDWARD,	JACKSON	098
LOBECK,CHARLES,C,	BOONE	026
LOCKHART,CHAS,E,	GREENE	082
LOCKWOOD,GARY,FRANCIS,	JACKSON	098
LODWICK,GWILYM,SAVAGE,	BOONE	026
LOEB,RICHARD,HOFFMAN,	GREENE	082
LOEB,VIRGIL,	ST. LOUIS CITY	190
LOEFFEL,ELLEN,SHATTUCK,	ST. LOUIS CITY	190
LOGIE,MAC,DONALD BRUCE,	ST. LOUIS CITY	190
LOGUE,JOHN,TERRELL,	BOONE	026
LOHMAR,ROLAND,EDWARD,	BOONE	026
LOHR,ROBT,WM,	ST. LOUIS COUNTY	194
LOHRENTZ,LOIS,H,	JACKSON	098
LOITMAN,BERNARD,S,	ST. LOUIS CITY	190
LONDE,ALAN,MERLE,	ST. LOUIS CITY	190
LONDE,SOL,	ST. LOUIS CITY	190
LONDON,STANLEY,L,	ST. LOUIS CITY	190
LONERGAN,WARREN,M,	ST. LOUIS CITY	190
LONG,CURTIS,WALTON,	WEST CENTRAL	214
LONG,DAVID,S,	WEST CENTRAL	214
LONG,FRANK,BARNES,	ST. LOUIS CITY	190
LONG,R,STACY,	JACKSON	098
LONGENECKER,JOE,LESLIE,	JASPER	102
LONGO,DOMINICK,VITO,	MID MISSOURI	182
LONSWAY,MAURICE,J,	ST. LOUIS CITY	190
LONSWAY,MAURICE,JULIUS,	ST. LOUIS CITY	190
LOPANSRI,SOMAK,	DUNKLIN	070
LOPEZ-PLATA,ROBERTO,	JACKSON	098

LOPPICCOLO,VINCENT,J,	ST. LOUIS CITY	190
LOPPICCOLO,VINCENT,J,	ST. LOUIS CITY	190
LORD,RICHARD,E,	ST. LOUIS COUNTY	194
LORENC,ERNEST,	GREENE	082
LORENZO-MEDINA,REMEDIOS,	JACKSON	098
LORENZO,EDILBERTO,BATARA,	JACKSON	098
LOTTES,J,OTTO,	ST. LOUIS CITY	190
LOTUACO,GAMALIEL,GO,	JACKSON	098
LOUGHEAD,JOHN,ROBT,	BUTLER-WAYNE-RIPLEY-CARTER	034
LOUTZENHISER,JAMES,K,	JACKSON	098
LOVETT,ROBERT,LAWSON,	GREENE	082
LOVINGGOOD,THOS,A,	CAPE GIRARDEAU	042
LOWE,ALVIN,L,	PETTIS	178
LOWE,HORACE,ARCH,	GREENE	082
LOWELL,PAUL,	JACKSON	098
LOWENSTEIN,PAUL,S,	ST. LOUIS CITY	190
LOWTHER,GERALD,SCOTT,	ST. LOUIS COUNTY	194
LOYD,EARL,LAVON,	COLE	058
LOYND,ROBT,CHRISTOPHER,	ST. LOUIS CITY	190
LUCAS,FRED,V,	BOONE	026
LUCAS,GEORGE,E,	ST. LOUIS CITY	190
LUCIDO,JOSEPH,L,	ST. LOUIS CITY	190
LUCKENBILL,PAUL,T,	CLINTON	054
LUEDDE,PHILIP,S,	ST. LOUIS CITY	190
UEHRS,ROBT,D,	ST. LOUIS COUNTY	194
UGO,SAML,	ST. LOUIS CITY	190
UH,ANDREW,M,	ST. LOUIS CITY	190
UM,JON,TEK,	ST. LOUIS CITY	190
UND,HERLUF,G,	ST. LOUIS COUNTY	194
UND,ROBT,H,	ST. LOUIS COUNTY	194
UNDMAN,HUGH,JOHN,	GREENE	082
URIE,HAROLD,HERSCHEL,	GREENE	082
USK,CHAS,AMNE,	WEST CENTRAL	214
UTHER,GEORGE,A,	ST. LOUIS COUNTY	194
UTKEWITTE,JOS,FRANCIS,	PERRY-ST. GENEVIEVE	174
UTZ,MARTIN,HENRY,	ST. LOUIS CITY	190
UZECKY,MICHAEL,HARRY,	GREENE	082
YDDON,HAROLD,RAY,	JACKSON	098
YLE,ROBT,R,	MORGAN	150
YMAN,EDWARD,H,	ST. LOUIS CITY	190
YNCH,THOS,WESTBROOK,	GREENE	082
YNXWILER,CHESTER,PAUL,	ST. LOUIS CITY	190
YSS,CARL,ALAN,	ST. LOUIS COUNTY	194
YSS,STANLEY,BERNARD,	ST. LOUIS COUNTY	194
YTTLE,GARNET,CRAWFORD,	ST. LOUIS CITY	190

M

BEN,SAM,EDWARD,	JACKSON	098
C CAUGHELTY,THOMAS,C,	ST. LOUIS COUNTY	194
C DONALD,ROBT,R,	ST. LOUIS CITY	190
C GEE,EDWIN,ERNEST,	JACKSON	098
C INNIS,FLORENCE,E,	JACKSON	098
C LAUGHLIN,JAMES,C,	JASPER	102
C NAUGHTON,RALPH,E,	JACKSON	098
C NAUGHTON,ROBT,A,	JACKSON	098

MACAULEY,BERNARD,JOS,	BUTLER-WAYNE-RIPLEY-CARTER	034
MACDONALD,WM,CHAS,	ST. LOUIS CITY	190
MACDONNELL,THOS,M,	WEBSTER	210
MACHEK,OTAKAR,	ST. LOUIS CITY	190
MACKAMAN,BERT,JAMES,	BOONE	026
MACLEOD,ANGUS,	ST. LOUIS COUNTY	194
MACNISH,JAMES,MARTIN,	ST. LOUIS CITY	190
MADDIPATI,SREEDEZI,	ST. LOUIS CITY	190
MADDOX,ALBERT,R,	PETTIS	178
MADDUX,WM,PAUL,	GREENE	082
MADRID,DOMINADOR,O,	ST. LOUIS CITY	190
MAGALETTA,GEO,E,	CAPE GIRARDEAU	042
MAGEE,ROBT,L,	WEST CENTRAL	214
MAGEE,WM,E,	ST. LOUIS COUNTY	194
MAGILL,JOS,S,	GRAND RIVER	078
MAGINN,R,REILLY,	ST. LOUIS CITY	190
MAGINN,RICHARD,LEO,	BUCHANAN	030
MAGNESS,GUY,NORTON,	ST. LOUIS COUNTY	194
MAGNESS,WM,CANTRELL,	OZARKS	166
MAGRUDER,LYELL,MITCHELL,	WEST CENTRAL	214
MAHBOUBI,AZIZ,O,	SEMO	202
MAHE,GEO,A,	ST. LOUIS COUNTY	194
MAHER,ROBT,W,	GREENE	082
MAHER,THOS,FRANCIS,	ST. LOUIS CITY	190
MAJZOUB,HISHAM,SALIM,	JASPER	102
MALIK,SARFRAZ,A,	ST. LOUIS CITY	190
MALLOUK,ALEXANDER,GEO,	JACKSON	098
MALLOW,JAMES,EUGENE,	JACKSON	098
MALONEY,ROBT,MICHAEL,	ST. LOUIS CITY	190
MALT,SHERWIN,HUGH,	ST. LOUIS COUNTY	194
MAMINTA,NAPOLEON,SIM,	ST. LOUIS CITY	190
MANALO,GIL,BALEVA,	JASPER	102
MANANSALA,ANTONIO,QUITO,	ST. LOUIS CITY	190
MANDLER,GEO,	GRAND RIVER	078
MANES-MARTINEZ,JOSE,	ST. LOUIS CITY	190
MANGANARO,FRANK,JOS,	ST. LOUIS CITY	190
MANGELS,KENNETH,A,	JACKSON	098
MANION,MARIA,ELENA,	ST. LOUIS CITY	190
MANION,PETER,JOHN,	ST. LOUIS CITY	190
MANION,THOS,SMITH,	JACKSON	098
MANLEY,CHAS,BENTON,	ST. LOUIS CITY	190
MANN,ELIZABETH,M DANKER,	ST. LOUIS CITY	190
MANN,JAMES,KEITH,	MARION-RALLS-SHELBY	130
MANNIS,CHARLES,I,	ST. LOUIS COUNTY	194
MANSKE,PAUL,R,	ST. LOUIS CITY	190
MANTELL,JACK,MOORE,	GREENE	082
MANTOVANI,JOHN,F,	ST. LOUIS CITY	190
MANUBAY,TERESITA,	DUNKLIN	070
MANUBAY,THEODORA,	DUNKLIN	070
MANUEL,LOUIS,CALVIN,	JACKSON	098
MAPLE,FRANCIS,M,	GREENE	082
MARANAN,DIOSDADO,L,	ST. LOUIS CITY	190
MARAVILLA,LEVY,M,	ST. LOUIS COUNTY	194
MARCHOSKY-KOGAN,JOSE,A,	ST. LOUIS CITY	190

MARCO,PHILIP,J,	BOONE	026
MARCUS,MORRIS,DAVID,	ST. LOUIS COUNTY	194
MARDINI,EDWARD,ELIAS,	MINERAL AREA	138
MARGOLIS,RICHARD,M,	ST. LOUIS COUNTY	194
MARIENFELD,CARL,JOS,	BOONE	026
MARKEL,ARTHUR,DEAN,	BUTLER-WAYNE-RIPLEY-CARTER	034
MARKIVEE,CARROLL,R,	BOONE	026
MARKS,MARK,M,	JACKSON	098
MARKS,MAURICE,I,	JACKSON	098
MARMOR,WM,ADOLPH,	ST. LOUIS COUNTY	194
MARS,HARTLEY,FARNHAM,	OZARKS	166
MARSH,ALICE,	JACKSON	098
MARSHALL,CAMERON,FIELD,	JACKSON	098
MARSHALL,HAL,E,	JACKSON	098
MARSHALL,WILLIAM,GEORGE,	HOWARD	094
MARSTON,FREDERICK,J,	BUCHANAN	030
MARTEL,DOMINIQUE,J A,	ST. LOUIS CITY	190
MARTIN,ANDREW,DAVID,	SEMO	202
MARTIN,CLARENCE,A,	JASPER	102
MARTIN,CLYDE,VERNE,	JACKSON	098
MARTIN,DANL,JOS,	ST. LOUIS CITY	190
MARTIN,DAVID,STUART,	ST. LOUIS CITY	190
MARTIN,FREDERICK,WM,	ST. LOUIS COUNTY	194
MARTIN,JAMES,MAURICE,	ST. LOUIS CITY	190
MARTIN,JOHN,BARLOW,	ST. LOUIS CITY	190
MARTIN,JOHN,NEAL,	BUCHANAN	030
MARTIN,PHILIP,LATHAM,	ST. LOUIS COUNTY	194
MARTIN,THOS,FRANCIS,	ST. LOUIS CITY	190
MARTIN,WENDELL,JOE,	PIKE	186
MARTINEZ,ARMANDO,IVAN,	ST. LOUIS CITY	190
MARTIREZ,EMMANUEL,	ST. LOUIS CITY	190
MARTZ,JOHN,CHAS,	ST. LOUIS COUNTY	194
MASON,WAYNE,ELLIS,	JACKSON	098
MASSIE,EDWARD,	ST. LOUIS CITY	190
MASTERS,EDWIN,JORDAN,	SEMO	202
MASTERS,WM,HOWELL,	ST. LOUIS CITY	190
MASUCCI,JOS,MICHAEL,	JACKSON	098
MATHEW,MALEAKAL,S,	ST. LOUIS CITY	190
MATHEW,RUBY,	ST. LOUIS COUNTY	194
MATTA,CAMILLE,S,	BOONE	026
MATTESON,FRANK,BIRDSEY,	NORTHWEST	158
MATTHEWS,JOHN,GERARD,	ST. LOUIS CITY	190
MATTHEWS,JOHN,IMMEL,	COLE	058
MAUGHS,SYDNEY,BROWN,	ST. LOUIS CITY	190
MAX,PAUL,FRANKLIN,	ST. LOUIS CITY	190
MAXEY,HUGH,WORTHINGTON,	COLE	058
MAXSON,THEODORE,REED,	JOHNSON	110
MAXWELL,RICHARD,W,	ST. LOUIS COUNTY	194
MAY,ALBERT,L,	BUTLER-WAYNE-RIPLEY-CARTER	034
MAYER,JOHN,HENRY,	JACKSON	098
MAYER,ROBT,AUGUST,	ST. LOUIS COUNTY	194
MAYFIELD,JAMES,LOGAN,	JEFFERSON	106
MAYFIELD,WM,ROSS,	ST. LOUIS CITY	190
MAYS,FRANK,GRISHAM,	FRANKLIN-GASCONADE-WARREN	074

MAYUGA,EOGAROO,G,	ST. LOUIS CITY	190
MAYUGA,LAUREANO,G,	SOUTH CENTRAL	206
MC AOAM,CHAS,RUSH,	ST. LOUIS CITY	190
MC AFEE,CHESTER,ALAN,	ST. LOUIS CITY	190
MC AFEE,RO8T,GOROON,	JACKSON	098
MC ALHANY,HOWARO,J,	GREENE	082
MC ALISTER,WM,HER8ERT,	ST. LOUIS CITY	190
MC ANELLY,GEO,C,	JACKSON	098
MC ARTOR,THOS,ROSCOE,	GRANO RIVER	078
MC 8URNEY,CHAS,A,	SALINE	198
MC CAFFREE,MARY,K,	COLE	058
MC CALL,EOWIN,LEVAN,	ST. LOUIS COUNTY	194
MC CALLA,JOHN,PATRICK,	JACKSON	098
MC CALLISTER,8EN,OEE,	JACKSON	098
MC CANN,LOUIS,P,	WEST CENTRAL	214
MC CANSE,ANOREW,	JACKSON	098
MC CANSE,LYNN,R A,	JACKSON	098
MC CARTHY,JOHN,M,	ST. LOUIS CITY	190
MC CARTY,MICHAEL,	ST. LOUIS CITY	190
MC CAUGHAN,JOHN,MILTON,	ST. LOUIS CITY	190
MC CLANAHAN,RO8T,CECIL,	JACKSON	098
MC CLOSKEY,RO8T,8,	ST. LOUIS CITY	190
MC CLUER,SHIPLEY,M,	8OONE	026
MC CLUGGAGE,NEWTON,COLE,	CLAY	050
MC CLURE,OAVIO,N,	ST. LOUIS COUNTY	194
MC CLURE,JAMES,N,	ST. LOUIS CITY	190
MC CONAHAY,OAVIO,RONSON,	JACKSON	098
MC CONCHIE,JAMES,ESTIL,	JACKSON	098
MC CONNELL,RO8T,GERALO,	ST. LOUIS CITY	190
MC COOL,JAMES,FRANCIS,	ST. LOUIS CITY	190
MC COOL,STANLEY,	ST. LOUIS CITY	190
MC CORO,E,SCOTT,	8OONE	026
MC CORKLE,E,LEE,	SALINE	198
MC CORMICK,JAMES,E,	CLAY	050
MC CORMICK,JOHN,RO8T,	ST. LOUIS CITY	190
MC COWN,ALLAN,HAROY,	ST. LOUIS CITY	190
MC COY,FREOERICK,J,	JACKSON	098
MC COY,WARREN,R,	PEMISCOT	170
MC CRAW,OOYLE,C,	OALLAS-HICKORY-POLK-OAOE	066
MC CRAY,GLEN,M,	JACKSON	098
MC CREA,WM,A,	GREENE	082
MC CULLOUGH,CAMP8ELL,	JACKSON	098
MC OANIEL,JOHN,REOMONO,	8UCHANAN	030
MC OERMOTT,ALFREO,E,	PERRY-ST. GENEVIEVE	174
MC OONALO,EUGENE,F,	CAPE GIRAROEAU	042
MC OONALO,HER8ERT,LEE,	JACKSON	098
MC OONALO,WALLACE,	8UCHANAN	030
MC OONALO,WIL8UR,P,	8UCHANAN	030
MC OONNELL,JOHN,F,	JACKSON	098
MC OONOUGH,JOHN,	ST. LOUIS CITY	190
MC ELFRESH,ARTHUR,	ST. LOUIS CITY	190
MC ELROY,GLENN,L,	8OONE	026
MC ELROY,MICHAEL,8,	CLAY	050
MC FAOOEN,GENE,ALAN,	LAFAYETTE-RAY	118
MC FAODEN,JAMES,	ST. LOUIS CITY	190
MC FARLANO,H,RICHARO,	JACKSON	098
MC FARLANO,M,OONALO,	JACKSON	098
MC GANNON,PAUL,T,	JACKSON	098
MC GINNIS,8YRON,JAMES,	ST. LOUIS CITY	190
MC GINNIS,WM,FITCH,	ST. LOUIS COUNTY	194
MC GINTY,CHAS,P,	CAPE GIRAROEAU	042
MC GONIGLE,JAMES,PATRICK,	JASPER	102
MC GONIGLE,MICHAEL,M,	JASPER	102
MC GOWAN,MARK,	ST. LOUIS CITY	190
MC GUIRE,THOS,HOOVER,	JACKSON	098
MC HANEY,JOHN,WM,	COLE	058
MC INTOSH,OONALO,EOWARO,	JACKSON	098
MC INTYRE,JOHN,OONALO,	JACKSON	098
MC KASKLE,CLARENCE,W,	PEMISCOT	170
MC KEE,FRANK,E,	JACKSON	098
MC KEE,OLIVER,AUGUSTUS,	ST. LOUIS COUNTY	194
MC KEE,WALLACE,P,	JACKSON	098
MC KEEL,THOS,8URL,	JACKSON	098
MC KINNEY,JOE,KENT,	ST. LOUIS CITY	190
MC KINSEY,JOHN,JEROME,	GREENE	082
MC KNELLY,WM,VON,	JACKSON	098
MC LANE,JERRY,FRANKLIN,	8UTLER-WAYNE-RIPLEY-CARTER	034
MC LAUGHLIN,KATHLEEN,S W,	ST. LOUIS CITY	190
MC LAUGHLIN,RICHARO,O,	GREENE	082
MC LEAN,ROYAL,C,	ST. LOUIS COUNTY	194
MC LEOO,JOHN,	JACKSON	098
MC MILLAN,OAVIO,L,	OZARKS	166
MC MILLAN,THOS,E,	JACKSON	098
MC MULLIN,FOR8ES,A,	ST. LOUIS COUNTY	194
MC MURRAY,HER8ERT,C,	ST. LOUIS COUNTY	194
MC NA8NEY,W,KENDALL,	JACKSON	098
MC NALLEY,MICHAEL,	ST. LOUIS COUNTY	194
MC NAMARA,JOHN,J,	ST. LOUIS CITY	190
MC NEEL,LEE,ANOREW,	OALLAS-HICKORY-POLK-DAOE	066
MC NUTT,THEOOORE,L,	JACKSON	098
MC PHEE,WM,R,	CLAY	050
MC PHEETERS,JAMES,W,	8UTLER-WAYNE-RIPLEY-CARTER	034
MC PIKE,LLOYO,H,	JASPER	102
MC QUEEN,SAML,	ST. CHARLES-LINCOLN	126
MC SWINEY,JOHN,GIL8ERT,	ST. LOUIS CITY	190
MC VAY,JAMES,RO8T,	JACKSON	098
MEAOOR,JAMES,RUEL,	ST. LOUIS COUNTY	194
MEAOOWS,CHAS,OOUGLAS,	ST. LOUIS COUNTY	194
MEOLER,JOHN,FRANCIS,	ST. LOUIS COUNTY	194
MEOLER,PAUL,LOUIS,	ST. LOUIS COUNTY	194
MEOLICOTT,WILLIAM,J,	JACKSON	098
MEORANO,CRESENCIANO,A,	ST. LOUIS COUNTY	194
MEDRANO,LINA,E8RO,	ST. LOUIS COUNTY	194
MEEGAN,RO8T,JOHN,	JACKSON	098
MEHAN,OONALD,J,	ST. LOUIS CITY	190
MEHRA,RAVINOER,8AIJNATH,	ST. LOUIS CITY	190
MEHRA,USHA,	ST. LOUIS CITY	190
MEHTA,SATISH,KUMAR,	JACKSON	098
MEIER,FRANCIS,XAVIER,	COLE	058
MEIKLEJOHN,OUNCAN,C,	JACKSON	098
MEIN8ERG,WM,HENRY,	ST. LOUIS CITY	190
MEINERS,PAUL,NEWELL,	ST. LOUIS CITY	190
MEINERS,THEOOORE,M,	ST. LOUIS CITY	190
MEINERSHAGEN,CHAS,WM,	COLE	058
MELGAARO,SVEN,ROSS,	JACKSON	098
MELICK,WM,FRANK,	ST. LOUIS CITY	190
MELL,ROGER,LEE,	ST. LOUIS CITY	190
MELSON,GLENN,LELAND,	ST. LOUIS CITY	190
MENCHETTI,OONALO,EUGENE,	GREENE	082
MENCIAS,CRISTETA,8,	ST. LOUIS COUNTY	194
MENDELSOHN,GEORGE,	ST. LOUIS CITY	190
MENDELSOHN,RO8T,SIMON,	ST. LOUIS CITY	190
MENOELSON,OAVIO,F,	ST. LOUIS COUNTY	194
MENDEZ,MANUEL,	ST. LOUIS CITY	190
MENDLICK,MICHAEL,R,	JACKSON	098
MENOONSA,LAWRENCE,E,	ST. LOUIS CITY	190
MENENOEZ,MANUEL,	ST. LOUIS CITY	190
MENESES,ORLANOO,GUALLAR,	ST. LOUIS COUNTY	194
MENNE,MARVIN,C,	MINERAL AREA	138
MENTGEN,CARL,NICHOLAS,	GREENE	082
MERCAOO,RAUL,	ST. LOUIS CITY	190
MERENOA,SAM,JOHN,	ST. LOUIS CITY	190
MERIOETH,MARY,JANE,	OZARKS	166
MERIWETHER,OON,R,	8UCHANAN	030
MERRIMS,THEODORE,	ST. LOUIS COUNTY	194
MERRITT,8URCH,ANTHONY,	ST. LOUIS COUNTY	194
MERVEILLE,OCTAVE,C,	JACKSON	098
MESTRES,HUGH,MICHAEL,	ST. LOUIS CITY	190
METZ,CHAS,OLIVER,	ST. LOUIS CITY	190
METZL,KURT,	JACKSON	098
MEYER,HERMAN,M,	ST. LOUIS CITY	190
MEYER,JAMES,E,	ST. LOUIS COUNTY	194
MEYER,JAY,LAWRENCE,	ST. LOUIS COUNTY	194
MEYER,JERRY,LEE,	LAFAYETTE-RAY	118
MEYER,JOHN,C,	8OONE	026
MEYER,JOHN,STRAUCH,	ST. LOUIS CITY	190
MEYER,MELVIN,EUGENE,	ST. LOUIS CITY	190
MEYER,PAUL,W,	JACKSON	098
MEYERS,ELSIE,E FLINT,	ST. LOUIS CITY	190
MEYERS,JERRY,RICHARO,	ST. LOUIS CITY	190
MEYERS,JOHN,8OYO,	ST. LOUIS CITY	190
MEYERS,RO8T,W,	ST. LOUIS CITY	190
MEZERA,RAYMONO,A,	ST. LOUIS COUNTY	194
MICHAEL,HARVEY,RAY,	GREENE	082
MICHAEL,KENNETH,OONALO,	ST. LOUIS CITY	190
MICHAEL,VERNON,EARL,	ST. LOUIS CITY	190
MICHAELREE,JOHN,FRANCIS,	ST. LOUIS CITY	190
MICIANO,TAAY,RUEL,	CHARITON-MACON-MONROE-RANDOLPH	046
MIOOLETON,JERRY,NORTON,	ST. LOUIS COUNTY	194
MIOOLETON,JOHN,W,	PIKE	186
MIER,THOS,MATTHEW,	ST. LOUIS CITY	190
MIHALEVICH,JOHN,A,	GREENE	082

MILDER,BENJ,	ST. LOUIS COUNTY	194
MILES,GEO,OLIVER,	JACKSON	098
MILES,GLENN,ERVIN,	PIKE	186
MILES,PAUL,WENDELL,	ST. LOUIS COUNTY	194
MILES,WAYNE,B,	ST. LOUIS CITY	190
MILGRAM,BYRON,ALLEN,	JACKSON	098
MILL,WM,B JR,	ST. LOUIS CITY	190
MILLANGUE,CONSOLACION,P,	ST. LOUIS COUNTY	194
MILLANGUE,RAFAEL,M,	ST. LOUIS COUNTY	194
MILLER,CHARLES,	ST. LOUIS CITY	190
MILLER,CHAS,	ST. LOUIS COUNTY	194
MILLER,CLINT,LEMON,	JACKSON	098
MILLER,CLYDE,S,	MID MISSOURI	182
MILLER,DAVID,O,	GREENE	082
MILLER,DAVID,V,	BUTLER-WAYNE-RIPLEY-CARTER	034
MILLER,EDWARD,J,	ST. LOUIS CITY	190
ILLER,GEOFFREY,WM,	ST. LOUIS CITY	190
ILLER,GERALD,LEE,	JACKSON	098
ILLER,HERBERT,O,	CHARITON-MACON-MONROE-RANDOLPH	046
ILLER,JAMES,E,	ST. LOUIS CITY	190
ILLER,JAMES,ROLLAND,	ST. LOUIS CITY	190
ILLER,JULE,P,	ST. LOUIS CITY	190
ILLER,LAWRENCE,HOWARD,	JACKSON	098
ILLER,LE,ROY J,	BOONE	026
ILLER,MAX,I,	JACKSON	098
ILLER,NORMAN,C,	ST. LOUIS CITY	190
ILLER,ROBT,NICHOLAS,	ST. LOUIS CITY	190
ILLER,WILLAIM,	ST. LOUIS CITY	190
ILLER,WILSON,HERRICK,	JACKSON	098
ILLER,WM,VENCILL,	ST. LOUIS CITY	190
ILLIKAN,LARRY,EDWARD,	BOONE	026
ILNE,JAY,LAWRENCE,	GREENE	082
ILSTEAD,KENNETH,L,	ST. LOUIS CITY	190
ILSTER,CLYDE,ROGERS,	ST. LOUIS CITY	190
ILTENBERGER,PAUL,C,	DUNKLIN	070
INNIGERODE,LANA,K CARR,	JACKSON	098
INNIGERODE,TURNER,LEWIS,	JACKSON	098
INNIHAN,ROBT,W,	ST. LOUIS COUNTY	194
INTON,ROBT,SLATER,	BUCHANAN	030
IRBAHA,MITCHELL,M,	ST. LOUIS CITY	190
ISHKIN,MARVIN,R,	ST. LOUIS CITY	190
ISKOVSKY,EMIL,FREDERICK,	ST. LOUIS CITY	190
ISSEY,WILBURN,C,	ST. LOUIS CITY	190
ISTRY,TEHMTON,SHIAVUX,	ST. LOUIS CITY	190
ITCHELL,ANDREW,O,	JACKSON	098
ITCHELL,EUGENE,N,	ST. LOUIS CITY	190
ITCHELL,FRANKLIN,LOUIS,	BOONE	026
ITCHELL,JOHN,OAKERS,	JACKSON	098
ITCHELL,LYNN,DELANO,	BOONE	026
ITCHELL,ROBT,HIESTAND,	JACKSON	098
ITCHELL,ROY,E,	MID MISSOURI	182
ITCHELL,THOS,JAMES,	FRANKLIN-GASCONADE-WARREN	074
THEN,FRANCIS,ANDREW,	ST. LOUIS CITY	190
TRA,NIRMAL,KUMAR,	JACKSON	098
MIXSON,WM,CHAS,	JACKSON	098
MODJTEHEDY,MOHAMMAD,H,	ST. LOUIS CITY	190
MOELLENHOFF,ROBT,WM,	FRANKLIN-GASCONADE-WARREN	074
MOELLER,FRANK,DELBERT,	ST. LOUIS CITY	190
MOEN,BERWYN,HAROLD,	BUCHANAN	030
MOLDEN,CHAS,ARTHUR,	ST. LOUIS COUNTY	194
MOMTAZEE,SAM,	ST. LOUIS CITY	190
MONAFO,WM,WINTHROP,	ST. LOUIS CITY	190
MONAT,SEYMOUR,M,	ST. LOUIS COUNTY	194
MONROE,CARROLL,DEAN,	BOONE	026
MONTA,MANOE,DELFIN,	BUCHANAN	030
MONTANI,CHAS,	ST. LOUIS CITY	190
MONTELLANO,ARTURO,H,	OZARKS	166
MONTELLO,SAMUEL,A,	JACKSON	098
MONTES DE OCA,JULIO,	ST. LOUIS COUNTY	194
MONTES,ARTURO,CORTEZ,	ST. LOUIS COUNTY	194
MONTGOMERY,AUSTIN,F,	ST. LOUIS CITY	190
MONTGOMERY,GORDON,JAMES,	ST. LOUIS CITY	190
MONTIE,JOS,EMORY,	BOONE	026
MOOLSINTONG,RORNCHAI,	ST. LOUIS CITY	190
MOON,AGNES,HYUNGNAM,	BOONE	026
MOON,THOS,ROY,	ST. LOUIS COUNTY	194
MOONEY,JUSTIN,LOEB,	JACKSON	098
MOONEY,MARCEL,L,	JACKSON	098
MOORE,ALVA,	ST. LOUIS CITY	190
MOORE,CANDICE,ANN,	WEST CENTRAL	214
MOORE,DE,ARMOND,	GREENE	082
MOORE,HARRY,GEO,	ST. LOUIS COUNTY	194
MOORE,HARRY,GEO,	ST. LOUIS COUNTY	194
MOORE,JACK,DEAN,	JACKSON	098
MOORE,ROBT,A,	JACKSON	098
MOORE,WALTER,LA MAR,	ST. LOUIS COUNTY	194
MORALES,JULIO,	ST. LOUIS CITY	190
MORAN,THOS,MICHAEL,	ST. LOUIS CITY	190
MORANVILLE,BENEDICT,A,	BOONE	026
MOREANO,ARMANDO,H,	JACKSON	098
MOREHEAD,WM,EDWARD,	DUNKLIN	070
MOREST,F,STANLEY,	GREENE	082
MORGAN,DAVID,BASIL,	JACKSON	098
MORGAN,HARRY,C,	ST. LOUIS CITY	190
MORGAN,PHILIP,E,	BOONE	026
MORGAN,STEPHAN,SHANE,	ST. LOUIS CITY	190
MORGAN,WINFREY,THOS,	SOUTH CENTRAL	206
MORGAN,WM,RICHARD,	JACKSON	098
MORITZ,GERALD,	ST. LOUIS CITY	190
MORLEY,LOUISE,ANTOINETTE,	JACKSON	098
MORONEY,JEAN,MARY,	JACKSON	098
MORRIN,KEVIN,	ST. LOUIS CITY	190
MORRIS,ALAN,H,	ST. LOUIS CITY	190
MORRIS,HARVEY,EDWARD,	ST. LOUIS CITY	190
MORRIS,J,HAROLD,	JACKSON	098
MORRIS,MARY,ELIZABETH,	ST. LOUIS CITY	190
MORRISON,ARLEN,EDWARD,	ST. LOUIS CITY	190
MORRISON,DONALD,HAY,	JACKSON	098
MORRISON,THOS,ARTHUR,	OZARKS	166
MORSE,MARVIN,WALTER,	BUCHANAN	030
MORTENSEN,FREDE,	ST. LOUIS CITY	190
MORTON,RAUL,CHAS,	GREENE	082
MORTON,WAYNE,LOUIS,	WEST CENTRAL	214
MOSBACHER,HUGH,EDWARD,	JACKSON	098
MOSBY,LARRY,DEE,	BOONE	026
MOSELEY,FREDERICK,T,	GREENE	082
MOSES,ROBT,ABRAM,	ST. LOUIS CITY	190
MOSQUERA,JAIME,JAVIER,	ST. LOUIS CITY	190
MOSS,PAUL,	JACKSON	098
MOSS,WILLIAM,J,	BOONE	026
MOTHERSHEAD,JOHN,L,	BUCHANAN	030
MOTZEL,ALBERT,JOS,	ST. LOUIS CITY	190
MOU,BIN,	WEST CENTRAL	214
MOUNTFORD,DAMON,WM,	JACKSON	098
MOUNTJOY,GRACE,S,	ST. LOUIS CITY	190
MOWREY,WM,OLIVER,	ST. LOUIS CITY	190
MUCKERMAN,RICHARD,I C,	ST. LOUIS CITY	190
MUDD,J,F GERARD,	ST. LOUIS CITY	190
MUELHEIMS,GERHARD,H,	ST. LOUIS CITY	190
MUELLER,ADOLPH,R,	JASPER	102
MUELLER,CLARENCE,E,	ST. LOUIS CITY	190
MUELLER,JOS,ARTHUR,	ST. LOUIS CITY	190
MUELLER,MARTIN,J,	JACKSON	098
MUELLER,MORRIS,ALBERT,	ST. LOUIS CITY	190
MUELLER,ROBT,	ST. LOUIS CITY	190
MUELLER,ROBT,JOHN,	ST. LOUIS COUNTY	194
MUELLER,WILBUR,KENNETH,	ST. LOUIS CITY	190
MUENCH,ALBERT,HARRY,	BUCHANAN	030
MUENSTER,VINCENT,P,	ST. CHARLES-LINCOLN	126
MUHM,HARVARD,YALE,	ST. CHARLES-LINCOLN	126
MUJUMDAR,SUHAS,PRABHAKAR,	ST. LOUIS CITY	190
MUJUMDAR,SULABHA,SUHAS,	ST. LOUIS CITY	190
MULLARKY,WILBUR,ARTHUR,	ST. LOUIS COUNTY	194
MULLEN,JACK,	MINERAL AREA	138
MULLEN,LEO,MARTIN,	JACKSON	098
MULLEN,MARY,ELLEN,	AUDRAIN	014
MULLICAN,CHAS,NEWTON,	BUCHANAN	030
MULLIGAN,LEO,VIRGIL,	ST. LOUIS CITY	190
MULLINS,BERNARD,L,	CLAY	050
MULLINS,JOHN,EDWARD,	ST. LOUIS CITY	190
MULLINS,MAURICE,FRANCIS,	BOONE	026
MUNDY,WM,L,	JACKSON	098
MUNYAN,EARL,A,	JACKSON	098
MURDOCK,NATHANIEL,	ST. LOUIS CITY	190
MURNEY,JOSEPH,	FRANKLIN-GASCONADE-WARREN	074
MURPHY,BERNARD,LEANDER,	MARION-RALLS-SHELBY	130
MURPHY,GEO,E,	ST. LOUIS CITY	190
MURPHY,JAMES,A,	BUCHANAN	030
MURPHY,JAMES,J,	JACKSON	098
MURPHY,JAMES,PATRICK,	ST. LOUIS CITY	190
MURRHY,JOHN,CARROLL,	ST. LOUIS COUNTY	194
MURPHY,ROBT,JOHN,	JACKSON	098

MURPHY,WM,ALEXANDER,	ST. LOUIS CITY	190
MURRAY,JOHN,PATRICK,	ST. LOUIS CITY	190
MURRAY,W,LEE,	JACKSON	098
MUSCHANY,NORMAN,K,	ST. LOUIS CITY	190
MUSGRAVE,DAVID,EDWARDS,	CLAY	050
MUSSELL,HOWARD,L,	BOONE	026
MUTH,ROBT,GABRIEL,	JACKSON	098
MYERS,ANDREW,IRWIN,	JACKSON	098
MYERS,CARL,MACK,	JACKSON	098
MYERS,DAVID,WM,	CLAY	050
MYERS,GARY,HARRIS,	ST. LOUIS CITY	190
MYERS,GEO,HENRY,	JACKSON	098
MYERS,IVAN,TALLEY,	ST. LOUIS COUNTY	194
MYERS,JAMES,MARTIN,	MID MISSOURI	182
MYERS,JOHN,SIMEON,	JACKSON	098
MYERS,ROBT,MICHAEL,	JACKSON	098

N

NAGI,KAMAL,ABDEL HAMID,	ST. LOUIS CITY	190
NAHM,CHUNG,CHICK,	ST. LOUIS CITY	190
NAIME,MANSOUR,J,	JACKSON	098
NAKADA,JAMES,ROBT,	ST. LOUIS COUNTY	194
NALAGAN,MARCOS,C,	ST. LOUIS CITY	190
NAPPER,MARVIN,LEE,	GREENE	082
NARYKA,JOS,J,	ST. LOUIS CITY	190
NASEER,RIAZ,AHMAD,	ST. LOUIS CITY	190
NASH,HELEN,ELIZABETH,	ST. LOUIS CITY	190
NATHAN,LESTER,J,	ST. LOUIS CITY	190
NAVARRO,MANUEL,IGNACIO,	BOONE	026
NAVATO,JOSE,M A R,	JEFFERSON	106
NEAR,DAVID,MYRON,	ST. LOUIS CITY	190
NEBLETT,LEWIS,MICHAEL,	GREENE	082
NEELD,ELISE,MOSS,	ST. LOUIS COUNTY	194
NELSON,BENTLEY,A,	JACKSON	098
NELSON,DAVID,EUGENE,	GREENE	082
NELSON,JAMES,SMITH,	ST. LOUIS CITY	190
NELSON,JOHN,R,	ST. LOUIS COUNTY	194
NEMEC,EDWARD,STANLEY,	ST. LOUIS CITY	190
NEMEC,STANLEY,S,	ST. LOUIS CITY	190
NEMER,ROBT,JOHN,	COLE	058
NESS,CARL,K,	BUCHANAN	030
NESSELRODE,JOHN,HARVEY,	JACKSON	098
NESTER,CHAS,ADOLPH,	ST. LOUIS CITY	190
NEU,LEO,THOS,	GREENE	082
NEUBEISER,BEN,LAWRENCE,	ST. CHARLES-LINCOLN	126
NEUKOM,GEO,B,	MINERAL AREA	138
NEUMANN,JAMES,WM,	JACKSON	098
NEWCOMB,ARTHUR,DEE,	MINERAL AREA	138
NEWMAN,MATTHEW,	ST. LOUIS CITY	190
NEWMAN,PERCY,	ST. LOUIS CITY	190
NEWMAN,ROBT,L,	JACKSON	098
NEWMARK,LEONARD,NATHAN,	ST. LOUIS CITY	190
NEWPORT,GERALD,	ST. LOUIS COUNTY	194
NEWTON,GORDON,	ST. LOUIS CITY	190
NEWTON,WM,T,	ST. LOUIS CITY	190
NICHOLS,WALTER,KIRT,	BOONE	026
NICKEL,JAMES,FRANCIS,	ST. LOUIS CITY	190
NICKELS,MATHEW,LEONARD,	PIKE	186
NICOLAI,CHAS,HERBERT,	ST. LOUIS CITY	190
NICOLAY,WM,ROBT,	MINERAL AREA	138
NIEDERMEYER,EDWARD,L,	NORTHWEST	158
NIEDERMEYER,GEO,JOS,	ST. LOUIS CITY	190
NIELSON,MICHAEL,HANS,	JACKSON	098
NIESEN,FRANK,JOS,	ST. LOUIS CITY	190
NIEUWENHUIZEN,MAARTEN,	BOONE	026
NIEVA,DELFIN,T,	ST. LOUIS COUNTY	194
NIGH,CHAS,ALLEN,	ST. LOUIS CITY	190
NIGRO,EDWARD,ROBT,	JACKSON	098
NIGRO,JOS,ALBERT,	JACKSON	098
NIMMAGADDA,HARANADHA,	ST. LOUIS CITY	190
NISHI,TOSHIO,	ST. LOUIS CITY	190
NIXON,EDWARD,EARL,	GRAND RIVER	078
NOBACK,RICHARDSON,K,	JACKSON	098
NOLAN,CHAS,JOS,	ST. LOUIS CITY	190
NOLLER,HENRY,WM,	ST. LOUIS COUNTY	194
NOLPH,GEORGIA,J A BOWER,	BOONE	026
NOLTENSMEYER,MILTON,H,	JACKSON	098
NOMURA,ROY,MARK YOSHITO,	ST. LOUIS CITY	190
NORLAND,CHAS,CARSSOW,	ST. LOUIS CITY	190
NORONHA,REYNOLD,FRANCIS,	ST. LOUIS CITY	190
NOUHAN,JOS,GEO,	ST. LOUIS COUNTY	194
NOURBAKHSH,MAHMOUD,M,	CLAY	050
NOURI,HASSAN,	ST. LOUIS CITY	190
NOVAK,EDWARD,JOHN,	JACKSON	098
NUETZEL,JOHN,ARLINGTON,	ST. LOUIS COUNTY	194
NUKRONGSIN,SOMPORN,	ST. LOUIS COUNTY	194
NUNEZ,MARIA,ANA,	ST. LOUIS COUNTY	194
NUSSBAUM,ROBT,ALLEN,	ST. LOUIS COUNTY	194
NYE,ROBT,SIMPSON,	ST. LOUIS CITY	190

O

O'BANNON,LON,W,	ST. LOUIS COUNTY	194
O'BRIEN,EDWARD,C,	ST. LOUIS CITY	190
O'BRIEN,EDWARD,JOS,	ST. LOUIS CITY	190
O'BRIEN,HARRY,FRANCIS,	AUDRAIN	014
O'BRIEN,LIAM,	BUCHANAN	030
O'BRIEN,ROBERT,M,	ST. LOUIS CITY	190
O'CONNELL,TIMOTHY,	ST. LOUIS CITY	190
O'CONNOR,ROBT,J,	ST. LOUIS COUNTY	194
O'CONNOR,WM,BENEDICT,	BUCHANAN	030
O'DONNELL,JOS,VINCENT,	ST. LOUIS CITY	190
O'DOWD,JAMES,AUSTIN,	ST. LOUIS CITY	190
O'FARRELL,THOS,PAUL,	JACKSON	098
O'HEARNE,JOHN,JOS,	JACKSON	098
O'KEEFE,JOS,O,	ST. LOUIS COUNTY	194
O'KEEFE,STEPHEN,LINDSAY,	BOONE	026
O'KELL,RICHARD,TOWNSEND,	JACKSON	098
O'MALLEY,JAMES,FRANCIS,	JACKSON	098
O'NEAL,LAWRENCE,WAYNE,	ST. LOUIS CITY	190
O'NEAL,PATRICIA,LEE,	ST. LOUIS COUNTY	194
O'NEIL,JAMES,HUGH,	JACKSON	098
O'REILLY,D,ELLIOTT,	ST. LOUIS CITY	190
O'SULLIVAN,DANL,FRANCIS,	ST. LOUIS CITY	190
OAKLEY,MARGARET,MARY F,	ST. LOUIS CITY	190
OBADINA,OLUKUNLE,OLUKOY,	ST. LOUIS CITY	190
OBANDO,FRANCISCO,JOSE,	ST. CHARLES-LINCOLN	126
OBERMEYER,CHAS,GEO,	ST. LOUIS CITY	190
OCCENO,VICTOR,G,	OZARKS	166
ODUJEBE,HENRY,A,	ST. LOUIS CITY	190
OEHLER,WILLIAM,F,	CAPE GIRARDEAU	042
OESTREICH,ALAN,EMIL,	BOONE	026
OETTER,DONALD,L,	ST. LOUIS CITY	190
OGLESBY,RICHARD,BERKELEY,	ST. LOUIS COUNTY	194
OGNYANOV,VOISLAV,FILIP,	ST. LOUIS CITY	190
OGURA,JOS,HIROSUKE,	ST. LOUIS CITY	190
OHLMS,DAVID,LEE,	ST. LOUIS COUNTY	194
OHMOTO,MASAO,	ST. LOUIS CITY	190
OJASCASTRO,ALEJANDRO,C,	ST. LOUIS CITY	190
OKUN,EDWARD,	ST. LOUIS CITY	190
OLIVE,GEO,C,	OZARKS	166
OLIVER,GEO,A,	MINERAL AREA	138
OLMSTED,WM,HARWOOD,	ST. LOUIS CITY	190
OLNEY,JOHN,WM,	ST. LOUIS CITY	190
OLSON,ELBERT,RULE,	GREENE	082
OLSON,LLOYD,CLARENCE,	JACKSON	098
OLSON,RICHARD,OTTO,	ST. CHARLES-LINCOLN	126
OLSON,ROBT,E,	ST. LOUIS CITY	190
OMELL,GARY,HAROLD,	ST. LOUIS COUNTY	194
ONG,ENG,LIAT C,	ST. LOUIS CITY	190
ONG,OFELIA,SANTOS,	ST. LOUIS CITY	190
ONKEN,HENRY,DRALLE,	ST. LOUIS CITY	190
OPPENHEIMER,HENRY,E,	ST. LOUIS CITY	190
ORDOUKHANIAN,TATOOL,A,	ST. CHARLES-LINCOLN	126
ORENSTEIN,JOSEPH,M,	ST. LOUIS CITY	190
ORGEL,MAURICE,NORMAN,	ST. LOUIS CITY	190
ORGEL,STUART,MICHAEL,	ST. LOUIS CITY	190
ORILLE,OSCAR,P,	ST. LOUIS CITY	190
ORSAY,PAUL,KALMAN,	ST. LOUIS CITY	190
ORSZULAK,THOS,ANTHONY,	ST. LOUIS CITY	190
ORTH,OLIVER,GERALD,	BOONE	026
ORTIGUERO,LEOPOLDO,M,	ST. LOUIS CITY	190
ORTILLO,AMADO,P,	ST. LOUIS COUNTY	194
ORTMEYER,LEROY,FRANK,	ST. LOUIS CITY	190
OSBORNE,JERE,ORVANDO,	JACKSON	098
OSBOURN,RICHARD,ALTON,	CALLAWAY	038
OSSMAN,JULIAN,ANTHONY,	COLE	058
OST,MARK,DEAN,	JACKSON	098
OSTAPOWICZ,FRANK,	ST. LOUIS CITY	190
OSTERGAARD,DANIEL,J,	JACKSON	098
OTT,FLETCHER,THOS,	ST. LOUIS CITY	190
OTT,HAROLD,JOHN,	ST. LOUIS CITY	190
OTT,HAROLD,JOHN,	ST. LOUIS COUNTY	194
OTT,WM,JOHN,	ST. LOUIS CITY	190
OTTENSMEYER,CHAS,DONALD,	ST. LOUIS COUNTY	194

OTTO,THOMAS,G,	CAPE GIRAROEAU	042
OTTOLINI,JAMES,LOUIS,	ST. LOUIS COUNTY	194
OVERENO,OONALO,STEWART,	GREENE	082
OVERESCH,HARRY,B,	JACKSON	098
OVERHOLSER,MILTON,O,	BOONE	026
OWEN,ROBT,F,	ST. LOUIS CITY	190
OWENS,JAMES,LOUIS,	JACKSON	098
OWENS,JOHN,HOWARO,	PETTIS	178
OWENS,RICHARO,L,	JACKSON	098
OWENS,ROBT,H,	JACKSON	098
OWENS,WM,OON,	ST. LOUIS CITY	190
OZAR,MILTON,B,	JACKSON	098
OZENBERGER,LARRY,ALTON,	CLINTON	054
OZMAT,ORHAN,METIN,	ST. LOUIS CITY	190

P

PACK,GARY,LEE,	JACKSON	098
PACKMAN,PAUL,	ST. LOUIS CITY	190
PACKMAN,ROBT,CHAS,	ST. LOUIS CITY	190
PACULOC,NORA,N RAZON,	BUCHANAN	030
PAOOOCK,CHAS,SAML,	JASPER	102
PAOILLA,TERESITA,C,	ST. LOUIS CITY	190
PAEZ,MAURO,ALCALA,	ST. LOUIS COUNTY	194
PAGE,JESSE,W,	SEMO	202
PAINE,ROBT,	ST. LOUIS CITY	190
PAINTER,ANOREW,ERNEST,	PEMISCOT	170
PAINTER,LATTIE,B,	PEMISCOT	170
PAKULA,SIONEY,F,	JACKSON	098
PALAZZO,FRANK,A,	ST. LOUIS CITY	190
PALCHEFF,CHRIS,L,	GREENE	082
PALENSKE,ROBT,LEON,	OUNKLIN	070
PALETTA,FRANCIS,XAVIER,	ST. LOUIS CITY	190
PALETTA,FRANK,	ST. LOUIS CITY	190
PALETTA,THECOORE,LEONARO,	ST. LOUIS CITY	190
PALETTA,VICTOR,LEONARO,	ST. LOUIS CITY	190
PAPPALAROO,CARLOS,	ST. LOUIS CITY	190
PAROO,LEOPOLOO,P,	ST. LOUIS CITY	190
PAROO,LOUROES,	ST. LOUIS CITY	190
PARELMAN,ALLEN,GROVER,	JACKSON	098
PARIKH,SHARAO,P,	ST. LOUIS COUNTY	194
PARIS,WM,HENRY,	ST. LOUIS COUNTY	194
PARK,AGATHA,LEE,	ST. LOUIS COUNTY	194
PARK,CHONG,KWAN,	ST. LOUIS CITY	190
PARK,OUK,JAE,	JEFFERSON	106
PARK,KUN,HOEE,	ST. LOUIS CITY	190
PARK,WM,ISAIAH,	GREENE	082
PARK,YOUNG,EUY,	GRANO RIVER	078
PARKER,ARTHUR,C,	BUTLER-WAYNE-RIPLEY-CARTER	034
PARKER,BRENT,MERSHON,	BOONE	026
PARKER,HUBERT,M,	JACKSON	098
PARKER,THOS,WAYNE,	ST. LOUIS CITY	190
PARKER,WM,	ST. LOUIS CITY	190
PARKISON,OONALO,EUGENE,	OZARKS	166
PARMAR,HARSHAORAI,K,	ST. LOUIS CITY	190
PARSONS,O,L,	CAPE GIRAROEAU	042
PARSONS,EUGENE,O,	JACKSON	098
PARSONS,RICHARO,PLATTNER,	ST. LOUIS CITY	190
PARTAMIAN,KRIKOR,	BUCHANAN	030
PARTAP,PRABHA,	ST. LOUIS CITY	190
PARULEKAR,OILIP,G,	ST. LOUIS CITY	190
PARWATIKAR,SAOASHIY,O,	ST. LOUIS CITY	190
PASCCE,JAMES,J,	WEST CENTRAL	214
PASIA,EBELLO,TAYLOR,	ST. LOUIS COUNTY	194
PASKAR,LARRY,OAVIO,	ST. LOUIS CITY	190
PASSANANTE,BARTHOLOMEW,M,	ST. LOUIS CITY	190
PATEL,B,K,	ST. LOUIS CITY	190
PATRICK,ROMAN,LEE,	ST. LOUIS CITY	190
PATTAROPONG,THEERAWAT,	PEMISCOT	170
PATTERSON,CARROLL,OEAN,	CLAY	050
PATTERSON,OONALO,R,	JASPER	102
PATTERSON,GROVER,S,	JASPER	102
PATTON,OOUGLAS,STANNAGE,	ST. LOUIS CITY	190
PAUL,PAUL,V,	ST. LOUIS CITY	190
PAULSON,GOROON,S,	BUCHANAN	030
PAVLU,ROBT,RICHARO,	LAFAYETTE-RAY	118
PAWOL,SYLVESTER,E,	ST. LOUIS COUNTY	194
PAWSAT,JOHN,E,	JACKSON	098
PAYNE,OAVIO,E,	BOONE	026
PAYNE,JOHN,W,	BOONE	026
PAYNE,MEREOITH,C JORSTAO,	ST. LOUIS CITY	190
PAYNE,RICHARO,L,	ST. LOUIS CITY	190
PAYNE,VAUGHN,COLFAX,	ST. LOUIS CITY	190
PEARLMAN,ALAN,LEE,	ST. LOUIS CITY	190
PEARMAN,CARL,COURTNEY,	BOONE	026
PEARSE,ROY,W,	WEST CENTRAL	214
PEARSON,PAUL,ERNEST,	JACKSON	098
PECORARO,ANTHONY,PAUL,	JACKSON	098
PEOEN,BURNET,WILCOX,	ST. LOUIS CITY	190
PEOEN,JAMES,CLARK,	ST. LOUIS CITY	190
PEOEN,JOS,CARROLL,	ST. LOUIS CITY	190
PEOEN,JOS,CARROLL,	ST. LOUIS CITY	190
PEEBLES,JONATHAN,B,	ST. LOUIS COUNTY	194
PEETE,OON,CARLOS,	JACKSON	098
PELEGRIN,ROBT,JOS,	JACKSON	098
PELICAN,GEORGE,	ST. LOUIS CITY	190
PELZ,MORT,O,	ST. LOUIS CITY	190
PEMBERTON,LOARN,BEATY,	JACKSON	098
PENCE,FRANCIS,WENOELL,	JASPER	102
PENOELL,PAUL,WINTON,	MIO MISSOURI	182
PENILLA,ANTONIO,RESUMA,	ST. LOUIS CITY	190
PENNER,STANLEY,	JACKSON	098
PENNINGER,WILLIAM,H,	GREENE	082
PENNINGTON,FRANCIS,E,	ST. LOUIS CITY	190
PENNOYER,JAMES,	ST. LOUIS COUNTY	194
PEPPER,EOWARO,GEO,	ST. LOUIS CITY	190
PEPPER,MAX,PHILIP,	ST. LOUIS CITY	190
PEREZ-MESA,CARLOS,MANUEL,	BOONE	026
PEREZ,AOAMOR,R,	ST. LOUIS CITY	190
PEREZ,BLANCA,M,	ST. LOUIS CITY	190
PEREZ,CARLOS,A,	ST. LOUIS CITY	190
PEREZ,RAUL,ALBERTO,	ST. LOUIS CITY	190
PERICO,CARLOS,JOSE,	CLAY	050
PERKINS,OAVIO,ELWOOD,	ST. LOUIS CITY	190
PERKOFF,GERALO,THOS,	ST. LOUIS CITY	190
PERLL,MAURICE,F,	JACKSON	098
PERLL,RITA,OOBEL,	JACKSON	098
PERNA,VINCENT,PATRICK,	ST. CHARLES-LINCOLN	126
PERNOUO,FLAVIUS,G,	ST. LOUIS CITY	190
PERNOUO,MICHAEL,FRANK,	ST. LOUIS CITY	190
PERRY,HORACE,M,	ST. LOUIS CITY	190
PERRY,MICHAEL,CLINTON,	BOONE	026
PERRY,WM,OAVIO,	ST. LOUIS COUNTY	194
PESKIN,EOWARO,G,	ST. LOUIS CITY	190
PETERSEN,EUGENE,GEO,	JACKSON	098
PETERSEN,HAROLO,EOWARO,	BUCHANAN	030
PETERSON,BONITA,JEANNE,	JACKSON	098
PETERSON,CARL,MC KEE,	JACKSON	098
PETERSON,CHAS,RAYMONO,	BOONE	026
PETERSON,OONALO,B,	CALLAWAY	038
PETERSON,FREOERICK,O,	ST. LOUIS COUNTY	194
PETERSON,GARY,JCHN,	ST. LOUIS CITY	190
PETERSON,JAY,T,	JACKSON	098
PETERSON,STANLEY,S,	GREENE	082
PETERSON,WALTER,RICHARO,	JACKSON	098
PETIT PAZOS,CARLOS,A,	JACKSON	098
PETRUSKA,PAUL,JOS,	ST. LOUIS CITY	190
PETRY,EZRA,LUTHER,	JACKSON	098
PFEFER,LELANO,UOELL,	BOONE	026
PFEFFER,ROBT,I,	BUCHANAN	030
PFEFFERKORN,OAVIO,ANOREW,	ST. LOUIS CITY	190
PFEIFER,OLIVER,CONRAO,	ST. LOUIS CITY	190
PHILIP,VARKEY,	ST. LOUIS COUNTY	194
PHILLIPS,ABRAHAM,MANUEL,	ST. LOUIS CITY	190
PHILLIPS,HANFORO,	ST. LOUIS COUNTY	194
PHILLIPS,JOHN,J,	ST. LOUIS CITY	190
PHILLIPS,WM,JOE,	ST. LOUIS CITY	190
PHILPOTT,GOROON,WILSON,	ST. LOUIS CITY	190
PHIPATANAKUL,CHINTANA,S,	ST. LOUIS COUNTY	194
PHIPATANAKUL,SUPOTE,	ST. LOUIS COUNTY	194
PICCIONE,LEONARO,N,	ST. LOUIS CITY	190
PICHARDO,JAVIER,A,	MINERAL AREA	138
PICKARO,CLARENCE,MOTT,	BOONE	026
PICKARO,NICHOLAS,STARK,	JACKSON	098
PICKENS,JAMES,MILTON,	BOONE	026
PICKERING,LEE,IRVING,	JACKSON	098
PIEBENGA,LARRY,WM,	JACKSON	098
PIEPERGEROES,LARRY,G,	JACKSON	098
PIFER,LAWRENCE,H,	BUCHANAN	030
PIKER,KENNETH,O,	GREENE	082
PILEGGI,FELIX,ANTHONY,	CLAY	050
PILLA,LAWRENCE,A,	ST. LOUIS CITY	190
PIMENTEL,ESPERANZA,M,	ST. LOUIS COUNTY	194
PINCKLEY,JAMES,N,	GREENE	082

PINEOA,HECTOR,O,	ST. LOUIS CITY	190
PINGELTON,WM,B,	8OONE	026
PINKERTON,JOS,A,	JACKSON	098
PINKSTAFF,THOS,HUGH,	SEMO	202
PINSKER,OSCAR,T,	JACKSON	09B
PIPER,AUGUST,THOS,	ST. LOUIS CITY	190
PIPER,DONALO,K,	JACKSON	098
PIPKIN,GARRETT,	JACKSON	09B
PITIYANUVATH,TASANAPORN,	JACKSON	098
PITNEY,PHILLIP,WILSON,	PIKE	1B6
PITSINGER,NOLAN,BRUCE,	ST. LOUIS CITY	190
PITTMAN,GERALO,RAY,	ST. LOUIS CITY	190
PITTMAN,SUSAN,	ST. LOUIS CITY	190
PITTS,FERRIS,NEWCOMB,	ST. LOUIS CITY	190
PIZZIMBONO,CARLOS,A,	ST. LOUIS CITY	190
PLACE,KENNETH,CRAIG,	JACKSON	09B
PLATT,WM,RADY,	ST. LOUIS COUNTY	194
PLATZ,JOHN,HERSCHEL,	GRANO RIVER	07B
PLAX,STEVEN,IRL,	ST. LOUIS CITY	190
PLESONS,JOHN,D,	ST. LOUIS CITY	190
PLOWMAN,EOWARD,MORRIS,	MARION-RALLS-SHELBY	130
PLUMPE,WM,TUPPER,	ST. LOUIS CITY	190
PLUNKETT,LITTLETON,JAMES,	BUTLER-WAYNE-RIPLEY-CARTER	034
POORECCA,GUIOO,ITALICO,	GREENE	0B2
POEHLMAN,GEORGE,S,	BOONE	026
POGGEMEIER,WM,H,	ST. CHARLES-LINCOLN	126
POJANASOMBOON,PICHAT,	MID MISSOURI	1B2
POLITI,GREGORY,BRUNO,	JACKSON	09B
POLITTE,LENARO,LUTHER,	BOONE	026
POLLOCK,LEO,HOWARO,	JACKSON	09B
PONTILLAS,JOB,BAOIOLA,	PERRY-ST. GENEVIEVE	174
POONAWALA,HUSENI,E,	JACKSON	09B
POOR,CARL,WM,	JASPER	102
POPE,CHAS,HENRY,	JACKSON	09B
POPP,CARL,GEO,	SEMO	202
PORPORIS,ARTHUR,A,	ST. LOUIS CITY	190
PCRTER,LOUIS,	JACKSON	09B
PORTER,MICHAEL,JOS,	JACKSON	098
PORTUGAL,ANTONIC,Q,	ST. LOUIS CITY	190
PORTUONOO,BONAVENTURE,C,	ST. LOUIS CITY	190
POST,JOHN,PLACIOUS,	FRANKLIN-GASCONAOE-WARREN	074
POST,LAWRENCE,TYLER,	ST. LOUIS CITY	190
POST,STEPHEN,LIGHTNER,	ST. LOUIS CITY	190
POSTMA,GEORGE,S,	JACKSON	09B
POTASHNICK,ROBT,	ST. LOUIS CITY	190
POTTENGER,LOWELL,KENNETH,	JASPER	102
POTTER,CARYL,A,	BUCHANAN	030
POTTER,LEE,GEO,	JACKSON	09B
POTTER,REESE,H,	ST. LOUIS CITY	190
POTTS,OONALD,A,	JACKSON	09B
POWELL,ALAN,EOWARO,	JACKSON	09B
POWELL,CHARLES,B,	ST. LOUIS COUNTY	194
POWELL,EARL,ALEXANOER,	ST. LOUIS CITY	190
POWELL,EOWIN,MC AROLE,	GREENE	0B2
POWELL,JOHN,A,	ST. LOUIS COUNTY	194
POWELL,NELSON,EOGAR,	JACKSON	09B
POWELL,ROBT,G,	JASPER	102
POWERS,PIERCE,WM,	ST. LOUIS CITY	190
PRATER,BILL,G,	GREENE	0B2
PRATHER,WILLIAM,R,	CLAY	050
PRENOERGAST,THOS,J,	8OONE	026
PRENSKY,ARTHUR,LAWRENCE,	ST. LOUIS CITY	190
PRESANT,CARY,A,	ST. LOUIS CITY	190
PRESNELL,CLEITUS,A,	ST. LOUIS CITY	190
PRICE,KENNETH,C,	ST. LOUIS CITY	190
PRINTZ,JOS,HAROLO,	JACKSON	09B
PRINTZ,OTTO,J,	JACKSON	09B
PROBST,RAYMONO,EOWARD,	ST. LOUIS COUNTY	194
PROBSTEIN,JACOB,G,	ST. LOUIS CITY	190
PROCTOR,DONALO,C,	PETTIS	17B
PROKOP,JOS,ROBT,	BUCHANAN	030
PROPHETE,BEAUMANOIR,	ST. LOUIS CITY	190
PROSKEY,VINCENT,JAMES,	ST. LOUIS CITY	190
PROSTIC,EDWARO,JOEL,	JACKSON	09B
PRUETT,BURCHARO,S,	ST. LOUIS CITY	190
PPUETT,DON,SHELBY,	ST. LOUIS CITY	190
PPUETT,HUBERT,SHELBY,	ST. LOUIS CITY	190
PRUETT,PAUL,LEON,	GREENE	0B2
PRUSACZYK,JOS,VALENTINE,	ST. LOUIS CITY	190
PRYOR,HAROLO,JOE,	JACKSON	098
PRYOR,IRA,JOE,	JASPER	102
PU,PIN,HSIU,	OUNKLIN	070
PUCKETT,CHAS,LINWOOD,	BOONE	026
PUGH,DANL,OUNCAN,	ST. LOUIS CITY	190
PUGH,RICHARO,GEC,	JACKSON	09B
PULLIAM,MORRIS,WADE,	BOONE	026
PURCELL,HARRY,KNOX,	ST. LOUIS CITY	190
PURCELL,JOHN,	ST. LOUIS CITY	190
PURCELL,PAUL,WOCOFORO,	CLAY	050
PURIBHAT,SIRISAK,	GREENE	0B2
PUTHEN-PURACKAL,GEORGE,A,	ST. LOUIS CITY	190
PYNE,HERBERT,SAML,	ST. LOUIS CITY	190

Q

QUER,ERICH,ALFREO,	JACKSON	09B
QUICK,RICHARO,THOS,	ST. LOUIS CITY	190
QUINN,PAUL,STANLEY,	GREENE	0B2

R

RABORAR,ARTESO,C,	GREENE	0B2
RACAOIO,SEVERO,M,	ST. LOUIS COUNTY	194
RACELA,ANTONIO,S,	JACKSON	09B
RACHLIN,MAXWELL,	ST. LOUIS COUNTY	194
RAOER,AOA,E BRAINARO,	JACKSON	098
RAOER,EOWARO,STANLEY,	ST. LOUIS CITY	190
RAOER,GEO,B,	ST. LOUIS CITY	190
RAOKE,JOHN,OAVIC,	ST. LOUIS CITY	190
RAGHUNANOAN,OUNDOO,	ST. LOUIS CITY	190
RAGLAND,JERRY,JOHN,	JOHNSON	110
RAGLANO,JOHN,E,	COLE	05B
RAHMAN,MOHAMMAO,HAFEEZUR,	ST. CHARLES-LINCOLN	126
RAHMAN,MOUOUOUR,	ST. LOUIS CITY	190
RAICH,ROBT,ANDERSON,	JACKSON	098
RAICHLE,MARCUS,EDWARO,	ST. LOUIS CITY	190
RAINEY,ROBT,	ST. LOUIS CITY	190
RAINWATER,ELMER,H,	GREENE	0B2
RAKSAKULTHAI,VINAI,	MINERAL AREA	138
RALL,KENNETH,LOEM,	8OONE	026
RAMAMOHANARAO,A,	MINERAL AREA	138
RAMEY,EHRET,O,	JACKSON	09B
RAMIREZ,RICAROO,MEZA,	BUTLER-WAYNE-RIPLEY-CARTER	034
RAMIREZ,SAML,GATAN,	ST. LOUIS CITY	190
RAMOS,AMERICO,GONZALEZ,	JACKSON	09B
RAMSEY,ROBT,HENRY,	ST. LOUIS CITY	190
RANOOLPH,BERNARO,C,	ST. LOUIS CITY	190
RANKIN,OIANE,	ST. LOUIS CITY	190
RANNIE,PAUL,R,	JACKSON	098
RAO,ASWATH,N,	ST. LOUIS CITY	190
RAO,CARLO,	ST. LOUIS COUNTY	194
RAPHEL,JOSE,	BUCHANAN	030
RAPP,EARL,LA MOINE,	MARION-RALLS-SHELBY	130
RAPP,HAROLO,B,	CAPE GIRAROEAU	042
RAPPOLO,OTTO,HEINRICH,	ST. LOUIS CITY	190
RASMUSSEN,MICHAEL,A,	CLAY	050
RATCHESON,ROBT,ALLAN,	ST. LOUIS CITY	190
RATKIN,GARY,ALAN,	ST. LOUIS CITY	190
RATNAM,DASARI,VENKATA,	JACKSON	098
RAVIS,MARK,STEVEN,	JACKSON	098
RAWLINS,FREO,E,	CAPE GIRAROEAU	042
RAY,OAVIO,JOSEPH,	JASPER	102
RAYBUCK,HARRY,EARL,	ST. LOUIS CITY	190
RAYNOR,RICHARO,CLARK,	SALINE	19B
RAZA,SYEO,AKHTAR,	ST. LOUIS CITY	190
RAZEK,ALY,ABDEL,	ST. LOUIS CITY	190
REAROON,THOS,FRANCIS,	ST. LOUIS COUNTY	194
RECANO,RICARDO,QUINTOS,	ST. LOUIS CITY	190
RECTOR,JOE,LEE,	JACKSON	09B
REDOIN,JACK,LEE,	JACKSON	098
REOOIN,PATRICK,CHAS,	AUORAIN	014
REOOY,ABBIAH,NARAYANA,	BUTLER-WAYNE-RIPLEY-CARTER	034
REOOY,SARVOTHAM,KATANGUR,	BUTLER-WAYNE-RIPLEY-CARTER	034
REOINGTON,JAMES,C,	ST. LOUIS COUNTY	194
REOMONO,WM,STOREY,	BUCHANAN	030
REEO,GLEN,HOWARO,	WEST CENTRAL	214
REEO,JOHNATHAN,R,	ST. LOUIS CITY	190
REEO,WM,ALLEN,	JACKSON	09B
REEDER,CHAS,C,	CLAY	050
REESE,ALMA,VICTOR,	ST. LOUIS COUNTY	194
REESE,LESTER,THCS,	ST. LOUIS CITY	190
REEVES,GLEN,IRVING,	ST. LOUIS CITY	190
REGIER,CARL,MELVIN,	OZARKS	166
REH,THOS,EDWARO,	ST. LOUIS CITY	190
REHM,RALPH,OALE,	SEMO	202
REICH,HARRY,A,	ST. LOUIS CITY	190

REICHERT-PASZKIEWICZ,M,C,	ST. LOUIS CITY	190
REIO,JAMES,ARMANO,	SALINE	19B
REIOER,RICHARO,ARNOLO,	ST. LOUIS CITY	190
REINECK,JOHN,ALBERT,	ST. LOUIS CITY	190
REINHARO,EOWARO,H,	ST. LOUIS COUNTY	194
REINHAROT,G,ROBT,	JACKSON	09B
REISA,RONALO,CRAIG,	ST. CHARLES-LINCOLN	126
REISLER,OAVIO,MARTIN,	ST. LOUIS CITY	190
REISS,JEANNE,E LEICK,	JACKSON	098
REISTER,DOROTHY,OAILEY,	JACKSON	09B
REISTER,PHILIP,O,	JACKSON	09B
REITMAN,STANLEY,	ST. LOUIS COUNTY	194
REJENT,ANTHONY,JAMES,	ST. LOUIS CITY	190
RENOLEMAN,OAVIO,OOUGLAS,	ST. LOUIS COUNTY	194
RENOLEMAN,GEO,F,	ST. LOUIS CITY	190
RENOLEMAN,GEO,F,	ST. LOUIS CITY	190
RENGACHARY,OHANALAKSHMI,	JACKSON	09B
RENNARO,MARVIN,	ST. LOUIS COUNTY	194
REPASO,FLORANTE,ANGELES,	ST. LOUIS COUNTY	194
REPP,THEOOORE,J,	ST. LOUIS COUNTY	194
REUTER,LOUIS,ANTHONY,	ST. LOUIS CITY	190
REVARE,PAUL,	CLAY	050
REVELEY,MICHAEL,AUGUST,	ST. LOUIS CITY	190
REVELS,HARRY,	ST. LOUIS CITY	190
REYES,JOSE,TOLENTINO,	ST. LOUIS CITY	190
REYES,LUIS,A,	ST. LOUIS CITY	19D
REYES,ROSENOO,ALOAMA,	ST. LOUIS CITY	190
REYNOLOS,CLARENCE,CROSBY,	JACKSON	D9B
REYNOLOS,FREOERICK,C,	ST. LOUIS CITY	19D
REYNOLOS,JAMES,ALAN,	ST. LOUIS COUNTY	194
REYNOLOS,JAMES,O H,	JACKSON	09B
REYNOLOS,M,WAYNE,	JOHNSON	110
RHEE,OONG,SHIK,	ST. LOUIS CITY	190
RHEE,SEOUNG,EUN,	ST. LOUIS CITY	190
RHOOES,ANOREW,JAMES,	JACKSON	09B
RHODES,BARRY,	ST. LOUIS CITY	190
RHOOES,PHILIP,GLEN,	JACKSON	09B
RIBAUOO,J,MICHAEL,	ST. LOUIS CITY	190
RICCI,WALTER,FRANCISCO,	JACKSON	09B
RICE,RONALO,B,	ST. CHARLES-LINCOLN	126
RICHANY,SHAFIK,FOUAO,	JACKSON	09B
RICHARDS,FRANK,OLIVER,	ST. LOUIS CITY	190
RICHAROSON,GEO,ALBERT,	FRANKLIN-GASCONAOE-WARREN	074
RICHAROSON,MARION,W,	JACKSON	09B
RICHAROSON,THOS,FREO,	ST. LOUIS COUNTY	194
RICHAROSON,WM,ROBT,	FRANKLIN-GASCONADE-WARREN	074
RICHERT,ROBT,C,	JACKSON	D9B
RICHMAN,ELMER,	ST. LOUIS CITY	190
RICHMONO,MICHAEL,ROBIN,	ST. LOUIS COUNTY	194
RIOENHOUR,CLARENCE,E,	BOONE	026
RIOGEWAY,WM,GEO,	ST. LOUIS CITY	190
RIDINGS,G,RAY,	CAPE GIRARDEAU	042
RIDINGS,HAROLO,O,	CAPE GIRARDEAU	042
RIEKHOF,PAUL,LANDON,	JACKSON	09B
RIES,OOUGLAS,ALEXANOER,	ST. LOUIS CITY	190
RIESENBERG,OONALO,E,	GREENE	0B2
RIFFEL,GOROON,WM,	MIO MISSOURI	1B2
RIGOON,JOHN,OAVIO,	OUNKLIN	070
RIGGIO,SALVATORE,N,	ST. LOUIS COUNTY	194
RIGNEY,LEVI,MAOISON,	GREENE	0B2
RIKLI,ARTHUR,EUGENE,	BOONE	026
RILEY,CHAS,THOS,	LAFAYETTE-RAY	11B
RILEY,J,PATRICK,	JACKSON	09B
RILEY,JOHN,J,	ST. LOUIS CITY	190
RILLER,LOWELL,E,	JACKSON	09B
RINCK,EOWARO,CLINTON,	WEST CENTRAL	214
RINK,RICHARO,ARLOS,	BOONE	026
RIPPEY,JOHN,HOLOEN,	JACKSON	09B
RISING,OEAN,ROBT,	GREENE	0B2
RITCHIE,FRANCES,RANKIN,	ST. LOUIS CITY	190
RITTER,C,JOHN,	CAPE GIRAROEAU	042
RITTER,CARL,F,	CAPE GIRAROEAU	042
RITTER,HUBERT,AUGUST,	ST. LOUIS CITY	190
RITTER,PAUL,JOHN,	ST. LOUIS CITY	190
RITTER,RAY,A,	CAPE GIRAROEAU	042
RITTER,RAYMOND,A,	CAPE GIRAROEAU	042
RITTERBUSCH,JAMES,K,	CALLAWAY	03B
RIZZO,AOOLFO,ENRIQUE,	ST. LOUIS CITY	190
ROARK,PAUL,MICHAEL,	ST. LOUIS CITY	190
ROBB,CHRISTINE,ALTON,	JACKSON	09B
ROBB,HAROLO,P,	COLE	05B
ROBBEN,GEORGE,GARRY,	ST. LOUIS CITY	190
ROBERTS,GROSVENOR,G,	JACKSON	09B
ROBERTS,HAROLD,KERSEY,	ST. LOUIS COUNTY	194
ROBERTS,HAROLO,MOORE,	JACKSON	09B
ROBERTS,HOWARO,HEAROLO,	JASPER	102
ROBERTS,JOHN,PAYNE,	ST. LOUIS COUNTY	194
ROBERTS,PAUL,A,	PETTIS	17B
ROBERTS,PERRY,T,	CAPE GIRARDEAU	042
ROBERTS,PHYLLIS,L GRANT,	BUCHANAN	030
ROBERTSON,FRANK,G,	ST. LOUIS COUNTY	194
ROBERTSON,WM,OIXON,	BUTLER-WAYNE-RIPLEY-CARTER	D34
ROBINETT,WAOE,VERNON,	JACKSON	09B
ROBINSON,ARTHUR,WEAVER,	JACKSON	09B
ROBINSON,EOITH,C,	ST. LOUIS COUNTY	194
ROBINSON,ERNEST,KIP,	JACKSON	09B
ROBINSON,GARY,LEWIS,	GREENE	0B2
ROBINSON,GEO,GAYLORO,	OALLAS-HICKORY-POLK-OAOE	066
ROBINSON,VAN,MILLETT,	CLAY	050
ROBINSON,WM,J,	JACKSON	09B
ROBLEE,MELVIN,ANOREW,	ST. LOUIS COUNTY	194
ROBLES,LUIS,H,	JACKSON	09B
ROCHE,MAURICE,B,	ST. LOUIS CITY	19D
ROCKWELL,WAYNE,L,	CLAY	050
ROOEN,VERNON,JAMES,	ST. LOUIS CITY	190
ROOES,NED,DE WITT,	AUORAIN	D14
ROOGERS,ELRIE,P,	BOONE	026
ROOGERS,GEO,H,	JACKSON	09B
ROOGERS,SAML,U,	JACKSON	09B
ROORIGO,BERNAROO,R,	ST. LOUIS CITY	190
RODRIGUEZ,GREGORIO,L,	SEMO	2D2
ROORIGUEZ,UBALOO,R,	ST. LOUIS CITY	190
ROEHRS,MARVIN,E,	SALINE	19B
ROFAIL,AMIN,ABOELMESIH,	JACKSON	09B
ROGERS,HUNTER,BRYAN,	ST. LOUIS COUNTY	194
ROGERS,JOHN,T,	BUCHANAN	030
ROGERS,ROBT,LEE,	JACKSON	09B
ROGERS,WALLACE,A,	BOONE	026
ROLLER,MERRILL,JOS,	MARION-RALLS-SHELBY	130
ROMITO,ANTHONY,J,	JACKSON	09B
RONGEY,KENNETH,ARVEN,	ST. LOUIS CITY	190
ROOS,ALBERT,	ST. LOUIS COUNTY	194
ROPER,CHAS,L,	ST. LOUIS CITY	190
ROPER,STANLEY,OAYTON,	OZARKS	166
ROSE,CHAS,WM,	JACKSON	09B
ROSE,JOHN,FRIEORICH,	GRANO RIVER	07B
ROSECAN,MARVIN,	ST. LOUIS CITY	190
ROSELL,LOUIS,V,	ST. LOUIS CITY	190
ROSEN,ROBT,STUART,	ST. LOUIS CITY	190
ROSENBAUM,HARRY,O,	ST. LOUIS CITY	190
ROSENBAUM,HERBERT,E,	ST. LOUIS CITY	190
ROSENBERG,ISAC,	JACKSON	09B
ROSENFELD,HENRY,	ST. LOUIS CITY	190
ROSENHOLTZ,MITCHELL,JAY,	BOONE	026
ROSENSTEIN,OANL,LESEM,	SEMO	202
ROSENTHAL,IRWIN,I,	BUCHANAN	030
ROSENTHAL,RANOALL,	ST. LOUIS COUNTY	194
ROSKINO,JOEL,	ST. LOUIS CITY	190
ROSS,GILBERT,	BOONE	026
ROSS,WM,JOS,	ST. LOUIS COUNTY	194
ROST,WM,BENEOICT,	BUCHANAN	03D
ROTER,ALEXANOER,M,	ST. CHARLES-LINCOLN	126
ROTH,ALFREO,OONALO,	JACKSON	09B
ROTH,JOHN,JOS,	ST. LOUIS CITY	190
ROTHER,PAUL,H,	ST. CHARLES-LINCOLN	126
ROTHMAN,OAVID,	ST. LOUIS CITY	190
ROTHWEILER,ROBT,JUOGE,	ST. LOUIS CITY	190
ROTSKOFF,KENNETH,S,	ST. LOUIS CITY	19D
ROULHAC,GEO,E,	ST. LOUIS CITY	190
ROUSE,ERNEST,T,	ST. LOUIS COUNTY	194
ROUSH,GEO,	ST. LOUIS CITY	190
ROXAS,GENEROSO,P,	ST. CHARLES-LINCOLN	126
ROY,JOS,AUGUST,	ST. LOUIS CITY	190
ROYCE,JAMES,J,	JASPER	102
ROYCE,ROBT,KILLIAN,	ST. LOUIS CITY	190
ROYER,JERRY,ALAN,	BOONE	026
ROYSE,ROY,PEARL,	FRANKLIN-GASCONADE-WARREN	074
ROYSTON,GRANDISON,D,	ST. LOUIS CITY	190
ROZEN,JAY,IRVING,	JACKSON	D9B
RUBENSTEIN,MELVIN,	ST. LOUIS COUNTY	194
RUBIN,HARVEY,PAUL,	JACKSON	09B
RUBIN,ROBT,	ST. LOUIS COUNTY	194

RUBNITZ,LEON,HARLAN,	JACKSON	098
RUDI,HERBERT,JOHN,	ST. LOUIS CITY	190
RUEHL,ALBERT,FRANK,	ST. LOUIS CITY	190
RUFE,JOHN,ROBERT,	JACKSON	098
RUFF,T,EUGENE,	BUTLER-WAYNE-RIPLEY-CARTER	034
RUGGLES,JAMES,G,	ST. CHARLES-LINCOLN	126
RUHLING,RUDY,	ST. LOUIS COUNTY	194
RUMELT,MICHAEL,	ST. LOUIS COUNTY	194
RUNEZ,MANUEL,WHALEN,	SOUTH CENTRAL	206
RUSAN,THOS,EDWARD,	ST. LOUIS CITY	190
RUSSELL,BARBARA,EDMONDS,	MID MISSOURI	182
RUSSELL,EARL,D,	GREENE	082
RUSSELL,GARTH,S,	BOONE	026
RUSSELL,HERMAN,E,	ST. LOUIS CITY	190
RUSSELL,JAMES,L,	JACKSON	098
RUSSELL,JOS,P,	COLE	058
RUSSELL,ROBT,K,	JACKSON	098
RUTHERFORD,BARRY,DOUGLAS,	JACKSON	098
RUTLEDGE,JOHN,FREDERICK,	JEFFERSON	106
RUTNGAMLUG,LUECHA,	ST. LOUIS CITY	190
RYAN,JOHN,BERNARD,	FRANKLIN-GASCONADE-WARREN	074
RYAN,JOHN,HAROLD,	BUCHANAN	030
RYAN,JOHN,JOS,	ST. LOUIS COUNTY	194
RYAN,ROBT,EMMETT,	ST. LOUIS CITY	190
RYAN,THOMAS,J,	COLE	058

S

SAAB,SALIM,BAHIG,	BOONE	026
SABAPATHY,SHANMUGASUNDARAM,	JASPER	102
SABATES,FELIX,NABOR,	JACKSON	098
SACHAR,LEO,AARON,	ST. LOUIS CITY	190
SAENGSAMRAN,SANAN,	PEMISCOT	170
SAFDAR,SHABBIR,H,	ST. LOUIS CITY	190
SAFERSTEIN,A,LESTER,	JACKSON	098
SAFLEY,THOS,JENRY,	JACKSON	098
SAGHIR,MARCEL,TAWFIC,	ST. LOUIS CITY	190
SAHA,NITAI,CHANDRA,	ST. LOUIS CITY	190
SAHA,SUDHA,RANI,	ST. LOUIS COUNTY	194
SAIFEE,SALMA,	ST. LOUIS CITY	190
SAINT-LOUIS,BELLANDE,	ST. LOUIS CITY	190
SAKAMOTO,DAN,K,	ST. LOUIS CITY	190
SALADINO,ANTHONY,	JACKSON	098
SALANGA,PERCIVAL,BORJA,	ST. LOUIS CITY	190
SALE,LLEWELLYN,	ST. LOUIS CITY	190
SALMON,MICKEY,LEON,	ST. LOUIS CITY	190
SAMADY,ABDUL,RAMAN,	ST. LOUIS CITY	190
SAMMON,THOS,JAMES,	GREENE	082
SAMMONS,HARRY,CAMPBELL,	ST. LOUIS CITY	190
SAMUDRALA,RAMULU,	ST. LOUIS CITY	190
SAMUELSON,EDWARD,A,	JACKSON	098
SANCHEZ,ABELARDO,B,	ST. LOUIS CITY	190
SANDERS,DONALD,CLAUDE,	JACKSON	098
SANDERS,GEO,EARL,	CLAY	050
SANDERS,HARMON,U,	JACKSON	098
SANDERS,JACK,SHELBY,	COLE	058
SANDERS,THEODORE,E,	ST. LOUIS CITY	190
SANEMAN,PAUL,PHILIP,	JASPER	102
SANTANELLO,WILLIAM,M,	ST. LOUIS CITY	190
SANTILLANO,ANTONIO,B,	ST. LOUIS COUNTY	194
SANDOW,THEODORE,L,	JACKSON	098
SANDERS,WM,FREDERICK,	JACKSON	098
SANTORO,CARLOS,G,	JACKSON	098
SANTOS,ROMEO,INAROA,	DUNKLIN	070
SANTSCHI,DON,RAYMOND,	JACKSON	098
SANWARDEKER,MILIND,B,	ST. LOUIS CITY	190
SARGENT,ALDEN,PACK,	SEMO	202
SARGENT,JOHN,P,	SEMO	202
SASSER,WM,FREEMAN,	ST. LOUIS CITY	190
SATO,GEO,	ST. LOUIS CITY	190
SAUER,DONALD,CARL,	ST. LOUIS CITY	190
SAUER,F,J DEAN,	ST. LOUIS CITY	190
SAUER,GORDON,CHENOWETH,	JACKSON	098
SAUER,PAUL,ENRICH,	GREENE	082
SAUNDERS,CAROL,SPELLMAN,	MID MISSOURI	182
SAUNDERS,JOHN,A,	MID MISSOURI	182
SAUVAGE,JACQUES,P,	ST. LOUIS CITY	190
SAVCI,DOGAN,HASAN,	ST. LOUIS CITY	190
SAVER,W,NICHOLAS,	ST. LOUIS CITY	190
SAWYER,FLOYD,E,	CLAY	050
SAWYER,JAMES,	ST. LOUIS CITY	190
SAWYERR,OLASEINDE,	ST. LOUIS CITY	190
SCALES,MARGARET,B,	JACKSON	098
SCANLON,ROBT,CLAYTON,	GREENE	082
SCHAAN,ROBT,C,	ST. LOUIS CITY	190
SCHAEFER,GLENNON,S,	ST. LOUIS CITY	190
SCHAEFFER,EDWARD,M,	GREENE	082
SCHAERER,JACQUES,P,	ST. LOUIS COUNTY	194
SCHAERRER,WM,CHAS,	JACKSON	098
SCHAPER,ERNEST,H,	ST. LOUIS CITY	190
SCHARPHORN,JAMES,	CAPE GIRARDEAU	042
SCHECHTER,SAML,E,	ST. LOUIS COUNTY	194
SCHEELE,PAUL,MATTHIAS,	ST. LOUIS COUNTY	194
SCHEER,GEORGE,E,	ST. LOUIS CITY	190
SCHEFF,HAROLD,	ST. LOUIS CITY	190
SCHEIBE,ROBT,GRAHAM,	ST. LOUIS CITY	190
SCHEIBLE,ROBERT,F,	ST. LOUIS CITY	190
SCHEINMAN,LOUIS,	ST. LOUIS CITY	190
SCHENGBER,JOHN,STEPHAN,	ST. LOUIS CITY	190
SCHERTZ,TRUMAN,B,	CLAY	050
SCHEUBER,CHAS,	BOONE	026
SCHEWE,ELMER,JOHN,	BOONE	026
SCHIERMAN,WM,D,	ST. LOUIS CITY	190
SCHIFFMACHER,JACK,E,	JACKSON	098
SCHILLIE,GENE,AGUSTUS,	JACKSON	098
SCHLANSKY,SEYMOUR,M,	ST. LOUIS COUNTY	194
SCHLOZMAN,DANL,LEE,	JACKSON	098
SCHLUER,ELMER,P,	ST. LOUIS COUNTY	194
SCHMIDT,CHAS,ARTHUR,	FRANKLIN-GASCONADE-WARREN	074
SCHMIDT,DENNIS,ALDON,	ST. LOUIS CITY	190
SCHMIDT,EDMUND,MARTIN,	ST. LOUIS COUNTY	194
SCHMIDT,EDWIN,H,	ST. LOUIS CITY	190
SCHMIDT,JEROME,HERMAN A,	COLE	058
SCHMIEMEIER,ROY,H,	ST. LOUIS CITY	190
SCHNEIDER,SAM,	ST. LOUIS COUNTY	194
SCHNEIDER,THOS,AQUINAS,	ST. CHARLES-LINCOLN	126
SCHOBER,CHAS,C,	ST. LOUIS CITY	190
SCHOEBERL,CLETUS,BERNARD,	JASPER	102
SCHOECK,ALBERT,F,	ST. LOUIS CITY	190
SCHOEDINGER,GEORGE,R,	ST. LOUIS CITY	190
SCHOENBERG,HARRY,W,	ST. LOUIS CITY	190
SCHOENECKER,PERRY,LEE,	ST. LOUIS COUNTY	194
SCHOENTAG,JOHN,S,	ST. LOUIS COUNTY	194
SCHOKKER,JOHANNES,	COLE	058
SCHONFELD,GUSTAV,	ST. LOUIS CITY	190
SCHOOLMAN,ARNOLD,	JACKSON	098
SCHOPP,ALVIN,CHAS,	ST. LOUIS COUNTY	194
SCHOTTMAN,GERHARD,W,	JACKSON	098
SCHRANCK,CHAS,RAYMOND,	ST. LOUIS CITY	190
SCHREIBER,DAVID,J,	ST. LOUIS COUNTY	194
SCHREIBER,NORMAN,JOHN,	GREENE	082
SCHROFF,CARLE,HIGHLAND,	GREENE	082
SCHUESSLER,WOLFGANG,P,	ST. LOUIS CITY	190
SCHUETZ,ALFRED,	ST. CHARLES-LINCOLN	126
SCHULTE,GREGORY,A,	JASPER	102
SCHULTZ,EARL,ROBT,	ST. LOUIS COUNTY	194
SCHULTZ,IRWIN,	ST. LOUIS CITY	190
SCHULTZ,SAML,	ST. LOUIS COUNTY	194
SCHUMAN,NORVIN,DEAN,	JACKSON	098
SCHUTZ,CARL,H BRYANT,	JACKSON	098
SCHUTZ,JOHN,PAUL,	CLAY	050
SCHUTZ,RICHARD,BAYLISS,	JACKSON	098
SCHWARTZ,EUGENE,JAMES,	GREENE	082
SCHWARTZ,FREDERICK,OSCAR,	ST. LOUIS CITY	190
SCHWARTZ,HENRY,G,	ST. LOUIS CITY	190
SCHWARTZ,MELVIN,M,	ST. LOUIS COUNTY	194
SCHWARTZMAN,BERNARD,	ST. LOUIS COUNTY	194
SCHWARZ,LUIS,HERMAN,	ST. LOUIS COUNTY	194
SCHWEISS,JOHN,FRANCIS,	ST. LOUIS CITY	190
SCIORTINO,GASPARE,	ST. LOUIS CITY	190
SCIORTINO,JOHN,S,	ST. LOUIS CITY	190
SCOPELITE,JOS,ALOYSIUS,	ST. LOUIS CITY	190
SCORSE,SIDNEY,WM,	JASPER	102
SCOTT,EARL,DAVID,	COLE	058
SCOTT,ELWIN,POWERS,	ST. LOUIS CITY	190
SCOTT,HORACE,WENDELL,	ST. LOUIS CITY	190
SCOTT,JOHN,EVERETT,	JACKSON	098
SCOTT,KENNETH,F,	HENRY	086
SEABAUGH,L,R,	CAPE GIRARDEAU	042
SEABAUGH,OTTIS,DEWEY,	ST. LOUIS COUNTY	194
SEABAUGH,WM,D L,	CAPE GIRARDEAU	042
SEE,WM,BERNARD,	BOONE	026
SEED,JOHN,	ST. LOUIS CITY	190
SEELEY,JAMES,J,	ST. LOUIS CITY	190
SEELY,CLARK,WORKMAN,	JACKSON	098

SEEVERS,RUTH, WEST CENTRAL	214
SEHRA,KANKANADY,HEERA, ST. LOUIS CITY	190
SEIB,GEO,ARTHUR, ST. LOUIS CITY	190
SEIDEN,GERALO,DAVIO, JACKSON	098
SEITZ,ELSON,FREDRICK, JACKSON	098
SELLS,KENNETH,JAMES, JACKSON	098
SEMENOFF,DANL,JOHN, ST. LOUIS CITY	190
SENNE,HERBERT,CARL, BUCHANAN	030
SENNOTT,JOHN,STEPHEN, COLE	05B
SENTURIA,BEN,H, ST. LOUIS CITY	190
SENTURIA,HYMAN,R, ST. LOUIS CITY	190
SERMCHIEF,CHAIYARAT, MINERAL AREA	13B
SERTL,GEORGE,D, ST. LOUIS CITY	190
SERTL,JAMES,FRANCIS, ST. LOUIS CITY	190
SERTL,JOHN,OAVID, ST. LOUIS CITY	190
SESHUMURTY,VIMALA, JACKSON	098
SESSIONS,DONALD,GORDON, ST. LOUIS CITY	190
SETHABUTRA,CHAISIRI, ST. LOUIS CITY	190
SETHABUTRA,YOLVILAI, ST. LOUIS CITY	190
SEVASTIANOS,ARISTIDES,E, ST. LOUIS CITY	190
SEXTON,DANL,L, ST. LOUIS CITY	190
SEXTON,ELMER,EOWIN, ST. LOUIS CITY	190
SHACKTEP,BRUCE,I, GREENE	082
SHAH,ANWAR, ST. LOUIS CITY	190
SHAH,BHARAT,KANTILAL, ST. LOUIS CITY	190
SHAH,JITENORA, ST. LOUIS CITY	190
SHAH,NAHEED,F, ST. LOUIS CITY	190
SHAH,NARENDRA, BUCHANAN	030
SHAHAN,PHILIP,TRUMAN, ST. LOUIS CITY	190
SHAHEEN,ELEANOR, BOONE	026
SHAIKUN,GERALD,LEE, ST. LOUIS COUNTY	194
HALET,MALCOLM,FREDRIC, JACKSON	098
HALLEY,JACK,EOWARD, JACKSON	098
HANAHAN,MAPY,PATRICIA, JASPEP	102
HANAHAN,PHILIP,JACOB, ST. LOUIS CITY	190
HANE,RAMON,ARTHUR, GREENE	082
HANEP,THOS,PATPICK, ST. LOUIS CITY	190
HANK,NEIL,A, JACKSON	09B
HANK,ROBT,ELY, ST. LOUIS CITY	190
HAPERO,JAMES,A, BOONE	026
HAPIRO,HERBERT,NORMAN, ST. LOUIS CITY	190
HAPIRO,LAZARE,MELVIN, JACKSON	09B
HAPLEIGH,JOHN,B, ST. LOUIS CITY	190
HARMA,JANARDANA,NIDOOOI, JACKSON	098
HARP,AUSTIN,P, ST. LOUIS CITY	190
HATZ,BURTON,ALBERT, ST. LOUIS COUNTY	194
HAW,EOWARO,JAMES, ST. LOUIS CITY	190
HAW,JAMES,T, FRANKLIN-GASCONADE-WARREN	074
HAW,WM,J, HOWARD	094
HEA,JAMES,G, FRANKLIN-GASCONAOE-WAPPEN	074
HEAHON,JOHN,A, JACKSON	098
ECHTER,NATHAN, JACKSON	09B
EEHAN,MICHAEL,B, JACKSON	098
EFFIELO,WM,HART, ST. LOUIS COUNTY	194
SHEIKH,A8DUL,RASHID, ST. LOUIS COUNTY	194
SHELOEN,RUSSELL,D, JACKSON	09B
SHELL,WILLIAM,CLEVELAND, SEMO	202
SHELTON,EARL,WILSON, ST. LOUIS CITY	190
SHELTON,EOWARO,OLNEY, MILLEP	134
SHELTON,ROY,WAYNE, GREENE	082
SHEN,HANG,CHANG, ST. LOUIS COUNTY	194
SHEN,JEROME,T Y, ST. LOUIS CITY	190
SHERIDAN,EOMUND,PEID, ST. LOUIS CITY	190
SHERIOAN,JOHN,J, ST. LOUIS CITY	190
SHERLOCK,JOHN, ST. LOUIS CITY	190
SHERMAN,PHILIP,APNOLD, MID MISSOURI	182
SHERMAN,WAPREN,GARY, ST. LOUIS COUNTY	194
SHERWIN,CHAS,STEELMAN, ST. LOUIS CITY	190
SHEVLIN,CHAS,F, BUCHANAN	030
SHIEBER,WM, ST. LOUIS CITY	190
SHIELOS,JOHN,BENEDICT, ST. LOUIS CITY	190
SHIELOS,LAWRENCE,S, GPEENE	082
SHIFRIN,ALEXANDER, JACKSON	098
SHIN,DONG-SOO, CHARITON-MACON-MONPOE-RANOOLPH	046
SHINTAKU,MICKEY,PEN, ST. LOUIS CITY	190
SHIREY,ARNOLD,GRADY, PEMISCOT	170
SHOBE,FPANK,OSCAR, ST. LOUIS COUNTY	194
SHOCKLEY,CLAPENCE,JOHN, JACKSON	09B
SHOSS,MILTON, CAPE GIRAPOEAU	042
SHUEY,HERBERT,HENRY, JACKSON	098
SHUFF,PAUL,DAVID, ST. LOUIS CITY	190
SHUKLA,JYOTINDRA,D, MID MISSOURI	1B2
SHULL,G,DONALD, COLE	05B
SHUMAN,JOS,SCOTT, ST. LOUIS CITY	190
SHUTER,ELI, ST. LOUIS CITY	190
SHYKEN,HERMAN, ST. LOUIS CITY	190
SICAT,ALFONSO,VITANGCOL, JOHNSON	110
SICELUFF,JOS,GRICE, GPEENE	082
SIOOIQUI,FARZANNA,Q, ST. LOUIS CITY	190
SIOES,STANLEY,O, CAPE GIRAROEAU	042
SIEGEL,CAPL,O, JACKSON	098
SIEMERS,GEO,E, ST. LOUIS CITY	190
SIESENER,HERBERT,H, ST. LOUIS CITY	190
SIGHTS,WARPEN,P, 8OONE	026
SIGMUNO,CHAS,ALAN, ST. LOUIS CITY	190
SIGNORELLI,ANOREW,J, ST. LOUIS CITY	190
SILBEP,SHEPMAN,JAY, ST. LOUIS COUNTY	194
SILL,WILLIAM, ST. CHARLES-LINCOLN	126
SILLIMAN,YOPK,EUGENE, BUCHANAN	030
SILSBY,OON,JAMES, GREENE	082
SILSBY,HARRY,OOZIER, GPEENE	082
SILVA,VICTOR,AUGUSTO, ST. LOUIS CITY	190
SILVER,BERNO, ST. LOUIS COUNTY	194
SILVEP,OONALD, BOONE	026
SILVERBERG,CHAS, ST. LOUIS COUNTY	194
SILVERMAN,BAPRY,LOUIS, ST. LOUIS CITY	190
SILVERMINTZ,SAUL,OON, ST. LOUIS CITY	190
SILVERS,ROBT,GENE, BOONE	026
SIMMONS,DONALD,O, JACKSON	098
SIMMONS,JOHN,L, JACKSON	09B
SIMON,OAVID,L, ST. LOUIS CITY	190
SIMON,GRACITA,S, CLAY	050
SIMON,JEROME,IREALS, ST. LOUIS CITY	190
SIMON,NATHAN,MAX, ST. LOUIS CITY	190
SIMON,SANFOPO, JACKSON	09B
SIMONDS,JOHN,FRANCIS, BOONE	026
SIMONIAN,ANTONIO, ST. LOUIS CITY	190
SIMONS,PAUL,STEPHEN, ST. LOUIS COUNTY	194
SIMOWITZ,FREDRIC,MALCOLM, ST. LOUIS CITY	190
SIMPELO,RUSTICO,V, MINERAL AREA	13B
SIMPSON,ALBERT,PHILLIPS, GREENE	082
SIMPSON,EMERSON,LANDEN, GREENE	082
SIMPIL,WAYNE,A, ST. LOUIS COUNTY	194
SIMS,WM,AUBREY, ST. LOUIS CITY	190
SINASA,SURAT, DUNKLIN	070
SINCLAIR,RICHARD,HART, JACKSON	09B
SINCOX,CHAS,HARVEY, FPANKLIN-GASCONAOE-WARREN	074
SINGHAL,GOKUL,C, ST. LOUIS CITY	190
SINGHAL,RENU, ST. LOUIS CITY	190
SINGLETON,CHARLES,M, JACKSON	09B
SINGLETON,JOHN,MILTON, JACKSON	09B
SINGLETON,MARVIN,AYERS, JASPER	102
SINSAKUL,VICHIEN, ST. LOUIS CITY	190
SIRINTRAPUN,SEYVEE, JEFFERSON	106
SIRIPIPAT,PALLOP, AUDRAIN	014
SIPPIOGE,MARJORIE,J S, JACKSON	09B
SIRRIOGE,WM,THOS, JACKSON	098
SISK,JAMES,CASH, ST. LOUIS COUNTY	194
SISLEN,OONALO,RAY, ST. LOUIS CITY	190
SISLER,MAYNAPO,LEE, OUNKLIN	070
SISSON,RICHARD,GEO, ST. LOUIS CITY	190
SIU,KENNETH,KWONG CHEE, COLE	05B
SKEFFINGTON,MAPY,JANE, ST. LOUIS CITY	190
SKILLING,OAVIO,M, ST. LOUIS COUNTY	194
SKILLMAN,ROBT,K, JACKSON	098
SKIMMING,W,LEE, ST. LOUIS CITY	190
SKINNEP,JOHN,SPALOING, ST. LOUIS COUNTY	194
SKINNER,JOHN,THOS, JACKSON	098
SKLENAP,DONALO,EMMETT, BUCHANAN	030
SLAHOREK,GEOPGE,J, MIO MISSOUPI	1B2
SLANKAPO,J,EOWAPD, JACKSON	09B
SLAUGHTER,CAPL,RAY, CLAY	050
SLENTZ,EOWIN,L, JACKSON	09B
SLENTZ,WM,A, JACKSON	09B
SLETTEN,IVAN,WAYNE, ST. LOUIS CITY	190
SLICKMAN,POBT,A, JACKSON	09B
SLY,WM,SHUFOPO, ST. LOUIS CITY	190
SMILEY,WM,L, ST. LOUIS CITY	190
SMIT,HERBEPT,MAURICE, ST. LOUIS COUNTY	194
SMITH,ALEX,G, GPEENE	082
SMITH,ARTHUP,BREMNEP, JACKSON	09B
SMITH,BENJ,FRANKLIN, ST. LOUIS CITY	190

SMITH,CARLIE,B SOUTER,	GREENE	082
SMITH,CHAS,H,	CLAY	050
SMITH,CLAUDE,FRANKLIN,	SOUTH CENTRAL	206
SMITH,DERMOTT,A P,	ST. LOUIS CITY	190
SMITH,ELBERT,ESTELL,	JACKSON	098
SMITH,EMILY,LOUISE,	ST. LOUIS CITY	190
SMITH,GARLAND,F,	ST. LOUIS CITY	190
SMITH,GREGORY,LANTZ,	JACKSON	098
SMITH,HERBERT,P,	ST. LOUIS CITY	190
SMITH,HUBERT,E,	JACKSON	098
SMITH,HUGH,REINHARDT,	ST. LOUIS CITY	190
SMITH,IRA,T,	JACKSON	098
SMITH,JAMES,BERT,	ST. LOUIS CITY	190
SMITH,JAMES,MICHAEL,	JACKSON	098
SMITH,JAMES,OMER,	HENRY	086
SMITH,JASON,N,	BOONE	026
SMITH,JOE,ROBT,	BOONE	026
SMITH,JOHN,CHANDLER,	JACKSON	098
SMITH,JOHN,EARL,	ST. LOUIS CITY	190
SMITH,KATHERINE,A WILSON,	JACKSON	098
SMITH,KATHLEEN,	ST. LOUIS CITY	190
SMITH,KENNETH,RUPERT,	ST. LOUIS CITY	190
SMITH,MORTON,EDWARD,	ST. LOUIS CITY	190
SMITH,NORRIS,WETHERILL,	ST. LOUIS CITY	190
SMITH,OTHELLO,D,	JACKSON	098
SMITH,ROBT,WALLACE,	ST. LOUIS CITY	190
SMITH,ROBT,WINDLE,	GRAND RIVER	078
SMITH,ROLAND,T,	JASPER	102
SMITH,ROLLIN,H,	SOUTH CENTRAL	206
SMITH,SIDNEY,ELMER,	ST. LOUIS CITY	190
SMITH,TED,PAULSELL,	MID MISSOURI	182
SMITH,W,RUSSELL,	JASPER	102
SMITH,WM,JOS,	HENRY	086
SMOLLER,MARTIN,BCRIS,	ST. CHARLES-LINCOLN	126
SMULL,NED,W,	JACKSON	098
SNEAD,WILLIAM,H,	GREENE	082
SNEID,PHILIP,	JACKSON	098
SNIDER,WILBUR,RAY,	JACKSON	098
SNOW,EMASUE,	GREENE	082
SNOWE,ROBT,JOEL,	PETTIS	178
SOBKY,GEORGE,	ST. LOUIS CITY	190
SOHA,JOSEPH,J,	BOONE	026
SOHN,RICHARD,	ST. LOUIS CITY	190
SOLLEY,ROBT,FOLGER,	ST. LOUIS CITY	190
SOLOMON,FELIX,G,	ST. LOUIS COUNTY	194
SOMBUN,TIRDKIAT,	ST. LOUIS CITY	190
SOMERS,JOHN,EDWARD,	BOONE	026
SOMMER,CONRAD,SAML,	ST. LOUIS CITY	190
SOMMER,ROSS,B,	ST. LOUIS COUNTY	194
SOMOZA,JOSE,RAMON,	CLAY	050
SOONATTRAKUL,WUTHISAK,	DUNKLIN	070
SOORYA,NARENDIR,TOLARAM,	ST. LOUIS CITY	190
SOPER,MICHAEL,R,	JACKSON	098
SOPER,STEVEN,JOHN,	JACKSON	098
SOPER,WM,DONALD,	CLAY	050
SOPUCH,JOHN,AUGUSTINE,	ST. LOUIS CITY	190
SOSEBEE,LEE,A,	BOONE	026
SOTO,ALBERT,ARTURO,	ST. LOUIS COUNTY	194
SOUCY,JOHN,CLOVIS,	ST. CHARLES-LINCOLN	126
SOULE,SAML,DAVID,	ST. LOUIS CITY	190
SPAFFORD,ALLEN,LEO,	JACKSON	098
SPALDING,DAVID,LEWIS,	GREENE	082
SPALDING,DONALD,GUY,	ST. LOUIS CITY	190
SPALDING,WILBER,B,	CLINTON	054
SPALDING,WILBER,B,	JACKSON	098
SPARKMAN,THOMAS,C,	CAPE GIRARDEAU	042
SPEARS,CHAS,ARVARD,	OZARKS	166
SPEARS,JOE,LEE,	SOUTH CENTRAL	206
SPECTOR,GENE,WM,	ST. LOUIS COUNTY	194
SPECTOR,GERSHON,	ST. LOUIS CITY	190
SPENCE,PAUL,A,	CAPE GIRARDEAU	042
SPENCER,ANDREW,	ST. LOUIS CITY	190
SPENCER,DONALD,M,	JACKSON	098
SPEND,ANGELO,ANTHONY,	ST. LOUIS COUNTY	194
SPIES,BARBARA,CALDERWOOD,	JACKSON	098
SPINZIG,EDGAR,WALTER,	ST. LOUIS CITY	190
SPITZ,MILTON,ADOLPH,	ST. LOUIS COUNTY	194
SPIVACK,ALAN,ROBT,	ST. LOUIS COUNTY	194
SPOENEMAN,MARLIN,CARL,	ST. LOUIS COUNTY	194
SPOENEMANN,WALTER,H,	ST. LOUIS CITY	190
SPONENBERG,DON,DEE,	GREENE	082
SPORTSMAN,WELDON,LAVERN,	CLAY	050
SPRATT,JOHN,S,	BOONE	026
SPRAUL,JAMES,H,	ST. LOUIS COUNTY	194
SPURGEON,MILD,JAMES,	BOONE	026
SPURNEY,JOE,ELDON,	JACKSON	098
SPURNY,OTTO,MARIA,	JACKSON	098
SQUITIERI,ALPHONSE,J,	ST. LOUIS CITY	190
SRIKRISHNA,SIRIVELLA,	ST. LOUIS CITY	190
SRIVISAL,SAMNUK,	ST. LOUIS CITY	190
ST JOHN,THOMAS,C,	ST. LOUIS CITY	190
STAAB,GERALD,EDWIN,	JACKSON	098
STACEY,WALLACE,R,	JACKSON	098
STACY,WINTON,TELFAIR,	BUCHANAN	030
STAFFORD,WALTER,ROBT,	ST. LOUIS CITY	190
STAGGS,WM,ANDREW,	JACKSON	098
STALLARD,DONALD,JULIAN,	BUCHANAN	030
STAMATIS,JOHN,JAMES,	GREENE	082
STANCZYK,DENNIS,J,	ST. LOUIS CITY	190
STANFIELD,NED,M,	ST. LOUIS CITY	190
STANLEY,JOHN,HARLAN,	JACKSON	098
STANLEY,ROBT,JOS,	ST. LOUIS CITY	190
STARKLOFF,GENE,B,	ST. LOUIS CITY	190
STARKLOFF,MAX,	ST. LOUIS CITY	190
STATLAND,HARRY,	JACKSON	098
STATLAND,MORRIS,	JACKSON	098
STATON,R,HAMILTON,	GRAND RIVER	078
STAUFFACHER,C,GORDON,	PETTIS	178
STAUFFER,HARRY,BEACH,	COLE	058
STAUFFER,LARRY,KILGORE,	COLE	058
STEEL,MAXWELL,W,	JACKSON	098
STEELE,JACK,TAYLOR,	ST. LOUIS CITY	190
STEELE,JAMES,C,	MARION-RALLS-SHELBY	130
STEFFEN,LAWRENCE,F,	JACKSON	098
STEHR,CHRISTIAN,HERMAN,	GREENE	082
STEIMAN,BARRY,	ST. CHARLES-LINCOLN	126
STEIN,ARTHUR,H,	ST. LOUIS CITY	190
STEIN,HARRY,JOS,	ST. LOUIS COUNTY	194
STEINBERG,FRANZ,U,	ST. LOUIS CITY	190
STEINER,ALEXANDER,J,	ST. LOUIS COUNTY	194
STELLE,CHAS,W,	JACKSON	098
STELMACH,WALTER,J,	JACKSON	098
STEPHEN,CHAS,RONALD,	ST. LOUIS CITY	190
STEPHENS,JACK,DOUGLAS,	JACKSON	098
STEPHENS,LE,ROY JULES,	ST. LOUIS CITY	190
STEPHENS,WM,ALVIN,	ST. LOUIS COUNTY	194
STEPHENSON,HUGH,E,	BOONE	026
STERGEN,NICK,EMMANUEL,	ST. LOUIS CITY	190
STERKEL,RICHARD,L,	ST. LOUIS CITY	190
STERN,THOS,L,	JACKSON	098
STEVENS,EDWARD,MILLER,	BUCHANAN	030
STEVENS,ROBT,W,	ST. LOUIS COUNTY	194
STEWART,FRANCES,HELEN,	ST. LOUIS COUNTY	194
STEWART,HARRY,ARTHUR,	JACKSON	098
STEWART,JOHN,W,	ST. LOUIS CITY	190
STEWART,R,WENDELL,	GREENE	082
STEWART,ROBT,B,	GREENE	082
STEWART,ROBT,H,	PETTIS	178
STEWART,WELLINGTON,BUEL,	BOONE	026
STEWART,WENDELL,K,	CAPE GIRARDEAU	042
STICKLE,ARTHUR,W,	ST. LOUIS COUNTY	194
STICKLEY,LOUIS,PETER,	ST. LOUIS CITY	190
STIDMAN,FREDERICK,C,	JASPER	102
STINDEL,CHAS,ERNST,	ST. LOUIS CITY	190
STINE,GORDON,WAYNE,	FRANKLIN-GASCONADE-WARREN	074
STOCKTON,RAYMOND,W,	JACKSON	098
STOCKWELL,ARTHUR,LLOYD,	JACKSON	098
STOCKWOOD,ROBT,C,	PETTIS	178
STOHR,PAUL,EDWARD,	ST. LOUIS CITY	190
STOKES,JAMES,MELVIN,	ST. LOUIS CITY	190
STONEMAN,WM,	ST. LOUIS CITY	190
STOUT,CARL,N,	JACKSON	098
STOY,ROBT,P,	BOONE	026
STRADER,RICHARD,PAUL,	ST. LOUIS CITY	190
STRADFORD,H,TODD,	BOONE	026
STRANGE,LESLIE,C,	MARION-RALLS-SHELBY	130
STRATEMEIER,EDWARD,H,	JACKSON	098
STRATMAN,CLARENCE,ARTHUR,	CLAY	050
STRAUB,DAVID,LEE,	JASPER	102
STRAUSS,CARL,FLORSHEIM,	JACKSON	098
STREETOR,RODERICK,OHU,	CHARITON-MACON-MONROE-RANDOLPH	046
STREHLMAN,BENJ,GEO,	FRANKLIN-GASCONADE-WARREN	074
STRIBLING,THOS,LLOYD,	JACKSON	098
STRICKER,EAMIL,ADOLPH,	MID MISSOURI	182

STRICKER,HAROLD,C,	COLE	058
STROBACH,KURT,FRANCIS A,	ST. LOUIS CITY	190
STROBACH,ROBT,LENOX,	WEST CENTRAL	214
STROMBERG,ERIC,DECATUR,	JACKSON	098
STROMINGER,DONALD,B,	ST. LOUIS CITY	190
STRONSKY,DAVID,	ST. LOUIS CITY	190
STROUD,MALCOLM,HERBERT,	ST. LOUIS CITY	190
STROZIK,ALICE,A,	ST. LOUIS CITY	190
STRUESSEL,KENNETH,F,	BOONE	026
STRYKER,GAROLD,VERNON,	ST. LOUIS CITY	190
STRYKER,WM,I,	ST. LOUIS CITY	190
STUART,BYRON,MC CLELLAN,	COOPER	062
STUART,DANL,DE WITT,	CHARITON-MACON-MONROE-RANDOLPH	046
STUART,WALLACE,	ST. LOUIS COUNTY	194
STUBBLEFIELD,CALVIN,F,	BUTLER-WAYNE-RIPLEY-CARTER	034
STUBBLEFIELD,WAYNE,	GREENE	082
STUBER,JACK,LAWRENCE,	JACKSON	098
STUBER,ROBT,RONALD,	BUCHANAN	030
STUEBNER,ROLAND,WM,	ST. LOUIS COUNTY	194
STUERMAN,LAWRENCE,GEORGE,	PIKE	186
STUFFLEBAM,ROBT,EARL,	GREENE	082
STURTEVANT,HARWOOD,N,	GREENE	082
STUTSMAN,ALBERT,C,	ST. LOUIS CITY	190
SU,PHILO,SHIEN CHAN,	COLE	058
SUAREZ,PEDRO,LUIS,	ST. CHARLES-LINCOLN	126
SUBA,ANTONIO,RONQUILLO,	ST. LOUIS CITY	190
SUDDARTH,STERLING,BAKER,	JACKSON	098
SUDEKUM,ANN,	ST. LOUIS CITY	190
SUDHOLT,ALFRED,F,	ST. LOUIS CITY	190
SUGARBAKER,EVERETT,D,	COLE	058
SULIT,ARNULFO,P,	JACKSON	098
SULL,WON-JONG,	PETTIS	178
SULLIVAN,CLEMENT,JOS,	ST. LOUIS CITY	190
SULLIVAN,DAN,THOMAS,	GREENE	082
SULLIVAN,WM,KIELY,	ST. LOUIS COUNTY	194
SULLIVAN,WM,WALLACE,	ST. LOUIS COUNTY	194
SUMER,CENGIZ,MUSTAFA,	ST. LOUIS COUNTY	194
SUMER,EMEL,AKTAN,	ST. LOUIS COUNTY	194
SUMMERS,JOHN,B,	ST. LOUIS CITY	190
SUMMERS,JOS,S,	COLE	058
SUMMERS,THOS,FEPN,	ST. LOUIS CITY	190
SUNDARAM,SHANKAR,	ST. LOUIS CITY	190
SUNDERMAN,RAYMOND,C,	ST. LOUIS CITY	190
SUNDSTROM,FRANK,O,	GREENE	082
SUNSHINE,HERBERT,	ST. LOUIS CITY	190
SUPATTANASIRI,GRITTE,	PEMISCOT	170
SUSEELA,DASARI,	JACKSON	098
SUSMAN,NOAH,	ST. LOUIS CITY	190
UTTER,RICHARD,ANTHONY,	ST. LOUIS COUNTY	194
UTTON,RICHARD,L,	JACKSON	098
UVA,MORFEO,MARIANO,	GREENE	082
UWANABHAND,CHALAW,	WEST CENTRAL	214
VANCAREK,WM,PETER,	ST. LOUIS CITY	190
WAYKUS,BERNARD,THOMAS,	ST. LOUIS CITY	190
SWEENEY,THOS,PATRICK,	GREENE	082
SWEET,HERBERT,C,	ST. LOUIS CITY	190
SWEIGER,JAMES,HOWARD,	CLINTON	054
SWISHER,ROBT,CHALMERS,	JACKSON	098
SWOPE,JOS,ALBERT,	ST. LOUIS CITY	190
SYDOW,HENRY,ANTHONY,	CALLAWAY	038
SYLVANOVICH,W,RICHARD,	ST. LOUIS CITY	190
SZABADOS,ERNEST,O,	JACKSON	098
SZOKO,EDWARD,	ST. LOUIS CITY	190
SZYMANSKI,STANLEY,R,	GRAND RIVER	078

T

TALABAN,RAYMUNDO,O,	ST. LOUIS COUNTY	194
TALBERT,CLIFFORD,R,	CAPE GIRARDEAU	042
TAMBLYN,M,CLAIRE L,	JACKSON	098
TAN,CHAS,HUA-MIN,	ST. LOUIS COUNTY	194
TAN,SIOE,SIEN,	MINERAL AREA	138
TANAKA,GEO,M,	ST. LOUIS CITY	190
TANEY,GARY,WAYNE,	CLAY	050
TANG,THEODORO,C,	MID MISSOURI	182
TANNER,ROBT,HARVEY,	COLE	058
TAPPER,STEVEN,	ST. LOUIS CITY	190
TAPUZ,JAIME,TABICS,	JACKSON	098
TARRASCH,ERNEST,L,	GREENE	082
TARSON,SOLOMON,S,	JACKSON	098
TARVER,QUINTON,	DUNKLIN	070
TARVYDAS,FRANCIS,	NORTH CENTRAL	162
TASHMA,SIGMUND,S,	ST. LOUIS COUNTY	194
TASKER,CHAS,B,	JACKSON	098
TASSI,ALBERT,ANTHONY,	ST. CHARLES-LINCOLN	126
TATKOW,ROBERT,W,	ST. LOUIS CITY	190
TAUSSIG,BARRETT,L,	ST. LOUIS CITY	190
TAUTE,HERMANN,	ST. LOUIS CITY	190
TAVASSOLI,FATTANEH,A Z,	ST. LOUIS CITY	190
TAYLOR,EUGENE,DONALDSON,	ST. LOUIS CITY	190
TAYLOR,HERBERT,BRADLEY,	ST. LOUIS CITY	190
TAYLOR,LEO,THORESTEIN,	OZARKS	166
TAYLOR,LEON,AKERS,	COLE	058
TAYLOR,VAN,WM,	MINERAL AREA	138
TAYLOR,WM,EDWARD,	GREENE	082
TAYOB,ANVER,A,	ST. LOUIS CITY	190
TEIBER,FREDERICK,WM,	ST. LOUIS COUNTY	194
TEJERO,JONAS,S,	ST. CHARLES-LINCOLN	126
TEKWANI,HIRALAL,T,	ST. LOUIS CITY	190
TEMPLER,JERRY,W,	BOONE	026
TEMPORAL,JOSE,A,	ST. LOUIS CITY	190
TENDAI,MARK,MYROSLAW,	GREENE	082
TEPPER,ARNOLD,	ST. LOUIS CITY	190
TERNBERG,JESSIE,LAMOIN,	ST. LOUIS CITY	190
TERRY,BOYD,EARL,	BOONE	026
TERRY,JAMES,F,	GREENE	082
TERRY,JAMES,W,	CAPE GIRARDEAU	042
TESS,ALLEN,FRED,	ST. LOUIS CITY	190
TESS,MELVIN,J H,	ST. LOUIS CITY	190
THALBLUM,HARVEY,	JACKSON	098
THALE,THOS,RICHARD,	ST. LOUIS CITY	190
THANAPAISAL,VUNNEE,	ST. LOUIS CITY	190
THARP,JUDITH,LEE,	CLAY	050
THAWLEY,STANLEY,	ST. LOUIS CITY	190
THEEL,OTTO,WM,	JACKSON	098
THEOBALD,STERLING,	MID MISSOURI	182
THIEL,JOHN,ALLEN,	ST. LOUIS CITY	190
THIELE,BELMONT,RODNEY,	ST. LOUIS COUNTY	194
THIELE,GEO,HENRY,	JACKSON	098
THIELE,OTTO,K,	ST. CHARLES-LINCOLN	126
THIERAUF,CHAS,GEO,	ST. LOUIS CITY	190
THIES,JEROME,HOLLIER,	WEST CENTRAL	214
THOMA,GEO,EDWARD,	ST. LOUIS CITY	190
THOMAS-RICHARDS,JOSE,R,	JACKSON	098
THOMAS,CHRISTOPHER,Y,	JACKSON	098
THOMAS,FRED,ANTHONY,	CLAY	050
THOMAS,GRACY,	ST. LOUIS CITY	190
THOMAS,HORACE,EDWARD,	BOONE	026
THOMAS,JAMES,REGAN,	BOONE	026
THOMAS,LEWIS,JONES,	ST. LOUIS CITY	190
THOMAS,ROBERT,MORGAN,	BOONE	026
THOMAS,THOMAS,CCRDELL,	CLAY	050
THOMASSON,DAVID,D,	GREENE	082
THOMASSON,MARY,W,	ST. LOUIS CITY	190
THOMASSON,ROBERT,E,	ST. LOUIS CITY	190
THOMPSON,CHAS,L,	JACKSON	098
THOMPSON,FREDERICK,G,	BUCHANAN	030
THOMPSON,MERLYN,BRYANT,	ST. LOUIS CITY	190
THORNTON,FRED,HOWELL,	SEMO	202
THROGMORTON,HOWARD,B,	SEMO	202
THRONE,BENNIE,JOE,	JACKSON	098
THRONE,ELIAS,M,	JACKSON	098
THURMAN,HILL,COOK,	PLATTE	188
THURMANN,MANFRED,	ST. LOUIS CITY	190
THYM,HENRY,PAUL,	ST. LOUIS CITY	190
TICE,WAYNE,KILMER,	JACKSON	098
TICHENOR,ROBT,WOODROW,	ST. LOUIS CITY	190
TIETJEN,FRED,O,	COLE	058
TIFFANY,DELBERT,ESSARY,	MINERAL AREA	138
TILL,BENNIE,NORMAN,	BUTLER-WAYNE-RIPLEY-CARTER	034
TILLEMA,DAVID,A,	JACKSON	098
TILLMAN,MARY,ANNE TUGGLE,	ST. LOUIS CITY	190
TILLMAN,WALTER,WM,	GREENE	082
TINDALL,ROBT,NELSON,	ST. LOUIS CITY	190
TINSLEY,AUSTIN,RENO,	BUTLER-WAYNE-RIPLEY-CARTER	034
TINSLEY,JOHN,C,	BOONE	026
TIOJANCO,MILAGROS,E L,	JACKSON	098
TIOJANCO,REYNALDO,ROQUE,	JACKSON	098
TIONGSON,PORFIRIO,N,	ST. LOUIS CITY	190
TIPPETT,JACK,C,	ST. LOUIS CITY	190
TITTERINGTON,FRANK,W,	JACKSON	098
TJOFLAT,OLIVER,EUGENE,	ST. LOUIS CITY	190
TOBIN,ROBT,FRANCIS,	BUCHANAN	030
TOKRISNA,APHIRAKS,	JACKSON	098

TOMBRIDGE,THOS,LEO,	GREENE	082
TOMLINSON,WM,LOREN,	ST. LOUIS COUNTY	194
TOMPSON,ROBT,VAUGHN,	CHARITON-MACON-MONROE-RANDOLPH	046
TONELLI,GEO,LOUIS,	ST. LOUIS CITY	190
TOOMEY,JAMES,M,	ST. LOUIS CITY	190
TOON,THOMAS,J,	ST. LOUIS COUNTY	194
TORIN,BERNICE,A,	ST. LOUIS COUNTY	194
TORO,ENRIQUE,FELIX,	ST. LOUIS CITY	190
TORONTOW,RAPHAEL,JOHN,	WEST CENTRAL	214
TOTTEN,FREDERICK,E,	JACKSON	098
TOUBES,DANIEL,BENJAMIN,	JACKSON	098
TOWERS,ORVILLE,WHITE,	ST. CHARLES-LINCOLN	126
TRAXEL,WM,LOUIS,	BUTLER-WAYNE-RIPLEY-CARTER	034
TREIMAN,ROBT,CRAGE,	ST. LOUIS COUNTY	194
TRIGG,JOSEPH,F,	ST. LOUIS CITY	190
TRIMBLE,GEO,X,	JACKSON	098
TRINIDAD,HERMANITO,REYES,	GRAND RIVER	078
TRIPLETT,DANL,ARTHUR,	CLAY	050
TRISKA,ROLAND,ANTHONY,	ST. LOUIS CITY	190
TROEH,MELVIN,RICHARD,	JACKSON	098
TROTTA,PHILIP,C,	ST. LOUIS CITY	190
TROTTER,FRANCIS,D,	ST. LOUIS CITY	190
TROTTER,WM,YATES,	GREENE	082
TROWBRIDGE,BARNARD,C,	JACKSON	098
TROWBRIDGE,ELLSWORTH,	JACKSON	098
TRUEBLOOD,ALVA,C,	ST. LOUIS COUNTY	194
TRUGLY,EDITH,SUZANNA,	ST. LOUIS CITY	190
TRUMBOWER,WM,DE VIPONT,	BOONE	026
TRUNKO,LEO,	ST. LOUIS COUNTY	194
TSAI,WUN-YI,	PERRY-ST. GENEVIEVE	174
TSANG,JOHN,LIEN KWEI,	GREENE	082
TSCHANG,TAI-PO,	ST. LOUIS CITY	190
TSIFUTIS,ARGYRIOS,A,	ST. LOUIS COUNTY	194
TUAND,ANGELO,	ST. LOUIS CITY	190
TUCKER,EUGENE,F M,	ST. LOUIS CITY	190
TUCKER,GEO,LEON,	ST. LOUIS CITY	190
TULLY,RICHARD,J,	BOONE	026
TUMA,ARTHUR,T,	BUTLER-WAYNE-RIPLEY-CARTER	034
TUMANUT,BENESTO,FARALAN,	CLAY	050
TUMIALAN,LUIS,	ST. LOUIS CITY	190
TUOHY,GERALD,FRANCIS,	JACKSON	098
TURAND,WM,LEONARD,	JACKSON	098
TURFBOER,ROBERT,	JASPER	102
TURGEON,RONALD,PAUL,	ST. LOUIS CITY	190
TURNER,GLENN,OLIVER,	GREENE	082
TURNER,JAMES,HERBERT,	BUTLER-WAYNE-RIPLEY-CARTER	034
TURNER,JAMES,K,	ST. LOUIS COUNTY	194
TURNER,KIRBY,LYNN,	BUTLER-WAYNE-RIPLEY-CARTER	034
TURNER,RONALD,MERLE,	JACKSON	098
TURNER,TIMOTHY,T,	ST. CHARLES-LINCOLN	126
TURNER,WM,FESTUS,	BUTLER-WAYNE-RIPLEY-CARTER	034
TURNG,SHU,YING,	ST. LOUIS CITY	190
TUTERA,DOMINIC,FRANK,	JACKSON	098
TUTHILL,HERBERT,	JACKSON	098
TUTTLE,JAY,FORRESTER,	MINERAL AREA	138
TWEDELL,DONALD,LOUIS,	ST. LOUIS CITY	190
TWIN,EDWARD,J,	JACKSON	098
TWYMAN,RICHARD,ALLEN,	JACKSON	098
TYGETT,GLENN,J,	CAPE GIRARDEAU	042
TYGETT,JOS,N,	CAPE GIRARDEAU	042
TYRRELL,TERRENCE,ANDREW,	ST. LOUIS CITY	190

U

UHLEMEYER,HENRY,A,	ST. LOUIS CITY	190
ULETT,GEO,ANDREW,	ST. LOUIS CITY	190
ULETT,PEARL,C LAWRENCE,	ST. LOUIS COUNTY	194
UMALI,EMILIANO,CADANO,	FRANKLIN-GASCONADE-WARREN	074
UNDERWOOD,DICK,H,	JACKSON	098
UNDERWOOD,JOHNSON,	CLAY	050
UNGVARI,JOS,CHAS,	ST. LOUIS CITY	190
UPSHER,ALBERT,E,	JACKSON	098
UTLEY,JAMES,	ST. LOUIS CITY	190
UTTERMAN,WM,FREDERICK,	PERRY-ST. GENEVIEVE	174

V

VACCA,JOS,BRANER ANTHONY,	ST. LOUIS CITY	190
VADLAMANI,S,	ST. LOUIS CITY	190
VAFI,HOUSHANG,	ST. CHARLES-LINCOLN	126
VAJARANANT,MANIT,	LAFAYETTE-RAY	118
VALACH,FRANK,JAMES,	ST. LOUIS COUNTY	194
VALOES,ORESTES,S,	ST. LOUIS CITY	190
VALERA,SALVADOR,S,	BUCHANAN	030
VALINS,EUGENE,	JACKSON	098
VALKO,ROBERT,J,	ST. LOUIS CITY	190
VALTIERRA,CESAR,ANTONIO,	ST. LOUIS CITY	190
VAN BIBER,JAMES,T,	JACKSON	098
VAN BUSKIRK,TERRANCE,E,	JACKSON	098
VAN BUSKIRK,WM,CLAYTON,	JACKSON	098
VAN DYKE,ELMER,HAROLD,	PETTIS	178
VAN GOIOSENHOVEN,GUY,E,	ST. LOUIS CITY	190
VAN MATRE,REBER,M,	ST. LOUIS CITY	190
VAN NORMAN,ROBT,T,	ST. LOUIS CITY	190
VAN THULLENAR,PHILIP,A,	JACKSON	098
VAN VRANKEN,EUGENE,E,	COLE	058
VANDER VELOE,KENNETH,MARTIN,	GREENE	082
VANDIVER,VIRGIL,DALE,	GRAND RIVER	078
VANDOVER,JOHN,T,	ST. LOUIS CITY	190
VAROELEON,ROGELIO,VALCOS,	ST. LOUIS CITY	190
VARGAS,TEODORO,	ST. LOUIS CITY	190
VARMA,DEVENDRA,KUMAR,	BUTLER-WAYNE-RIPLEY-CARTER	034
VART,GARY,RICHARD,	ST. CHARLES-LINCOLN	126
VATTEROTT,PAUL,BARTD,	ST. LOUIS COUNTY	194
VAUGHAN,J,RUSSELL,	ST. LOUIS CITY	190
VAUGHN,JAMES,W,	JACKSON	098
VAUGHN,LEROY,WM,	ST. LOUIS CITY	190
VELASCO,ERNESTO,TOPACIO,	ST. LOUIS CITY	190
VELUZ,BENITO,ISAAC,	ST. LOUIS CITY	190
VENABLE,M,PHILLIP,	ST. LOUIS CITY	190
VENEGONI,ROBT,LOUIS,	JACKSON	098
VENSEL,LEE,HOWARD,	GREENE	082
VENTUS,MANUEL,ALCALA,	ST. LOUIS COUNTY	194
VERA,ENRIQUE,	JACKSON	098
VEROA,DOMINIC,J,	ST. LOUIS CITY	190
VEROE,JULIAN,NICHOLAS,	ST. LOUIS CITY	190
VERGARA,GERARDO,GETALAOA,	JACKSON	098
VEROLA,NICHOLAS,W,	ST. LOUIS CITY	190
VERSACKAS,M,J,	ST. LOUIS CITY	190
VESCOVO,PAUL,C,	PLATTE	188
VEST,JAMES,C,	ST. LOUIS CITY	190
VIAMONTES,GLORIA,E,	ST. LOUIS CITY	190
VIAMONTES,JORGE,ALBERTO,	ST. LOUIS CITY	190
VIANZON,ELIZABETH,ROMERO,	ST. LOUIS CITY	190
VIBULAKAOPUN,PAIRAT,	MINERAL AREA	138
VICKAR,GARRY,MARTIN,	ST. LOUIS COUNTY	194
VICTOR,FRANK,RITCHIE,	JACKSON	098
VIOALS,VICTOR,G,	JACKSON	098
VIOHEECHAROEN,SOMBOON,	ST. LOUIS CITY	190
VIERS,WAYNE,ALLEN,	ST. LOUIS COUNTY	194
VIGHI,JAMES,RICHARD,	ST. CHARLES-LINCOLN	126
VIJUNGCO,HERMINIA,O,	ST. LOUIS CITY	190
VILAR,PIO,MACTAL,	ST. LOUIS COUNTY	194
VILLAHERMOSA,JUANITO,L,	ANDREW	010
VILLALOBOS,RICARDO,	ST. LOUIS COUNTY	194
VILLAMAR,ELIZABETH,N,	ST. LOUIS CITY	190
VILLANUEVA,ANGELA,A,	JACKSON	098
VILLARAMA,ANTONIO,P,	ST. LOUIS CITY	190
VILLARAMA,LILIA,F,	ST. LOUIS CITY	190
VILMER,CHARLES,E,	CLAY	050
VILMER,STEPHEN,EDWARD,	CLAY	050
VILORIA,ALBERTO,B,	ST. LOUIS CITY	190
VINCENT,JACK,C,	JACKSON	098
VINSON,HAROLD,A,	WEST CENTRAL	214
VINYARD,JACK,LEROY,	JASPER	102
VIRAGHATY,JULIUS,GYULA,	ST. LOUIS COUNTY	194
VIRANT,JOHN,ALOYSIUS,	ST. LOUIS CITY	190
VIROEN,HERBERT,HUGHES,	JACKSON	098
VIRIL,LEONARDO,CAPILI,	JACKSON	098
VITALE,ANTHONY,J,	ST. LOUIS COUNTY	194
VITALE,NICHOLAS,S,	ST. LOUIS COUNTY	194
VITT,EDWIN,FISCHER,	ST. LOUIS CITY	190
VIVIANO,JOS,GHIO,	ST. LOUIS CITY	190
VOGEL,ARTHUR,PAUL,	JACKSON	098
VOGEL,CURT,MILTON,	BOONE	026
VOLK,GEO,EDWARD,	JACKSON	098
VOLLMAR,CLARENCE,JOS,	ST. LOUIS COUNTY	194
VOLLMAR,LEWIS,C,	ST. LOUIS COUNTY	194
VOTAW,ROBT,EDWARDS,	ST. LOUIS COUNTY	194
VOTH,HAROLD,W,	JACKSON	098
VOURNAS,CHRISTOPHER,G,	ST. LOUIS CITY	190

W

WACHTER,RONALD,MAURICE,	GREENE	082
WACKER,LEO,LEE,	ST. LOUIS CITY	190
WADDELL,KENNETH,ESTIL,	GREENE	082
WADDELL,THOMAS,H,	JACKSON	098

WAOOLE,THEOOORE,LAMAR,	SEMO	202
WAOE,FREOERICK,ELLSWORTH,	JACKSON	098
WADLOW,ERNEST,EOWARO,	BUCHANAN	030
WAECKERLE,JOSEPH,F,	JACKSON	098
WAGAN,PRIMITIVA,C LOPEZ,	ST. LOUIS COUNTY	194
WAGGONER,CHAS,MACK,	BOONE	026
WAGGONER,SHARON,E,	BUCHANAN	030
WAGNER,JOHN,RAYMONO,	ST. LOUIS CITY	190
WAGNER,PAUL,JACOB,	JACKSON	098
WAKEFIELO,FRANKLIN,H,	JACKSON	098
WAKEMAN,J,NEWTON,	GREENE	082
WAKEMAN,NEWT,	GREENE	082
WAKERLIN,GEO,EARLE,	BOONE	026
WALO,OONALO,MARVIN,	CLAY	050
WALO,STANLEY,MARVIN,	ST. LOUIS CITY	190
WALOMAN,RICHARO,ALAN,	JACKSON	098
WALKER,AMBROSE,TAYLOR,	SOUTH CENTRAL	206
WALKER,FRANCIS,SAML,	ST. LOUIS COUNTY	194
WALKER,HARVEY,	ST. LOUIS COUNTY	194
WALKER,J,LESLIE,	ST. LOUIS CITY	190
WALKER,JAMES,CHAS,	JACKSON	098
WALKER,ORVILLE,CHAS,	JACKSON	098
WALKER,PAUL,WM,	JASPER	102
WALKER,WILLARO,B,	ST. LOUIS COUNTY	194
WALKER,WM,MICHAEL,	GREENE	082
WALL,EMMETT,O,	ST. LOUIS CITY	190
WALL,HARRY,CHAS,	JACKSON	098
WALL,JOE,ABELS,	SOUTH CENTRAL	206
WALL,LEONARO,A,	JACKSON	098
WALL,LESTER,EVANS,	ST. LOUIS CITY	190
WALLACE,EOGAR,SHAW,	AUORAIN	014
WALLY,JOHN,WM,	JACKSON	098
WALSH,JAMES,WM,	ST. LOUIS CITY	190
WALSH,MARTIN,J,	ST. CHARLES-LINCOLN	126
WALTER,ARCHIE,L,	PIKE	186
WALTER,KENNETH,EUGENE,	ST. LOUIS CITY	190
WALTER,WM,LEE,	ST. LOUIS COUNTY	194
WALTERS,HAROLO,E,	ST. LOUIS CITY	190
WALTERS,HENRY,WARE,	ST. LOUIS COUNTY	194
ALTERS,JOHN,H,	BOONE	026
ALTERS,LAURA,	BOONE	026
ALTERSCHEIO,JOHN,H,	MARION-RALLS-SHELBY	130
ALTHER,ROY,A,	ST. LOUIS COUNTY	194
ALTMAN,STEPHEN,REEVES,	ST. LOUIS CITY	190
ALTON,FRANKLIN,E,	ST. LOUIS CITY	190
ALTON,JOHN,OOUGLAS,	SEMO	202
ALTRIP,ROY,THOS,	SEMO	202
ALTZ,JAMES,RICHARO,	CLAY	050
ALZ,BRUCE,JAMES,	ST. LOUIS CITY	190
ANAMAKER,JOHN,MORGAN,	NORTHWEST	158
ANTUCK,OONALO,K,	GREENE	082
ARO,JAY,WOOOWARO,	BOONE	026
ARO,JOE,WOODWARO,	LAFAYETTE-RAY	118
ARO,ROBT,LEE,	ST. LOUIS COUNTY	194
WARREN,JAMES,CALOWELL,	ST. LOUIS CITY	190
WARREN,WM,HENRY,	GREENE	082
WARRES,HERBERT,L,	GREENE	082
WASHBURN,JOHN,LOREN,	MORGAN	150
WASHINGTON,EOWARO,LEE,	BOONE	026
WASHINGTON,WALTER,	ST. LOUIS CITY	190
WASSERMAN,GARY,SETH,	JACKSON	098
WASSERMAN,HELMAN,C,	ST. LOUIS CITY	190
WATERFIELO,JIM,RAY,	GREENE	082
WATERMAN,FRANKLIN,MAX,	CLAY	050
WATERS,HUGH,ROBT,	ST. LOUIS CITY	190
WATHANA-CHAROEN,SUCHINT,	JACKSON	098
WATKINS,GAREY,LYNN,	ST. LOUIS CITY	190
WATKINS,GEO,LINN,	MINERAL AREA	138
WATSON,ETHEL,	JACKSON	098
WATSON,TREVOR,FRANKLIN,	BOONE	026
WATTS,BYRON,EOWARO,	COLE	058
WATTS,CLARK,CABOT,	BOONE	026
WAXELMAN,ROGER,JEROME,	ST. LOUIS COUNTY	194
WAXMAN,HERBERT,JOS,	JACKSON	098
WAXMAN,JANE,ZABEL,	JACKSON	098
WAYNE,SHEPWYN,J,	ST. LOUIS CITY	190
WEBB,HARRY,EDWARO,	JACKSON	098
WEBB,MARION,ARTEMUS,	ST. LOUIS CITY	190
WEBB,PAUL,B,	ST. LOUIS CITY	190
WEBB,PAUL,B,	ST. LOUIS CITY	190
WEBBER,WM,BISHOP,	ST. LOUIS CITY	190
WEBER,J,RUSSELL,	ST. LOUIS CITY	190
WEBER,SOL,	ST. LOUIS COUNTY	194
WEE,GEO,CHUAN,	ST. LOUIS COUNTY	194
WEED,RANOAL,	BUCHANAN	030
WEEKS,GEO,R,	CAPE GIRAROEAU	042
WEEKS,PAUL,MARTIN,	ST. LOUIS CITY	190
WEIOE,ALLAN,RAY,	CLAY	050
WEIER,ROYAL,A,	ST. LOUIS CITY	190
WEIFORO,EOWARO,CLINTON,	JACKSON	098
WEILER,THOS,JOS,	ST. LOUIS CITY	190
WEINANO,ERNEST,EOWARO,	BUCHANAN	030
WEINHAUS,ROBT,STANLEY,	ST. LOUIS COUNTY	194
WEINSTEIN,CHAS,L,	JACKSON	098
WEIR,OON,CLAIR,	ST. LOUIS CITY	190
WEIR,ROBT,KILEY,	JACKSON	098
WEIS,LANOY,	ST. LOUIS CITY	190
WEISMAN,RENATE,O,	ST. LOUIS COUNTY	194
WEISS,HOWARO,	ST. LOUIS CITY	190
WEISS,JAMES,M A,	BOONE	026
WEISS,STUART,	ST. LOUIS CITY	190
WELOON,CLAPENCE,SCHOCK,	ST. LOUIS CITY	190
WELL,JULIUS,WM,	MARION-RALLS-SHELBY	130
WELLS,OONALO,EUGENE,	JACKSON	098
WELLS,JAMES,ARTHUR,	JACKSON	098
WELLS,JOHN,H,	JACKSON	098
WELNER,AMOS,	ST. LOUIS COUNTY	194
WELNER,ZILA,	ST. LOUIS COUNTY	194
WELSH,LAURENCE,CHAS,	ST. LOUIS CITY	190
WELTSCHEFF,CHRISTO,A,	HENRY	086
WEMPE,GEO,RAYMONO,	NORTHWEST	158
WENNEKER,ALVIN,S,	ST. LOUIS COUNTY	194
WENNER,HERBERT,A,	JACKSON	098
WENTZEL,LOUIS,ROBT,	ST. LOUIS CITY	190
WERNER,OEAN,FRANKLIN,	CLAY	050
WERNER,FRANKLIN,CHACE,	CLAY	050
WERNER,HAROLO,VINCENT,	BOONE	026
WERNER,WM,ALBERT,	ST. LOUIS CITY	190
WERTH,JOS,ANOREW,	COLE	058
WEST,HAROLO,O,	JACKSON	098
WEST,JOS,W,	ST. LOUIS COUNTY	194
WESTERFELO,ROY,AUGUST,	ST. CHARLES-LINCOLN	126
WESTERMAN,HENRY,C,	ST. LOUIS CITY	190
WESTERMAN,ROBT,NEIL,	ST. LOUIS CITY	190
WESTHOFF,OAVIO,OOUGLAS,	COLE	058
WESTRUP,ELLSWORTH,A,	ST. LOUIS COUNTY	194
WETZEL,GUS,S,	HENRY	086
WEYERICH,LEON,F,	ST. LOUIS CITY	190
WEYERICH,NOEL,FRANCIS,	ST. LOUIS COUNTY	194
WEYGANOT,GLENN,R,	ST. LOUIS CITY	190
WHEELER,CHAS,B,	JACKSON	098
WHEELER,JOHN,HENRY,	JACKSON	098
WHEELER,ROBT,LE ROY,	WEST CENTRAL	214
WHITAKER,JAMES,HENRY,	JACKSON	098
WHITAKER,TOPSY,HATCHER,	SEMO	202
WHITE,BARRY,BARTON,	BUTLER-WAYNE-RIPLEY-CARTER	034
WHITE,BRUCE,IRWIN,	ST. LOUIS COUNTY	194
WHITE,CHAS,HERBERT,	JACKSON	098
WHITE,EUGENE,FLOYO,	MIO MISSOURI	182
WHITE,JAMES,STARLING,	JACKSON	098
WHITE,JOS,MALLIE,	BOONE	026
WHITE,NEWTON,B,	ST. LOUIS COUNTY	194
WHITE,R,NEO,	GREENE	082
WHITE,STOUGHTON,F,	JACKSON	098
WHITE,WM,EMERSON,	JACKSON	098
WHITE,WM,HENRY,	ST. LOUIS CITY	190
WHITEMAN,JOHN,R,	JACKSON	098
WHITENER,MILES,CLARK,	ST. LOUIS COUNTY	194
WHITENER,PAUL,ROWLANO,	ST. LOUIS COUNTY	194
WHITLOCK,C,COURTNEY,	GREENE	082
WHITMAN,OANIEL,STEPHEN,	JACKSON	098
WHITMAN,OOYLE,CCLLINS,	JACKSON	098
WHITMORE,J,STEWART,	JACKSON	098
WHITSELL,ORA,EARL,	BUCHANAN	030
WHITTAKER,CHAS,KEITH,	JACKSON	098
WHITTEN,J,STEPHEN,	CAPE GIRAROEAU	042
WHITTEN,M,FOSTER,	JASPER	102
WHITTICO,JAMES,M,	ST. LOUIS CITY	190
WIANT,JAMES,ROBINSON,	ST. LOUIS COUNTY	194
WICHENKAUER,PEIRUCH,	ST. LOUIS CITY	190
WICKS,EOWIN,O,	CLAY	050
WIEOERSHINE,LEONARO,J,	ST. LOUIS COUNTY	194
WIEGANO,HERBERT,CHAS,	ST. LOUIS CITY	190
WIEMAN,HARRY,K,	JASPER	102

WIEN,IRVING,A,	JACKSON	098
WIENKE,EUGENE,C,	ST. LOUIS CITY	190
WIGGINS,ROLAND,LEE,	BOONE	026
WILBER,ROBT,DAYTON,	JACKSON	098
WILBERS,RAYMOND,H,	AUDRAIN	014
WILBOIS,RONALD,PETER,	ST. LOUIS CITY	190
WILCOX,RUTH,E WRIGHT,	JASPER	102
WILCOXEN,WM,B,	PIKE	186
WILES,JACK,N,	SOUTH CENTRAL	206
WILHELM,KENNETH,GEO,	BOONE	026
WILHELM,WARREN,FRED,	JACKSON	098
WILKINS,MICHAEL,STEWART,	JACKSON	098
WILKINSON,CHAS,B,	JACKSON	098
WILKINSON,DAVID,	ST. LOUIS CITY	190
WILKINSON,EVERETT,A,	JACKSON	098
WILLCOXON,ROBT,LEONARD,	JASPER	102
WILLIAMS,ANDREW,F,	BOONE	026
WILLIAMS,CAROL,FRANCES,	ST. LOUIS CITY	190
WILLIAMS,FENTON,ALVIN,	JACKSON	098
WILLIAMS,FRANK,R,	JACKSON	098
WILLIAMS,GEO,PHILLIPS,	JACKSON	098
WILLIAMS,JOHN,MORTON,	CLAY	050
WILLIAMS,JOHN,WYLEY,	LAFAYETTE-RAY	118
WILLIAMS,JOS,C,	JACKSON	098
WILLIAMS,PAUL,ANTHONY,	CALLAWAY	038
WILLIAMS,RAY,DAVID,	ST. LOUIS CITY	190
WILLIAMS,ROBT,DEAN,	CLAY	050
WILLIAMS,ROLAND,DEAN,	JACKSON	098
WILLIAMS,ROY,JEROME,	ST. LOUIS CITY	190
WILLIAMS,STARKS,J,	JACKSON	098
WILLIAMS,THOS,ARTHUR,	JACKSON	098
WILLIAMS,WALTER,RICHARD,	ST. LOUIS CITY	190
WILLIAMSON,GEO,L,	CLAY	050
WILLIAMSON,WALTER,E,	ST. LOUIS CITY	190
WILLIS,H,ROBERT,	ST. LOUIS CITY	190
WILLMAN,CHAS,RHEINOLD,	BUCHANAN	030
WILLMAN,MARTIN,LEE,	ST. LOUIS CITY	190
WILLMAN,VALLEE,L,	ST. LOUIS CITY	190
WILLOUGHBY,JAMES,WHISNER,	JACKSON	098
WILLOUGHBY,JEAN,BROWN,	JACKSON	098
WILLUMSEN,HENRY,C,	BUCHANAN	030
WILSON,ALICE,HORNBUCKLE,	JASPER	102
WILSON,AULLEY,WOODROW,	ST. LOUIS CITY	190
WILSON,CHAS,F,	CAPE GIRARDEAU	042
WILSON,CLIFFORD,CHAS,	JACKSON	098
WILSON,DAVID,EARL,	CLAY	050
WILSON,FRED,K,	GRAND RIVER	078
WILSON,GEO,PATTERSON,	BOONE	026
WILSON,HUGH,M,	ST. LOUIS CITY	190
WILSON,JOHN,EDWARD,	BOONE	026
WILSON,KEITH,SINGLETON,	ST. LOUIS CITY	190
WILSON,LOYS,CHAS,	DUNKLIN	070
WILSON,ROY,EDWARD,	GREENE	082
WILSON,SUSAN,LEE,	ST. LOUIS CITY	190
WILUCKI,MELVIN,RAYMOND,	ST. LOUIS CITY	190
WIMMER,WARREN,JOHN,	ST. LOUIS CITY	190
WINDMILLER,MYRL,EUGENE,	BOONE	026
WINDSOR,CHAS,EDWARD,	ST. LOUIS CITY	190
WINDSOR,DAVID,GEO,	BUCHANAN	030
WINEGAR,ALVON,C,	COLE	058
WINER,HERBERT,J,	JACKSON	098
WINER,MICHAEL,HOWARD,	ST. LOUIS CITY	190
WINER,NATHANIEL,	JACKSON	098
WINKELMAN,ESTHER,B,	JACKSON	098
WINN,GEO,WARREN,	COOPER	062
WINSKY,ARLEN,DUANE,	GREENE	082
WINSTON,BERNARD,HARRY,	JACKSON	098
WINTER,JOHN,HENRY,	ST. LOUIS CITY	190
WINTER,TYRUS,DOMINIC,	ST. LOUIS CITY	190
WINTERS,KATHLEEN,	ST. LOUIS CITY	190
WIPFLER,EARL,JOHN,	ST. CHARLES-LINCOLN	126
WIRTHLIN,EDWARD,HENRY,	ST. LOUIS COUNTY	194
WISE,GEO,W,	JACKSON	098
WISE,GORDON,F,	GREENE	082
WISE,MORRIS,FLARSHEIM,	JACKSON	098
WISSMATH,FRANK,SUM,	ST. LOUIS COUNTY	194
WISSNER,SETH,ERNST,	ST. LOUIS CITY	190
WITHERS,ORVAL,RAYMOND,	JACKSON	098
WITHROW,JOHN,B,	CLAY	050
WITT,CLYDE,MAX,	ST. LOUIS CITY	190
WITT,FRED,W,	ST. LOUIS CITY	190
WITTGEN,EDWARD,M,	ST. LOUIS CITY	190
WITTLER,HARRY,ALBERT,	ST. LOUIS COUNTY	194
WITTMER,SAML,C,	GREENE	082
WOCHNER,RAYMOND,DEAN,	ST. LOUIS CITY	190
WOEHL,JOS,JOHN,	JACKSON	098
WOLANSKI,EUGENE,G,	BUCHANAN	030
WOLF,JACK,W,	JACKSON	098
WOLF,MARION,L,	GREENE	082
WOLF,MITCHELL,LEON,	ST. LOUIS CITY	190
WOLFE,EDWARD,MARTIN,	ST. LOUIS COUNTY	194
WOLFF,DOLORES,J PASKAR,	ST. LOUIS COUNTY	194
WOLFF,GERALD,ALLAN,	ST. LOUIS CITY	190
WOLFF,HAROLD,DAVID,	ST. LOUIS COUNTY	194
WOLFF,PAUL,G,	CAPE GIRARDEAU	042
WOLFF,RAY,J,	ST. LOUIS COUNTY	194
WOLFGRAM,EDWIN,DALE,	ST. LOUIS CITY	190
WOLFRAM,PHILIP,HERMAN,	CLAY	050
WOMMACK,FRED,LOREN,	OZARKS	166
WONG,GEO,	GREENE	082
WOOD,BENNETT,RAYMOND,	ST. LOUIS CITY	190
WOOD,GEO,FRANK,	CALLAWAY	038
WOOD,GEO,HARMON,	JASPER	102
WOOD,JAMES,ALBION,	ST. LOUIS COUNTY	194
WOOD,JOHN,A,	ST. LOUIS COUNTY	194
WOOD,THOS,OWEN,	BUTLER-WAYNE-RIPLEY-CARTER	034
WOODRUFF,CALVIN,W,	BOONE	026
WOODRUFF,SHARON,LYNN,	ST. LOUIS COUNTY	194
WOODS,HAROLD,VERNON,	JACKSON	098
WOODS,RALPH,EDWARD,	ST. LOUIS CITY	190
WOODS,SAML,DWIGHT,	JACKSON	098
WOODS,WALTON,CLAY,	JACKSON	098
WOODWARD,WM,WIRT,	JACKSON	098
WOOL,GERALD,	ST. LOUIS COUNTY	194
WOOLDRIDGE,WILFRED,E,	GREENE	082
WOOLSEY,JOYCE,E DEVINE,	ST. LOUIS CITY	190
WOOLSEY,ROBT,MICHAEL,	ST. LOUIS CITY	190
WORKMAN,CHAS,E,	CLAY	050
WORKMAN,GEO,M,	FRANKLIN-GASCONADE-WARREN	074
WORLEY,CHAS,A,	PETTIS	178
WORTMANN,ROBT,FRANCIS,	JACKSON	098
WOTAWA,WM,J,	ST. LOUIS CITY	190
WRAY,ROBT,CHRISTIE,	ST. LOUIS CITY	190
WRAY,ROLLA,BOYD,	WEST CENTRAL	214
WRIGHT,EARL,JOS,	CLAY	050
WRIGHT,R,PAUL,	JACKSON	098
WU,SHUH-MIN,	JACKSON	098
WU,WM,QUO,	JACKSON	098
WULFF,GEO,J L,	ST. LOUIS COUNTY	194
WURR,DIETER,H,	ST. LOUIS CITY	190
WURSTER,JERRY,BURL,	JACKSON	098
WURSTER,W,JOEL,	JACKSON	098
WYATT,LOIS,CAROLYN,	ST. LOUIS COUNTY	194
WYRSCH,LEO,M,	GREENE	082

Y

YAEGER,GERALD,A,	ST. CHARLES-LINCOLN	126
YALCIN,ENVER,	ST. LOUIS COUNTY	194
YANCEY,DANIEL,L,	GREENE	082
YANG,DAVID,C,	CHARITON-MACON-MONROE-RANDOLPH	046
YANNAKAKIS,JOHN,ELIAS,	ST. LOUIS CITY	190
YANOW,MITCHELL,	ST. LOUIS COUNTY	194
YAR,MARDDNID,J R,	ST. LOUIS COUNTY	194
YARBRO,JOHN,WILLIAMSON,	BOONE	026
YASIN,FAZLE,MOBIN,	ST. LOUIS COUNTY	194
YATES,DARREL,WAYNE,	ST. LOUIS CITY	190
YAZDI,ATAOLLAH,MOSLEH,	ST. LOUIS COUNTY	194
YEAGER,HELEN,E,	BOONE	026
YIN,PO-CHIN,H,	ST. LOUIS CITY	190
YLAGAN,AMANDO,	ST. LOUIS CITY	190
YOON,JIN,SOO,	GRAND RIVER	078
YORE,RICHARD,WM,	ST. LOUIS CITY	190
YOSKIT,HARRY,	JEFFERSON	106
YOULL,DONALD,VERNON,	JACKSON	098
YOUMANS,RONALD,ALAN,	JACKSON	098
YOUNG,CALVIN,CLYDE,	JASPER	102
YOUNG,JAMES,E,	JACKSON	098
YOUNG,JESSE,W,	JACKSON	098
YOUNG,ROBT,B,	MID MISSOURI	182
YOUNG,THOS,JAMES,	BUCHANAN	030
YOUNGBLOOD,JAMES,PETER,	JACKSON	098
YOUNGE,WALTER,A,	ST. LOUIS CITY	190
YOUNGER,ANITA,C,	ST. LOUIS CITY	190

YOUNGER,ERNEST,	ST. LOUIS CITY	190
YU,MARIO,K,	JACKSON	098

Z

ZACHARIAS,OAVIO,L,	JACKSON	098
ZAHN,ROBT,LLOYO,	GREENE	082
ZAHONY,IVAN,	JACKSON	098
ZAHORSKY,CARROLL,LE ROY,	JACKSON	098
ZAHORSKY,THEOOORE,S,	ST. LOUIS CITY	190
ZEFFREN,J,LESTER,	ST. LOUIS CITY	190
ZEIGLER,JOS,MARTIN,	ST. LOUIS COUNTY	194
ZEKERT,HORST,	ST. LOUIS CITY	190
ZELLER,OARRELL,EUGENE,	JACKSON	098
ZERR,CHARLES,HARVEY,	JACKSON	098
ZIEGELMEYER,JOHN,SIMON,	ST. LOUIS CITY	190
ZIMMERMAN,HERBERT,B,	ST. LOUIS COUNTY	194
ZIMMERMAN,JOE,A,	OUNKLIN	070
ZINGALE,FRANK,GEO,	ST. LOUIS CITY	190
ZINN,MARCIA,V EGGERS,	JACKSON	098
ZIVNUSKA,FREOERICK,R,	ST. LOUIS CITY	190
ZOFFUTC,ANTHONY,C,	SEMO	202
ZOGRAFAKIS,GEO,H,	ST. LOUIS CITY	190
ZOLLER,OAVIO,OE BOIS,	JACKSON	098
ZUCKNER,JACK,	ST. LOUIS CITY	190
ZUKOWSKI,EOWARO,THEOOORE,	ST. LOUIS CITY	190
ZWART,CLAUOE,HENRIET,	ST. LOUIS CITY	190
ZWERENZ,BRUNO,H,	JACKSON	098
ZWIRN,HANS,BENJ,	ST. LOUIS COUNTY	194

List of Designated Specialty Codes

The following specialties, including General Practice, are recognized by the American Medical Association.

AM	Aerospace Medicine
A	Allergy
AN	Anesthesiology
BE	Broncho-Esophagology
CD	Cardiovascular Diseases
D	Dermatology
DIA	Diabetes
EM	Emergency Medicine
END	Endocrinology
FP	Family Practice
GE	Gastroenterology
GP	General Practice
GPM	General Preventive Medicine
GER	Geriatrics
GYN	Gynecology
HEM	Hematology
HYP	Hypnosis
G	Immunology
D	Infectious Diseases
M	Internal Medicine
LAR	Laryngology
LM	Legal Medicine
ND	Neoplastic Diseases
NEP	Nephrology
N	Neurology
CHN	Neurology, Child
NA	Neuropathology
NM	Nuclear Medicine
NTR	Nutrition
OBS	Obstetrics
OBG	Obstetrics and Gynecology
OM	Occupational Medicine
ON	Oncology
PH	Ophthalmology
T	Otology
TO	Otorhinolaryngology
TH	Pathology
LP	Pathology, Clinical
FOP	Pathology, Forensic
PD	Pediatrics
PDA	Pediatrics, Allergy
PDC	Pediatrics, Cardiology
PA	Pharmacology, Clinical
PM	Physical Medicine and Rehabilitation
P	Psychiatry
CHP	Psychiatry, Child
PYA	Psychoanalysis
PYM	Psychosomatic Medicine
PH	Public Health
PUD	Pulmonary Diseases
R	Radiology
DR	Radiology, Diagnostic
PDR	Radiology, Pediatric
TR	Radiology, Therapeutic
RHU	Rheumatology
RHI	Rhinology
ABS	Surgery, Abdominal
CDS	Surgery, Cardiovascular
CRS	Surgery, Colon and Rectal
GS	Surgery, General
HS	Surgery, Hand
HNS	Surgery, Head and Neck
NS	Surgery, Neurological
ORS	Surgery, Orthopedic
PDS	Surgery, Pediatric
PS	Surgery, Plastic
TS	Surgery, Thoracic
TRS	Surgery, Traumatic
U	Surgery, Urological

In addition to the above specialties, the following designation is also used:

OS	Other, i.e., physician designated a specialty other than those appearing above.

Roster of Members by County Societies

(See Instructions on Page 399)

010—ANDREW

BAKER,WARREN,C, GP
703 HIGHWAY
SAVANNAH 64485

KELLEY,GILBERT,BYRON, GP
703 W HIGHWAY
SAVANNAH 64485

VILLAHERMOSA,JUANITO,L, GS
703 W HIGHWAY
SAVANNAH 64485

014—AUDRAIN

AJANS,ZAKI,A K, P
704 E MONROE
MEXICO 65265

BOYCE,JOHN,MILTON, PTH
2703 CLARKLN
COLUMBIA 65201

BRADLEY,WM,WYMORE, GP
120 N ROLLINS
CENTRALIA 65240

COMFORT,GEO,DAVID, FP
1415 S MORRIS
MEXICO 65265

COTTEY,JOHN,HIGBEE, GS
MEX PROF BLDG SUM MED PK STE D
MEXICO 65265

DAUT,DONALD,WALTER, IM
200 E MONROE ST
MEXICO 65265

DAVIS,LEONARD,L, ORS
626 SUMMIT
MEXICO 65265

DWYER,THOS,LEO, PUD
119 E LOVE ST
MEXICO 65265

EKERN,HERMAN,PETER, GP
1415-A S MORRIS
MEXICO 65265

GARCIA,CHAS,LEON, GP
203 E JACKSON ST
MEXICO 65265

HOXWORTH,GERALD,MONROE, DR
415 E MONROE
MEXICO 65265

HUQ,MD,NASRUL, OPH
HUQ PROFESSIONAL EYE SERVICE
MEXICO PROF BLDG SUITE G
626 SUMMIT MEDICAL PARK
MEXICO 65265

JOLLY,BENJ,NEWTON, GS
112 N CLARK ST
MEXICO 65265

JOLLY,WM,HARDIN, GS
112 N CLARK ST
MEXICO 65265

KALLENBACH,GLEN,P, GP
P O BOX 249
MEXICO 65265

LANKFORD,HAROLD,DAVID, GP
117 E MONROE
MEXICO 65265

MULLEN,MARY,ELLEN, IM
RT 1 BOX 43
RUSH HILL 65280

O'BRIEN,HARRY,FRANCIS, GP
111 E MONROE ST
MEXICO 65265

REDDIN,PATRICK,CHAS, OBG
WALLMAR & BUILDING
MEXICO 65265

RODES,NED,DE WITT, GS
113 E MONROE ST
MEXICO 65265

SIRIPIPAT,PALLOP, PTH
626 SUMMIT ST
MEXICO 65265

WALLACE,EDGAR,SHAW, OTO
626 SUMMIT STE C
MEXICO 65265

WILBERS,RAYMOND,H, GS
113 E MONROE
MEXICO 65265

018—BARTON

ARNOLD,HERBERT,MILLER, GP
1204 GULF ST
LAMAR 64759

BICKEL,VERN,T, GS
202 W 2ND ST
LAMAR 64759

CAIN,ALVIN,R, GP
P O BOX 572
LAMAR 64759

CARROLL,THOS,W, GP
BOX 368
LAMAR 64759

026—BOONE

A'HMADI,MALEK,P, CHP
201 MID-MISSOURI HEALTH CENTER
COLUMBIA 65201

ABADIR,RUSHDY, R
807 STADIUM
COLUMBIA 65201

ADAMS,HAROLD,DEAN, PD
1480 SUTTERVILLE RD
SACRAMENTO CA 95822

ALLEN,JOS,E, OTO
5813 ST CHARLES RD
COLUMBIA 65201

ALLEN,ROBERT,WILLIAM, PM
2007 S COUNTRY CLUB DR
COLUMBIA 65201

ALLEN,WILLIAM,C, ORS
SECTION ORTHOPAEDICS
UNIV MEDICAL SCHOOL
COLUMBIA 65201

ALLEN,WM,C, GPM
508 W BRIARWOOD LANE
COLUMBIA 65201

ALMOND,CARL,H, TS
807 STADIUM RD
COLUMBIA 65201

ALYEA,JAMES,OGDEN, AN
807 STADIUM
COLUMBIA 65201

ANDERSON,IVAN,AXEL, GP
606 MEDAVISTA
COLUMBIA 65201

ANDERSON,PHILIP,CARR, D
807 STADIUM RD
COLUMBIA 65201

ANDERSON,THOS,RAMSEY, P
STROLLWAY CENTRE
COLUMBIA 65201

ANIS,ONSSY,HANNA, TR
807 STADIUM
COLUMBIA 65201

ARNOLD,RICHARD,C, PH
P O BOX 53
COLUMBIA 65201

ASEL,NORMAN,DONALD, D
1502 E BROADWAY
COLUMBIA 65201

ATTERBURY,COLIN,E, OS
MEDICAL SERVICE
VA HOSPITAL
COLUMBIA 65201

BAKER,ALBERT,SHERWOOD, FP
807 STADIUM ROAD
COLUMBIA 65201

BAKER,JAMES,M, GS
16 S 10TH ST
COLUMBIA 65201

BARBEE,CHAS,WALKER, GS
401 N KEENE
COLUMBIA 65201

BARBERO,GIULIO,JOHN, PD
UNIV OF MISSOUR SCH MED
COLUMBIA 65201

BARNES,ASA, PTH
212 BINGHAM RD
COLUMBIA 65201

BECK,MARCUS,RICHARD, PTH
PO BOX 998
COLUMBIA 65201

BIRKBY,WM,FRANCIS, FP
1502 EAST BROADWAY
COLUMBIA 65201

BLACK,SAML,PAUL WEST, NS
300 S GLENWOOD STREET
COLUMBIA 65201

BLACKWELL,CHAS,WILFRED, R
201 W BROADWAY
COLUMBIA 65201

BLAND,HAROLD,EDWARD, PO
UNIVERSITY OF MO MEDICAL CTR
807 STADIUM ROAD
COLUMBIA 65201

BOURGEOIS,CURTIS,HORATIO, PTH
P O BOX 118
ROCHEPORT 65279

BRADSHAW,WM,DAVID, FP
3408 B WOODRAIL TERR
COLUMBIA 65201

BRUBAKER,LEONARD,H, IM
807 STADIUM
COLUMBIA 65201

BRUKARDT,DIANE,THERESE, IM
STUDENT HEALTH SERVICE
UNIV OF MO
COLUMBIA 65201

BRUNER,CLAUDE,R, OPH
STAR RTE B BOX 5-HD
CAMDENTON 65020

BUMGARNER,JAMES,E, U
1504 E BROADWAY
COLUMBIA 65201

BUMGARNER,ROGER,W, AN
BOX 975
COLUMBIA 65201

BURNS,THOS,WADE, END
310 E BRANDON RD
COLUMBIA 65201

BUTT,JAMES,HORTON, GE
VET ADMIN HOSP-DEPT MED
800 STADIUM DR
COLUMBIA 65201

BYER,JOHN,ALBERT, N
UNIV SCH OF MED DEPT NEUR
COLUMBIA 65201

BYNUM,WM,R, PTH
P O BOX 998
COLUMBIA 65201

CALLEN,KENNETH,EUGENE, P
807 STADIUM RD
COLUMBIA 65201

CANDY,NESTOR,RABE, R
ELLIS FISCHEL CANCER HOSP
COLUMBIA 65201

CARNAHAN,CHAS,EUGENE, PD
3801 CEDAR
COLUMBIA 65201

CAROLLA,ROBT,LOUIS, HEM
1224 LANGHORNE RD
LYNCHBURG VA 24503

CARTER,RONALD,D, ORS
3205 LANSING AVENUE
COLUMBIA 65201

CHALKLEY,JUDSON,I, DR
1502 E BROADWAY
BOONE COUNTY HOSP
COLUMBIA 65201

CHAPEL,JAMES,L, CHP
807 STADIUM RD
COLUMBIA 65201

CHEEK,CHAS,WM, OPH
3205 LANSING AVE
COLUMBIA 65201

CHIASSON,EMMERSON,C, P
P O BOX 1077
COLUMBIA 65201

COCHRAN,DONALD,Q, R
1502 E BROADWAY
COLUMBIA 65201

COHEN,HARRY,BERNARD, AN
UNIV OF MO MEDICAL CENTER
DEPT OF ANESTHESIOLOGY
COLUMBIA 65201

COLWILL,JACK,MARSHALL, OS
R R 5
COLUMBIA 65201

COOPER,MAURICE,E, GP
1000 WAYNE RD
COLUMBIA 65201

COOPERSTOCK,MICHAEL,S, ID
N 717 807 STADIUM RD
COLUMBIA 65201

COPE,JAMES,C, U
1502 E BROADWAY
COLUMBIA 65201

COWLES,ALAN,LAURENCE, IM
FAMILY MEDICINE CLINIC
UNIVERSITY MEDICAL CENTER
COLUMBIA 65201

RAIG,HERBERT,WARNER, PM
UNIV OF MO MED CTR-PHY MED
COLUMBIA 65201

ROWLEY,WM,JAMES, N
11 S WILLIAM
COLUMBIA 65201

ULLEY,THOMAS,S, ORS
807 STADIUM RD
COLUMBIA 65201

CUNDIFF,HARRY,CLAY, OPH
807 STADIUM
COLUMBIA 65201

DARNELL,THOS,F B, D
9-A LAKEWOOD ESTATES
BRANSON 65616

DAVIS,DAVID, P
801 CRESTLAND AVENUE
COLUMBIA 65201

DAVIS,WM,EUGENE, OTO
807 STADIUM
COLUMBIA 65201

DENNINGHOFF,JAMES,C, IM
201 W BROADWAY
COLUMBIA 65201

DEXTER,JAMES,DUANE, N
UNIV OF MISSOURI SCH OF MED
COLUMBIA 65201

DICKHAUS,DONALD,WM, CD
UNIV OF MO MED CTR
COLUMBIA 65201

EDDY,RICHARD,L, END
UNIV OF MO MED CEN
COLUMBIA 65201

EGGERS,GEO,WM N, AN
UNIV OF MO SCHOOL MED
COLUMBIA 65201

ELYASSI,HEDAYATOLLAH, AN
807 STADIUM RD
COLUMBIA 65201

ESTERLY,JAMES,ALLEN, PTH
807 STADIUM
COLUMBIA 65201

FARRELL,CORINNE, ND
UNIV OF MO MED SCI DEPT R
COLUMBIA 65201

FAVAZZA,ARMANDO,R, P
807 STADIUM
COLUMBIA 65201

FERNEAU,JAMES,EDWARD, OBG
401 KEENE ST
COLUMBIA 65201

FOOTE,JERRY,EDWARD, D
1504 E BROADWAY
COLUMBIA 65201

FRAZIER,ROBT,EDWARD, P
113 W BROADWAY
COLUMBIA 65201

FRISTOE,FRANK,H, PTH
U MO-COLUMBIA MED CTR DPT PTH
COLUMBIA 65201

FRUEH,BARTLEY,RICHARD, OPH
909 UNIVERSITY AVENUE
COLUMBIA 65201

FUCHS,GEO,JOS, OBG
1504 E BROADWAY
COLUMBIA 65201

GAMBILL,ALICE,F, AN
UNIV MO MED CTR
COLUMBIA 65201

GARRETT,GLEN,HARLEY, OTO
COLUMBIA PROFESSIONAL BLDG
COLUMBIA 65201

GARROTTO,LEWIS,JOSEPH, DR
814 HULEN DRIVE
COLUMBIA 65201

GATES,DAVID,F, U
1502 E BROADWAY
COLUMBIA 65201

GAUNT,WM,DANFORTH, IM
807 STADIUM RD
COLUMBIA 65201

GODSHALK,MIRIAM,FREDRICA, AN
UNIV OF MO DEPT ANES
COLUMBIA 65201

GORDON,BRUCE,JEFFREY, AN
ANESTHESIOLOGISTS INC
P O BOX 975
COLUMBIA 65201

GRAGNANI,JOHN, PM
ROUTE 10
COLUMBIA 65201

GREGORIUS,CHARLES,D, AN
UNIV OF MO MEDICAL CENTER
COLUMBIA 65201

GRIFFIN,WM,THOS, OBG
807 STADIUM RD
COLUMBIA 65201

GROSHONG,TED,DONALD, PD
UNIV OF MO MED CTR
COLUMBIA 65201

HAIBACH,HELMUT, NM
H S TRUMAN MEN VA HOSPITAL
COLUMBIA 65201

HALL,DAVID,G, OBG
807 STADIUM RD
COLUMBIA 65201

HARDWICKE,HENRY,M, PM
ASHLAND 65010

HARRIS,HUGH,SMITH, GS
801 COWAN DR
COLUMBIA 65201

HARRIS,ROBT,JOEL, PD
2505 E BROADWAY
COLUMBIA 65201

HARRISON,WINSTON,EFTON, U
1220 SUNSET DR
COLUMBIA 65201

HART,WM,MILTON, OPH
404 PORTLAND ST-EYE RES FNDN
COLUMBIA 65201

HAW,MARVIN,TINSLEY, GER
1807 JACKSON ST
COLUMBIA 65201

HAWKINS,JAMES,C, GP
306 STADIUM
COLUMBIA 65201

HEIMBERG,MURRAY, OS
MISSOURI SCH OF MED-PHAR-MED
COLUMBIA 65201

HEIMBURGER,ELIZABETH,M W, FP
807 STADIUM
COLUMBIA 65201

HEIMBURGER,RICHARD,AMES, PS
1504 EAST BROADWAY
COLUMBIA 65201

HENRY,LAWRENCE,DAYLE, PTH
2703 CLARK LA
COLUMBIA 65201

HENSTORF,HAROLD,R, R
UNIV OF MO MED CTR DEPT R
COLUMBIA 65201

HENZEL,JOHN,HAROLD, GS
807 STADIUM
COLUMBIA 65201

HICKCOX,JOHN,P, ORS
3205 LANSING AVE
COLUMBIA 65201

HOFMEISTER,ROGER,WALTER, FP
807 STADIUM
COLUMBIA 65201

HOLMES,RICHARD,ALLEN, NM
807 STADIUM RD
COLUMBIA 65201

HUBBELL,IRA,GEO, AN
302 MC NAB
COLUMBIA 65201

HURST,DANIEL,J, PUD
DEPT OF MEDICINE
MO MEDICAL CENTER
COLUMBIA 65201

HUSAIN ARSHAD,SYED, CHP
807 STADIUM
COLUMBIA 65201

HYATT,ROBT,WAYNE, IM
113 W BROADWAY
COLUMBIA 65201

IDE,CARL,H, OPH
1008 BOURN AVE
COLUMBIA 65201

JACKSON,ROBT,LAWRENCE, PD
807 STADIUM
COLUMBIA 65201

JAMES,ELIZABETH,J P, PD
UNIV MO MED CTR DEPT PD
COLUMBIA 65201

JAMES,RONALD,CARNEY, END
610 W BLVD SOUTH
COLUMBIA 65201

JOHNSON,RICHARD,EDWARD, PTH
BOONE COUNTY HOSP
COLUMBIA 65201

JOHNSTON,WM,DAVID, GS
E FISHEL CANCER HOSP
COLUMBIA 65201

JOSEPH,DONALD,J, OTO
UNIV MO SCH OF MED
COLUMBIA 65201

KAPLAN,MICHAEL,FREDERICK, PS
1409 OVERHILL ROAD
COLUMBIA 65201

KARDINAL,CARL,GUSTAV, HEM
E FISCHEL STATE CANCER HOSP
COLUMBIA 65201

KAYS,KENNETH,MITCHELL, R
1502 E BROADWAY
COLUMBIA 65201

KEITHLY,DENNIS,J, FP
413 BREWER RD
COLUMBIA 65201

KEITZER,WALTER,FORD, GS
UNIV OF MISSOURI
COLUMBIA 65201

KEOWN,KENNETH,K, AN
UNIV OF MO SCHOOL MED
COLUMBIA 65201

KERR,SAML,EARL, PTH
1308 FIELDCREST
COLUMBIA 65201

KILBURN,KAYE,HATCH, PUD
RM 570 VA HOSPITAL
COLUMBIA 65201

KING,ROBERT,JOHN, U
1502 BROADWAY
COLUMBIA 65201

KLACHKO,DAVID,M, IM
DEPT MED
M712 MED SCI
UNIV MO MED CTR
COLUMBIA 65201

KUBIN,MILFORD,T, IM
17 MILE DRIVE
PACIFIC GROVE CA 93950

KUNZ,ROGER,DALE, AN
P O BOX 975
COLUMBIA 65201

LABABIDI,ZUHDI,A, PDC
UNIV OF MO COLL OF MED DEPT PD
COLUMBIA 65201

LACHANCE,J,A LEOPOLD, FP
110 W SNEED AVE
CENTRALIA 65240

LADENSON,ROLAND,PAUL, IM
16 S 10TH ST
COLUMBIA 65201

LAMBERTI,JOS,WM, P
UNIV OF MISSOURI MED CTR
COLUMBIA 65201

LANDHUIS,LEO,RAY, OPH
3205 LANSING AVE
COLUMBIA 65201

LEECH,CHAS,ALBERT, GP
1504 E BROADWAY
COLUMBIA 65201

LEEPER,CLAUDE,K, CLP
UNIV OF MO MED CTR DEPT PATH
COLUMBIA 65201

LEEPER,SIDLEE,WM, IM
1504 E BROADWAY
COLUMBIA 65201

LINDBERG,DONALD,A B, PTH
ROUTE 4
COLUMBIA 65201

LITTON,LYNN,O, ORS
MED CTR OF INDEP
23RD & RD MIZE
INDEPENDENCE 64055

LITWILLER,RAYMOND,W, GP
1312 W BROADWAY
COLUMBIA 65201

LOBECK,CHARLES,C, PD
RR 4
COLUMBIA 65201

LODWICK,GWILYM,SAVAGE, R
911 LA GRANGE
COLUMBIA 65201

LOGUE,JOHN,TERRELL, IM
1504 E BROADWAY ST
COLUMBIA 65201

LOHMAR,ROLAND,EDWARD, IM
113 W BROADWAY
COLUMBIA 65201

LUCAS,FRED,V, PTH
UNIV OF MISSOURI SCHOOL MED
COLUMBIA 65201

MACKAMAN,BERT,JAMES, D
UNIVERSITY OF MISSOURI
M-752
COLUMBIA 65201

MARCO,PHILIP,J, P
1015 COLLEGE PARK DR
COLUMBIA 65201

MARIENFELD,CARL,JOS, PH
807 STADIUM
COLUMBIA 65201

MARKIVEE,CARROLL,R, NM
807 STADIUM
COLUMBIA 65201

MATTA,CAMILLE,S, OPH
N309 MEDICAL CENTER
COLUMBIA 65201

MC CLUER,SHIRLEY,M, PM
807 STADIUM
COLUMBIA 65201

MC CORD,E,SCOTT, AN
UNIV MED CENTER DEPT ANES
COLUMBIA 65201

MC ELROY,GLENN,L, ORS
3205 LANSING AVE
COLUMBIA 65201

MEYER,JOHN,C, PD
401 KEENE
COLUMBIA 65201

MILLER,LE,ROY J, GP
1502 E BROADWAY
COLUMBIA 65201

MILLIKAN,LARRY,EDWARD, D
UNIVERSITY HOSP DEPT DERM
COLUMBIA 65201

MITCHELL,FRANKLIN,LOUIS, GS
2208 DANFORTH CT
COLUMBIA 65201

MITCHELL,LYNN,DELANO, IM
401 KEENE
COLUMBIA 65201

MONROE,CARROLL,DEAN, P
803 STADIUM RD
COLUMBIA 65201

MONTIE,JOS,EMORY, U
UNIV OF MO MED CTR
COLUMBIA 65201

MOON,AGNES,HYUNGNAM, PM
RUSK REHABILITATION CENTER
COLUMBIA 65201

MORANVILLE,BENEDICT,A, FP
1504 E BROADWAY
COLUMBIA 65201

MORGAN,PHILIP,E, OPH
EYE RESEARCH FNDN OF MO
COLUMBIA 65201

MOSBY,LARRY,DEE, PTH
107 E BRANDON RD
COLUMBIA 65201

MOSS,WILLIAM,J, OBG
1504 E BROADWAY
COLUMBIA 65201

MULLINS,MAURICE,FRANCIS, DR
608 W BLVD SOUTH
COLUMBIA 65201

MUSSELL,HOWARD,L, GS
UNIV OF MO MED CTR DEPT SURG
COLUMBIA 65201

NAVARRO,MANUEL,IGNACIO, R
U MO-COLUMBIA MED CTR DPT RAD
COLUMBIA 65201

NICHOLS,WALTER,KIRT, GS
UNIV OF MO MED CTR DEPT GS
COLUMBIA 65201

NIEUWENHUIZEN,MAARTEN, P
3916 FAUROT DR
COLUMBIA 65201

NOLPH,GEORGIA,J A BOWER, FP
801 WESTPORT DRIVE
COLUMBIA 65201

O'KEEFE,STEPHEN,LINDSAY, IM
DEPT OF MED UNIV HOSP
840 S WOOD
CHICAGO IL 60612

OESTREICH,ALAN,EMIL, PDR
UNIV MO MED CTR-N-217
COLUMBIA 65201

ORTH,OLIVER,GERALD, NS
11 S WILLIAMS ST
COLUMBIA 65201

OVERHOLSER,MILTON,D, OS
807 STADIUM ROAD
COLUMBIA 65201

PARKER,BRENT,MERSHON, CO
DIRECTORS OFFICE
807 STADIUM
COLUMBIA 65201

PAYNE,DAVID,E, D
1901 RIDGEMONT
COLUMBIA 65201

PAYNE,JOHN,W, ORS
3205 LANSING AVE
COLUMBIA 65201

PEARMAN,CARL,COURTNEY, OBG
1362 VICTORIA DR
COLUMBIA 65201

PEREZ-MESA,CARLOS,MANUEL, PTH
ELLIS FISCHEL CANCER HOSP
COLUMBIA 65201

PERRY,MICHAEL,CLINTON, IM
807 STADIUM RD
COLUMBIA 65201

PETERSON,CHAS,RAYMOND, PM
HOWARD A RUSK REHAB CENTER
ROOM 132
COLUMBIA 65201

PFEFER,LELAND,UDELL, IM
1504 E BROADWAY
COLUMBIA 65201

ICKARD,CLARENCE,MOTT, IM
113 W BROADWAY
COLUMBIA 65201

ICKENS,JAMES,MILTON, PD
UNIV OF MO MED CTR DEPT PD
COLUMBIA 65201

INGELTON,WM,B, OBG
113 W BROADWAY
COLUMBIA 65201

OEHLMAN,GEORGE,S, FP
UNIV OF MISSOURI MEDICAL CTR
COLUMBIA 65201

OLITTE,LENARD,LUTHER, CO
401 KEENE ST
COLUMBIA 65201

RENDERGAST,THOS,J, PH
UNIV OF MO MED CTR
COLUMBIA 65201

UCKETT,CHAS,LINWOOD, PS
UNIV OF MO MED CTR
M34B MED CTR 807 STADIUM RD
COLUMBIA 65201

ULLIAM,MORRIS,WADE, NS
DEPT NEURO SURGERY
807 STADIUM RD
COLUMBIA 65201

ALL,KENNETH,LOEM, R
1121 DANFORTH DRIVE
COLUMBIA 65201

IDENHOUR,CLARENCE,E, GS
ROUTE 1
COLUMBIA 65201

IKLI,ARTHUR,EUGENE, GPM
4003 FAUROT DR
COLUMBIA 65201

INK,RICHARD,ARLOS, AN
HARRY S TRUMAN MEM VETS HOSP
800 STADIUM RD
COLUMBIA 65201

DGERS,ELRIE,P, IM
BOX 993
COLUMBIA 65201

IGERS,WALLACE,A, PTH
UNIV MO MED CTR DEPT PTH
COLUMBIA 65201

SENHOLTZ,MITCHELL,JAY, OS
1955 W ELDRIDGE
ROSEVILLE MN 55113

ROSS,GILBERT, U
807 STADIUM
COLUMBIA 65201

ROYER,JERRY,ALAN, FP
807 STADIUM
COLUMBIA 65201

RUSSELL,GARTH,S, ORS
BOX O
COLUMBIA 65201

SAAB,SALIM,BAHIG, TS
UNIV OF MO MED CTR
COLUMBIA 65201

SCHEUBER,CHAS, PD
1504 E BROADWAY
COLUMBIA 65201

SCHEWE,ELMER,JOHN, GS
3205 LANSING
COLUMBIA 65201

SEE,WM,BERNARD, OBG
1504 E BROADWAY
COLUMBIA 65201

SHAHEEN,ELEANOR, PD
UNIV MO MED CTR-PED DPT N708
COLUMBIA 65201

SHAPERO,JAMES,A, P
VETERANS HOSP
COLUMBIA 65201

SIGHTS,WARREN,P, NS
807 STADIUM
COLUMBIA 65201

SILVER,DONALD, CDS
807 STADIUM
COLUMBIA 65201

SILVERS,ROBT,GENE, N
610 W STEWART RD
COLUMBIA 65201

SIMONDS,JOHN,FRANCIS, CHP
807 STADIUM
COLUMBIA 65201

SMITH,JASON,N, IM
701 WEST BLVD S
COLUMBIA 65201

SMITH,JOE,ROBT, OPH
1504 E BROADWAY
COLUMBIA 65201

SOHA,JOSEPH,J, R
510 ONOFRIO CT
COLUMBIA 65201

SOMERS,JOHN,EDWARD, N
11 S WILLIAMS ST
COLUMBIA 65201

SOSEBEE,LEE,A, ORS
3205 LANSING AVE
COLUMBIA 65201

SPRATT,JOHN,S, GS
UNI OF LOUISVILLE SCHOOL OF
MEDICINE - CANCER CENTER
LOUISVILLE KY 40201

SPURGEON,MILO,JAMES, AN
404 EDGEWOOD
COLUMBIA 65201

STEPHENSON,HUGH,E, TS
UNIV OF MO SCHOOL MED
COLUMBIA 65201

STEWART,WELLINGTON,BUEL, PTH
COL OF MED DEPT PATH
COLUMBIA 65201

STOY,ROBT,P, GS
201 W BROADWAY
COLUMBIA 65201

STRADFORD,H,TODD, ORS
82 EL CHAPARRAL RT 1
COLUMBIA 65201

STRUESSEL,KENNETH,F, P
113 W BROADWAY
COLUMBIA 65201

TEMPLER,JERRY,W, OTO
807 STADIUM
COLUMBIA 65201

TERRY,BOYD,EARL, GS
UNIV OF MO HOSP DEPT SURG
COLUMBIA 65201

THOMAS,HORACE,EDWARD, GS
1502 E BROADWAY
COLUMBIA 65201

THOMAS,JAMES,REGAN, OTO
3205 LANSING
COLUMBIA 65201

THOMAS,ROBERT,MORGAN, OTO
3205 LANSING AVE AT KEENE
COLUMBIA 65201

TINSLEY,JOHN,C, IM
16 S 10TH ST
COLUMBIA 65201

TRUMBOWER,WM,DE VIPONT, OBG
UNIV OF MO MED CTR DEPT OBG
COLUMBIA 65201

TULLY,RICHARD,J, DR
807 STADIUM RD
COLUMBIA 65201

VOGEL,CURT,MILTON, GS
3707 WOODRIDGE CT
COLUMBIA 65201

WAGGONER,CHAS,MACK, R
201 W BROADWAY
COLUMBIA 65201

WAKERLIN,GEO,EARLE,
2120 PACIFIC AVE
SAN FRANCISCO CA 94115

WALTERS,JOHN,H, IM
1027 HICKORY HILL DR
COLUMBIA 65201

WALTERS,LAURA, D
11 S WILLIAM
COLUMBIA 65201

WARD,JAY,WOODWARD, IM
401 KEENE
COLUMBIA 65201

WASHINGTON,EDWARD,LEE, PD
1502 E BROADWAY
COLUMBIA 65201

WATSON,TREVOR,FRANKLIN, OBG
1504 E BROADWAY
COLUMBIA 65201

WATTS,CLARK,CABOT, NS
807 STADIUM
COLUMBIA 65201

WEISS,JAMES,M A, P
UNIV OF MO MED CENTER
COLUMBIA 65201

WERNER,HAROLD,VINCENT, IM
UNIV OF MO MEDICAL CENTER
COLUMBIA 65201

WHITE,JOS,MALLIE, AN
111 JESSE HALL
COLUMBIA 65201

WIGGINS,ROLAND,LEE, IM
408 N GARTH ST
COLUMBIA 65201

WILHELM,KENNETH,GEO, GS
VA HOSPITAL
COLUMBIA 65201

WILLIAMS,ANDREW,F, OBG
203 W BROADWAY
COLUMBIA 65201

WILSON,GEO,PATTERSON, R
P O BOX 644
COLUMBIA 65201

WILSON,JOHN,EDWARD, OBG
401 KEENE ST
COLUMBIA 65201

WINDMILLER,MYRL,EUGENE, GS
1504 E BROADWAY
COLUMBIA 65201

WOODRUFF,CALVIN,W, PD
807 STADIUM ROAD
COLUMBIA 65201

YARBRO,JOHN,WILLIAMSON, ND
802 FAIRVIEW RD APT C-12
COLUMBIA 65201

YEAGER,HELEN,E, PD
807 STADIUM
COLUMBIA 65201

030—BUCHANAN

ACUFF,R,PHILIP, R
702 JULE ST
ST JOSEPH 64501

AHAD,ABDUL, P
BOX 263 3400 FREDERICK
ST JOSEPH 64502

AMES,WM,HOWARD, IM
902 EDMOND ST
ST JOSEPH 64501

ANDRES,EDWARD,H, GS
902 EDMOND
ST JOSEPH 64502

BARTULICA,NICHOLAS, P
3400 FREDERICK
ST JOSEPH 64502

BECK,PAUL,MARTIN, OPH
409 KIRKPATRICK BLDG
ST JOSEPH 64501

BEHELER,EDWARD,MILTON, GS
422 N 7TH ST
ST JOSEPH 64501

BENSON,SCOTT,CONRAD, GP
2630 ASHLAND AVE
ST JOSEPH 64506

BERNEY,FRANCIS,J, OTO
1225 N 10TH ST
ST JOSEPH 64501

BRISTOW,ROBT,B, U
416 N 7TH
ST JOSEPH 64501

BRYANT,SYDNEY,LEE, IM
902 EDMOND ST
ST JOSEPH 64502

BUTLER,ELZA,FARRELL, CM
902 EDMOND ST
ST JOSEPH 64502

CALLMAN,GEORGE, P
STATE HOSP NO 2
ST JOSEPH 64502

CARPENTER,GEO,TYSON, IM
902 EDMOND ST
ST JOSEPH 64502

CHALLENER,WM,A, IM
902 EDMOND ST
ST JOSEPH 64502

CHRIST,MARTIN,H, A
1402 FARAON ST
ST JOSEPH 64501

CORDER,ROBT,LEE, OBG
510 FRANCIS
ST JOSEPH 64501

COX,JOHN,PHILLIP, P
902 EDMOND ST
ST JOSEPH 64502

CRAIG,OWEN,WM DONALD, GP
KIRKPATRICK BLDG
ST JOSEPH 64501

CRAIG,RICHARD,OWEN, GS
4106 MILLER RD
ST JOSEPH 64505

DAY,ROMNEY,M, U
1410 HIGHLAND
MC ALLEN TX 78501

DECANINI,JESUS,MARIO, P
P O BOX 11
ST JOSEPH 64502

DU MONT,CLEMENT,C, GP
1905 FRANCIS ST
ST JOSEPH 64501

DYER,GARY,ALDEN, D
1302 FARAON ST
ST JOSEPH 64501

FERGUSON,LUTHER,JOHN, OS
2907 FRANCIS
ST JOSEPH 64501

FISCHER,MARTIN,JOS, TS
902 EDMOND ST
ST JOSEPH 64502

FISHER,JOS,LEE, R
7TH AND JULE
ST JOSEPH 64501

FORMAN,GEO,WM, P
2412 ASHLAND
ST JOSEPH 64506

FOX,GERALD,EARL, PTH
METHODIST HOSP DEPT PATH
ST JOSEPH 64501

FUSON,LEVI,HARRISON, IM
RT 3
ST JOSEPH 64506

GARRISON,DAVID,LEE, OBG
902 EDMOND ST
ST JOSEPH 64502

GONDRING,WILLIAM,H, ORS
1335 VILLAGE DRIVE
ST JOSEPH 64506

GRANT,CLAUDE,SKAGGS, GP
2726 SUBLETTE WAY
ST JOSEPH 64506

GRIMES,MANNING,ELMORE, GP
KIRKPATRICK BLDG
ST JOSEPH 64501

GUNTER,JOE,S, U
902 EDMOND
ST JOSEPH 64502

HANDLER,ERIC, GYN
KIRPATRICK BLDG
ST JOSEPH 64501

HARNER,CASPER,G, D
902 EDMOND ST
ST JOSEPH 64502

HAYES,PAUL,WESLEY, P
610 N NOYES BLVD
ST JOSEPH 64506

HERMAN,ALLEN,ISADORE, IM
510 FRANCIS ST-STE 314
ST JOSEPH 64501

HOWDEN,THOS,LAWRENCE, IM
2723 FRANCIS ST
ST JOSEPH 64501

HUGHES,JUDSON,MARTIN, CM
3306 JENNIFER LANE
ST JOSEPH 64506

IDE,LUCIEN,WATERMAN, IM
902 EDMOND AVE
ST JOSEPH 64502

INOCENCIO,EDDIE,C, OTO
902 EDMOND ST
ST JOSEPH 64502

JIMENEZ,JOSE, P
BOX 263
ST JOSEPH 64502

KLINE,CARLYN,MOLSTAO, GP
17 STONECREST
ST JOSEPH 64506

KLINE,EDMUND,WILKING, OBG
510 FRANCIS
ST JOSEPH 64501

KNEPPER,PAUL,ALBERT, GS
902 EDMOND ST
ST JOSEPH 64502

KULOWSKI,JACOB, ORS
5106 STONECREST TERR
ST JOSEPH 64506

LEE,CARLETON,H, A
4104 ST JOSEPH AVE
ST JOSEPH 64505

LEHMAN,PHILIP,C, CRS
1331 VILLAGE DR
ST JOSEPH 64506

MAGINN,RICHARD,LEO, GP
702 JULE ST
ST JOSEPH 64501

MARSTON,FREDERICK,J, DBG
902 EDMOND ST
ST JOSEPH 64502

MARTIN,JOHN,NEAL, U
416 N 7TH ST
ST JOSEPH 64501

MC DANIEL,JOHN,REDMOND, GS
902 EDMOND ST
ST JOSEPH 64502

MC DONALD,WALLACE, IM
29 RIDGELAND
ST JOSEPH 64505

MC DONALD,WILBUR,P, GS
301 N 8TH ST
ST JOSEPH 64501

MERIWETHER,DON,R, AN
902 EDMOND ST
ST JOSEPH 64502

MINTDN,ROBT,SLATER, OPH
R RTE 2
ST JOSEPH 64505

MOEN,BERWYN,HAROLD, CTO
902 EDMOND ST
ST JOSEPH 64502

MONTA,MANDE,DELFIN, PTH
METHODIST MED CTR
ST JOSEPH 64501

MORSE,MARVIN,WALTER, PTH
2702 FARON ST
ST JOSEPH 64501

MOTHERSHEAD,JOHN,L, GP
2603 FREDERICK AVE
ST JOSEPH 64506

MUENCH,ALBERT,HARRY, PH
412 N 25TH
ST JOSEPH 64501

MULLICAN,CHAS,NEWTON, IM
510 FRANCIS ST
SUITE 324
ST JOSEPH 64501

MURPHY,JAMES,A, OPH
1321 VILLAGE DR
ST JOSEPH 64501

NESS,CARL,K, N
B LINDENWOOO LANE
ST JOSEPH 64505

O'BRIEN,LIAM, P
STATE HOSP
ST JOSEPH 64502

O'CONNOR,WM,BENEOICT, D
510 FRANCIS ST
ST JOSEPH 64501

PACULDO,NORA,N RAZON, CHP
ST JOSEPH STATE HOSP
ST JOSEPH 64502

PARTAMIAN,KRIKOR, U
9TH & EOMOND
ST JOSEPH 64502

PAULSON,GOROON,S, IM
1302 FARAON ST
ST JOSEPH 64506

PETERSEN,HAROLO,EOWARD, PD
2902 FREOERICK AVE
ST JOSEPH 64506

PFEFFER,ROBT,I, OBG
1915 N 29TH ST
ST JOSEPH 64506

PIFER,LAWRENCE,H, GP
925 5TH AVE
ST JOSEPH 64505

POTTER,CARYL,A, IM
324 PIONEER BLOG
ST JOSEPH 64501

PROKOP,JOS,ROBT, PD
29 STONECREST
ST JOSEPH 64506

RAPHEL,JOSE, GP
1111 N 49TH TERR
ST JOSEPH 64506

REDMONO,WM,STOREY, GP
CORBY BLDG
ST JOSEPH 64501

ROBERTS,PHYLLIS,L GRANT, GP
2607 CORNELL AVE
ST JOSEPH 64506

ROGERS,JOHN,T, GP
2502 ASHLANO AVE
ST JOSEPH 64506

ROSENTHAL,IRWIN,I, GP
ST JOSEPH STATE HOSP
BOX 263
ST JOSEPH 64502

ROST,WM,BENEDICT, GP
2221 NW EXTENSION BLVD
ST JOSEPH 64506

YAN,JOHN,HAROLD, GS
2901 LOVER LN
ST JOSEPH 64506

ENNE,HERBERT,CARL, IM
223 N 7TH ST
ST JOSEPH 64501

HAH,NARENDRA, AN
THOMPSON BRUMM & KNEPPER CLINC
902 EDMOND ST
ST JOSEPH 64502

HEVLIN,CHAS,F, PD
902 EDMONO ST
ST JOSEPH 64502

ILLIMAN,YORK,EUGENE, PTH
2715 FRANCIS
ST JOSEPH 64501

KLENAR,OONALD,EMMETT, GP
22B ILLINOIS
ST JOSEPH 64504

STACY,WINTON,TELFAIR, FP
1215 N 24TH ST
ST JOSEPH 64506

STALLARO,DONALD,JULIAN, IM
902 EOMONO ST
ST JOSEPH 64502

STEVENS,EDWARD,MILLER, DR
702 JULE
ST JOSEPH 64501

STUBER,ROBT,RONALD, CD
1325 VILLAGE DR
ST JOSEPH 64506

THOMPSON,FREOERICK,G, PO
2714 ASHLAND AVE
ST JOSEPH 64506

TOBIN,ROBT,FRANCIS, OPH
1321 VILLAGE OR
ST JOSEPH 64506

VALERA,SALVAOOR,S, P
3202 FLORAL
ST JOSEPH 64506

WADLOW,ERNEST,EDWARO, OBG
510 FRANCIS ST
ST JOSEPH 64501

WAGGONER,SHARON,E, GP
301 ILLINOIS AVE
ST JOSEPH 64504

WEED,RANOAL, R
702 JULES ST
ST JOSEPH 64501

WEINAND,ERNEST,EOWARO, GS
902 EDMOND ST
ST JOSEPH 64502

WHITSELL,ORA,EARL, OPH
B02 N 23RO ST
ST JOSEPH 64506

WILLMAN,CHAS,RHEINOLD, GS
2216 HIGHLY
ST JOSEPH 64506

WILLUMSEN,HENRY,C, GYN
902 EDMOND ST
ST JOSEPH 64502

WINDSOR,DAVID,GEO, CHP
RR #1
ROSENOALE 644B3

WOLANSKI,EUGENE,G, IM
902 EDMOND ST
ST JOSEPH 64502

YOUNG,THOS,JAMES, OPH
1321 VILLAGE DR
ST JOSEPH 64506

034—BUTLER-WAYNE-RIPLEY-CARTER

ADIBI,FEREYDOON, CBG
KNEIBERT CLINIC
666 LESTER P O BOX 220
POPLAR BLUFF 63901

BARBOUR,MARVIN,R, FP
KNEIBERT CLINIC
PCPLAR BLUFF 63901

BIGGS,FRED,JOS, GP
B08 N MAIN ST
POPLAR BLUFF 63901

BROOKRESON,ALTON,DAVIS, FP
#1 HONEYSUCKLE LANE
POPLAR BLUFF 63901

BROOKRESON,ALTON,F, U
#1 HONEYSUCKLE
POPLAR BLUFF 63901

CALOWELL,FREO, FP
KNEIBERT CLINIC
POPLAR BLUFF 63901

CAMP,RICHARD,VERNON, FP
111 ASH ST
CAMPBELL 63933

CANLAS,EMILIO,MUNIOZ, R
P O BOX 1009
POPLAR BLUFF 63901

CARLSON,ELMER,CARL, OBG
623 PINE ST
POPLAR BLUFF 63901

CHRISTY,JOHN,PAUL, GS
666 LESTER ST
PCPLAR BLUFF 63901

ENGELHARDT,ROBT,C, AN
KNEIBERT CLINIC
POPLAR BLUFF 63901

FRASER,RICHARO,ANOREW, IM
621 PINE ST
POPLAR BLUFF 63901

GERNSTETTER,S,L, ORS
P O BOX 337
POPLAR BLUFF 63901

HANSBROUGH,EUGENE,TICE, GS
1502 LURKYN
POPLAR BLUFF 63901

HARWELL,JAMES,LESTER, OS
2149 SUNSHINE
COLUMBUS APT 204C
SPRINGFIELD 65B04

HECKER,JOS,EDWIN, FP
KNEIBERT CLINIC
POPLAR BLUFF 63901

HOJA,WITOLD,ALEXANOER, OBG
KNEIBERT CLINIC
POPLAR BLUFF 63901

HUNT,JOHN,LOUIS, GP
WILCOX RD
BOX 56
POPLAR BLUFF 63901

KNEIBERT,FRED,LOUIS, GP
666 LESTER
P O BOX 220
POPLAR BLUFF 63901

LAATSCH,ROBT,HENRY, FP
1333 MEAOOW LN
POPLAR BLUFF 63901

LADYMAN,GEO,HENRY, R
623 PINE
POPLAR BLUFF 63901

LEROUX,GENE,HOOVER, GP
204 SUMMIT
DONIPHAN 63935

LESTMANN,HENRY,E, FP
202 PLUM ST
DONIPHAN 63935

LOUGHEAD,JOHN,ROBT, OTO
1201 LURLYN AVE
POPLAR BLUFF 63901

MACAULEY,BERNARO,JOS, OPH
P O BOX 23B
DONIPHAN 63935

MARKEL,ARTHUR,DEAN, FP
KNEIBERT CLINIC
POPLAR BLUFF 63901

MAY,ALBERT,L, GS
330 N 2ND ST
POPLAR BLUFF 63901

MC LANE,JERRY,FRANKLIN, OBG
330 N 2ND STREET
POPLAR BLUFF 63901

MC PHEETERS,JAMES,W, GP
330 N 20 ST
POPLAR BLUFF 63901

MILLER,DAVID,V, IM
KNEIBERT CLINIC
POPLAR BLUFF 63901

PARKER,ARTHUR,C, PD
KNEIBERT CLINIC
POPLAR BLUFF 63901

PLUNKETT,LITTLETON,JAMES, GP
330 N 2ND STREET
POPLAR BLUFF 63901

RAMIREZ,RICARDO,MEZA, PTH
KNEIBERT CLINIC
POPLAR BLUFF 63901

REDDY,ABBIAH,NARAYANA, U
666 LESTER ST
POPLAR BLUFF 63901

REDDY,SARVOTHAM,KATANGUR, GS
623 PINE BLVD
POPLAR BLUFF 63901

POBERTSON,WM,DIXON, GP
MC PHEETERS CLINIC
POPLAR BLUFF 63901

RUFF,T,EUGENE, U
KNEIBERT CLINIC
POPLAR BLUFF 63901

STUBBLEFIELD,CALVIN,F, IM
VET ADMIN HOSP
POPLAR BLUFF 63901

TILL,BENNIE,NORMAN, FP
666 LESTER ST
POPLAR BLUFF 63901

TINSLEY,AUSTIN,REND, FP
2ND AND OAK STREET
POPLAR BLUFF 63901

TRAXEL,WM,LOUIS, OPH
623 PINE BLVD
POPLAR BLUFF 63901

TUMA,ARTHUR,T, NM
215 OAK STREET
POPLAR BLUFF 63901

TURNER,JAMES,HERBERT, P
215 OAK ST
POPLAR BLUFF 63901

TURNER,KIPBY,LYNN, FP
623 PINE
POPLAR BLUFF 63901

TURNER,WM,FESTUS, GP
217 OAK
POPLAR BLUFF 63901

VARMA,DEVENDRA,KUMAR, IM
2506 N MAIN
POPLAR BLUFF 63901

WHITE,BARRY,BARTON, GP
330 N 2ND
POPLAR BLUFF 63901

WOOD,THOS,OWEN, FP
623 PINE ST
POPLAR BLUFF 63901

038—CALLAWAY

BROWN,JOHN,JEFFERSON, GS
1304 VINE ST
FULTON 65251

BROWN,KATHEPINE,SHIRLEY, AN
1304 VINE ST
FULTON 65251

DOMKE,HERBERT,R, PH
221 W HIGH ST
JEFFERSON CITY 65101

DURST,HENRY, GP
610 COURT ST
FULTON 65251

GISH,E,RUTLEDGE, GP
5 E 5TH ST
FULTON 65251

GROCE,GEO,DAVID, FP
820 JEFFERSON ST
FULTON 65251

HILL,JAMES,ELDON, GP
820 JEFFERSON ST
FULTON 65251

JACKSON,VERNON,B, OPH
STATE HOSPITAL #1
FULTON 65251

OSBOURN,RICHARD,ALTON, FP
8208 JEFFERSON
FULTON 65251

PETERSON,DONALD,B, P
1 COUNTRY CLUB DR
FULTON 65251

RITTERBUSCH,JAMES,K, GS
STATE HOSP #1
FULTON 65251

SYDOW,HENRY,ANTHONY, FP
10 W 6TH ST
FULTON 65251

WILLIAMS,PAUL,ANTHONY, FP
820 JEFFERSON
FULTON 65251

WOOD,GEO,FRANK, GP
1700 PLAZA DR
FULTON 65251

042—CAPE GIRARDEAU

ADAMS,RILEY,R, AN
30 DOCTORS PARK
CAPE GIRARDEAU 63701

ASHER,KENNETH,D,
BROADRIDGE POAD
JACKSON 63755

ASHLEY,HUGH,V, GP
425 FRANKLIN ST
CAPE GIRARDEAU 63701

BAHN,CHAS,F, GE
14 DOCTOR'S PARK
CAPE GIRARDEAU 63701

BARNES,SETH,S, D
1854 W BROADWAY
CAPE GIRARDEAU 63701

BLANKENSHIP,DALE,M, GP
12 DOCTORS PARK
CAPE GIRARDEAU 63701

BOWMAN,W,KIRK, CD
14 DOCTORS PARK
CAPE GIRAPDEAU 63701

BURFORD,EDWIN,K, FP
2424 TERRY HILL
CAPE GIRARDEAU 63701

CAMPBELL,EDWARC,C, CRS
937 BROADWAY
CAPE GIRARDEAU 63701

CHAPMAN,JEAN,A, IM
14 DOCTORS PARK
CAPE GIRARDEAU 63701

COCHRAN,J,R, GP
37 DOCTORS PARK
CAPE GIRARDEAU 63701

CCULSON,FOREST,H, IM
36 DOCTORS PARK
CAPE GIRARDEAU 63701

COZEAN,CHARLES,H, OPH
937 BROADWAY
CAPE GIRARDEAU 63701

CROWE,JOHN,T, FP
937 BROADWAY
CAPE GIRARDEAU 63701

DINKENS,JAMES,A, PD
23 DOCTORS PARK
CAPE GIRARDEAU 63701

DOWNEY,JON,P, FP
35 DOCTORS PARK
CAPE GIRARDEAU 63701

DZUR,JAMES,R, IM
14 DOCTORS PARK
CAPE GIRARDEAU 63701

EDWARDS,DONALD,E, IM
937 BROADWAY
CAPE GIRARDEAU 63701

ELLER,GORDON,W, ORS
1912 BROADWAY
CAPE GIRARDEAU 63701

ELROD,DENNIS,B, GYN
211 N SPRIGG ST
CAPE GIRARDEAU 63701

ESSMYER,JOS,K, AN
937 BROADWAY
CAPE GIRARDEAU 63701

HERBERT,CHAS,T, PD
824 GOOD HOPE ST
CAPE GIRARDEAU 63701

HOLCOMB,JOHN,K, FP
35 DOCTORS PARK
CAPE GIRARDEAU 63701

HONAAS,TRYGVE,O, GE
14 DOCTORS PARK
CAPE GIRARDEAU 63701

HORN,PAUL,C, CLP
1909 HUNTINGTON
CAPE GIRARDEAU 63701

HUNT,ROBERT,S, GS
10 DOCTORS PARK
CAPE GIRARDEAU 63701

JAEGER,JOS,N, GP
STATE HWY D
JACKSON 63755

JOHNSON,E,D, R
937 BROADWAY
CAPE GIRARDEAU 63701

JOHNSON,EARL,W, R
937 BROADWAY
CAPE GIRARDEAU 63701

JONES,DAVID,N, GP
BOX 127
CAPE GIRARDEAU 63701

JUNG,CHRISTOPHER,H, OTO
35 DOCTORS PARK
CAPE GIRARDEAU 63701

JUNG,J,MARSHALL, OPH
21 DOCTORS PARK
CAPE GIRARDEAU 63701

KASTEN,MELVIN,C, GS
10 DOCTORS PARK
CAPE GIRARDEAU 63701

KEIM,J,H, IM
1845 WOODLAWN
CAPE GIRARDEAU 63701

KIM,WAYNE,W, P
ST FRANCIS MEDICAL CENTER
CAPE GIRARDEAU 63701

KINDER,JAMES,A, PD
937 BROADWAY
CAPE GIRARDEAU 63701

KINDER,JERRY,L, GS
10 DOCTORS PARK
CAPE GIRARDEAU 63701

KOLDYS,KENNETH,W, D
35 DOCTORS PARK
CAPE GIRARDEAU 63701

KRATZ,PAUL,E, OBG
2560 GORDONVILLE RD
CAPE GIRARDEAU 63701

LOVINGGOOD,THOS,A, PTH
6-1 DOCTORS PARK
CAPE GIRARDEAU 63701

MAGALETTA,GEO,E, OBG
937 BROADWAY
CAPE GIRARDEAU 63701

MC DONALD,EUGENE,F, GP
930 JACKSON TRAIL
JACKSON 63755

MC GINTY,CHAS,P, GS
10 DOCTORS PARK
CAPE GIRARDEAU 63701

OEHLER,WILLIAM,F, GP
213 N SPRIGG ST
CAPE GIRARDEAU 63701

OTTO,THOMAS,G, ORS
1912 BROADWAY
CAPE GIRARDEAU 63701

PARSONS,D,L, FP
35 DOCTORS PARK
CAPE GIRARDEAU 63701

RAPP,HAROLD,B, R
937 BROADWAY
CAPE GIRARDEAU 63701

RAWLINS,FRED,E, OBG
1912 BROADWAY
CAPE GIRARDEAU 63701

RIDINGS,G,RAY, TR
937 BROADWAY
CAPE GIRARDEAU 63701

RIDINGS,HAROLD,D, IM
937 BROADWAY
CAPE GIRARDEAU 63701

RITTER,C,JOHN, IM
14 DOCTORS PARK
CAPE GIRARDEAU 63701

RITTER,CARL,F, R
937 BROADWAY
CAPE GIRARDEAU 63701

RITTER,RAY,A, GS
2542 ALLENDALE DR
CAPE GIRARDEAU 63701

RITTER,RAYMOND,A, ORS
1912 BROADWAY
CAPE GIRARDEAU 63701

ROBERTS,PERRY,T, OTO
35 DOCTORS PARK
CAPE GIRARDEAU 63701

SCHARPHORN,JAMES, AN
P O BOX 444
CAPE GIRARDEAU 63701

SEABAUGH,L,R, U
19 DOCTORS PARK
CAPE GIRARDEAU 63701

SEABAUGH,WM,O L, GS
24 N SPRIGG ST
CAPE GIRARDEAU 63701

SHOSS,MILTON, R
937 BROADWAY
CAPE GIRARDEAU 63701

IDES,STANLEY,D, IM
14 DOCTOR'S PARK
CAPE GIRARDEAU 63701

PARKMAN,THOMAS,C, GP
15 DOCTORS PARK
CAPE GIRARDEAU 63701

PENCE,PAUL,A, GP
35 DOCTORS PARK
CAPE GIRARDEAU 63701

STEWART,WENDELL,K, P
723 N SUNSET BLVD
CAPE GIRARDEAU 63701

TALBERT,CLIFFORD,R, CD
14 DOCTORS PARK
CAPE GIRARDEAU 63701

TERRY,JAMES,W, U
18 DOCTORS PARK
CAPE GIRARDEAU 63701

TYGETT,GLENN,J, OPH
727 BELLEVUE AVE—APT 4
CAPE GIRARDEAU 63701

TYGETT,JOS,N, OBG
17 DOCTORS PARK
CAPE GIRARDEAU 63701

WEEKS,GEO,R, AN
937 BROADWAY
CAPE GIRARDEAU 63701

WHITTEN,J,STEPHEN, OBG
35 DOCTORS PARK
CAPE GIRARDEAU 63701

WILSON,CHAS,F, IM
714 BROADWAY
CAPE GIRARDEAU 63701

WOLFF,PAUL,G, OPH
1819 BROADWAY
CAPE GIRARDEAU 63701

046—CHARITON-MACON-MONROE-RANDOLPH

AGUILERA,TRINIDAD,J A, GS
301 GRAND AVE
MOBERLY MEDICAL CLINIC
MOBERLY 65270

BAKER,JOSEPHINE,DAVIS, AN
614 FISK ST
MOBERLY 65270

BARNETT,FLOYD,A, GP
111 E MONROE ST
PARIS 65275

BAUTISTA,ROGELIO,LLEGO, GS
324 CIRCLE DR
MOBERLY 65270

CAMPBELL,JAMES,E, GP
1101 JACKSON ST
MACON 63552

CHUTE,WM,DEWARD, PD
346 WOODLAND AVE
MOBERLY 65270

COHRS,CLARENCE,CHRIS, A
423 E LOGAN
MOBERLY 65270

COLLINS,GRETCHEN,DORRIS, GP
605 N RUTHERFORD ST
MACON 63552

DREYER,PHILIP,VERNON, GP
208 SHORT ST
HUNTSVILLE 65259

EGGLESTON,DONALD,EDWIN, OPH
410 N RUTHERFORD
MACON 63552

FLEMING,JACOB,WM, IM
346 WOODLAND AVE
MOBERLY 65270

FLEMING,THOS,SIMPSON, CD
517 FORT ST
MOBERLY 65270

HARMS,FLORIAN,LOUIS, GP
SALISBURY 65281

HORI,JOSE,MIGUEL, PTH
COMMUNITY MEM HOSP
MOBERLY 65270

HUBER,LASLEY,EARL, GP
107 BRINKERHOFF
MOBERLY 65270

HUDSON,GIP,RAILEY, GP
346 WOODLAND AVE
MOBERLY 65270

LEE,SOOK-LA, AN
309 N ROLLINS
MACON 63552

LIN,C,H, OBG
346 WOODLAND AVE
MOBERLY 65270

LIN,H,T, IM
346 WOODLAND AVE
MOBERLY 65270

MICIANO,TAAY,RUEL, GP
215 S SIBLEY ST
BUCKNER 64016

MILLER,HERBERT,D, P
8555 S LEWIS
APT 201
TULSA OK 74136

SHIN,DONG-SOO, GS
309 N ROLLINS
MACON 63552

STREETOR,RODERICK,DHU, OS
245 UNION BLVD
ST LOUIS 63108

STUART,DANL,DE WITT, GP
103 E VINE
BRUNSWICK 65236

TOMPSON,ROBT,VAUGHN, GS
423 E LOGAN
MOBERLY 65270

YANG,DAVID,C, PD
346 WOODLAND AVE
MOBERLY 65270

050—CLAY

ADAMS,HOWARD,DWIGHT, GP
6 WESTOVER PL
LIBERTY 64068

ALLAIN,JAMES,J, OPH
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

ALLAN,JAMES,RAY, GP
6 WESTOWNE PL
LIBERTY 64068

ALLEN,LOUIS,ANDERSON, PTH
2800 HOSPITAL DR
KANSAS CITY 64116

ANDERSON,ROBERT, GP
11500 AMBASSADOR DR
KANSAS CITY 64195

ANDREWS,BERNEIL,W, U
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

ARMSTRONG,JAY,HOWARD, R
4812 BLACK SWAN DR
SHAWNEE MISSION KS 66216

ARST,HERBERT,EUGENE, IM
408 E 68TH ST N
KANSAS CITY 64118

BALHUIZEN,JOHN, PUD
5601 N ANTIOCH RD
KANSAS CITY 64119

BATES,GEO,COMER, CD
2700 HOSPITAL DR STE 530
NORTH KANSAS CITY 64116

BEAMON,RICHARD,FREDERICK, EM
SPELLMAN MEMORIAL HOSP
SMITHVILLE 64089

BENSON,LARRY,EDWARD, IM
2700 HOSPITAL DR STE 240
NORTH KANSAS CITY 64116

BOONE,DANL,CARRINGTON, OM
5800 N GRAND AVE
KANSAS CITY 64118

BOWLES,RICHARD,P, FP
114 N WATER ST
LIBERTY 64068

BOWNIK,THEODORE,BRYAN, IM
2700 HOSPITAL DR
SUITE 530
KANSAS CITY 64116

BRAHMACUPTA,NANTHANA, PO
107 SPRING ST
EXCELSIOR SPRINGS 64024

BRIZIO-MOLTENI,LOREDANA, PS
2664 SHERIDAN RD
EVANSTON IL 60201

BURK,EMMETT,KAY, IM
WESTOWNE III
LIBERTY 64068

CASTILLO,MICHAEL,EDWARD, OPH
2601 KENDALLWOOD PKWY
KANSAS CITY 64119

CHATKUPT,SUTHON, GS
1205 N JESSE JAMES RD
EXCELSIOR SPRINGS 64024

CHILES,DAVID,R, GP
620 COMMERCIAL AVE
SMITHVILLE 64089

COOK,JERRY,WM, OPH
7010 N CHERRY
KANSAS CITY 64118

COOPER,BARRY,ROBT, OR
2800 HOSPITAL DR
NORTH KANSAS CITY 64116

COOPER,GARY,D, GE
SUITE 100 WESTOWNE III
LIBERTY 64068

CURNOW,RICHARD,BLAIR, ORS
WESTOWNE OFFICES
LIBERTY 64068

DEL MURO,FRANCISCO, GP
5601 ANTIOCH RD STE 8
KANSAS CITY 64119

DELIGEORGES,JOHN, OPH
7010 N CHERRY
KANSAS CITY 64118

DENTON,ROBT,EUGENE, GS
SMITHVILLE CLINIC BOX E-2
SMITHVILLE 64089

DERNONCOURT,JOHN,E, GP
SMITHVILLE CLINIC
SMITHVILLE 64089

DEVINE,MARK,WM, OTO
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

DOLAN,CHARLES,TERRENCE, PTH
2800 HOSPITAL DRIVE
KANSAS CITY 64116

DUNHAM,ROBT,HOWARD, GP
6022 ANTIOCH RD
KANSAS CITY 64119

DY-RAGOS,RAMON,REYES, NS
5432 N W 70TH ST
KANSAS CITY 64151

EDWARDS,THEODORE,F, PO
2029 BURLINGTON AVE
NORTH KANSAS CITY 64116

FAKHOURY,DONALD,ADLY, GP
4030 N OAK ST TRAFFICWAY
KANSAS CITY 64116

FISCHER,EDWARD,H, CO
2929 BALTIMORE
KANSAS CITY 64108

FISCHER,JOSE,M, P
2900 HOSPITAL DRIVE
KANSAS CITY 64116

FLANDERS,VIRGIL,E, FP
2022 W 91ST ST
LEAWOOD KS 66206

FOTOPOULOS,CHRIS,K, GS
P O BOX 538
LAMAR 64759

FOWLER,I,CHAS, OM
700 BARNES
KANSAS CITY 64118

GALBOL,HARLEY,INGVAR R, GP
522 ELMS BLVD
EXCELSIOR SPRINGS 64024

GAUER,ROBT,J, PD
5601 ANTIOCH RD
KANSAS CITY 64119

HAGAN,JOHN,CHAS, OPH
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

HALEY,TED,MARKHAM, GP
405 E 19TH AVE
KANSAS CITY 64116

HAYES,LAWRENCE,LOUIS, GP
8630 N OAK ST TRFWY
KANSAS CITY 64155

HEDGES,RICHARD,CROMWELL, OM
2025 SWIFT
NORTH KANSAS CITY 64116

HENDREN,THOS,HINES, GS
WESTOWNE III STE 101
LIBERTY 64068

HENRY,JOS,ERIC, IM
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

HODGE,ROBT,HENRY, IM
2204 NE 39
KANSAS CITY 64116

ISE,FRANK,H, ORS
2030 SWIFT
NORTH KANSAS CITY 64116

KATF,NICOLA,YOUSSEF, P
2800 HOSPITAL DR
KANSAS CITY 64116

KELLY,JOSEPH,G, AN
WESTOWNE IV
LIBERTY 64068

KING,PHILLIP,EUGENE, R
UNIV OF KS MED CTR
KANSAS CITY KS 66103

KIRKLAND,JERRY,ALLISON, IM
8630 NORTH OAK
KANSAS CITY 64155

KUENZI,DONALD,EDWARD, FP
8630 N OAK TRFWY
KANSAS CITY 64155

LANNING,R,JAMES, U
2700 HOSPITAL DR STE 200
NORTH KANSAS CITY 64116

LATIMER,WALTER,N A, PO
5140 NE ANTIOCH RD
KANSAS CITY 64119

LILA,ARAM, IM
1205 N JESSE JAMES RD
EXCELSIOR SPRINGS 64024

LITTLEJOHN,ROBERT,T, ORS
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

LLANES-RODAS,RIZALINA, ID
2700 HOSPITAL DR
KANSAS CITY 64116

MC CLUGGAGE,NEWTON,COLE, IM
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

MC CORMICK,JAMES,E, GP
4030 N OAK ST
KANSAS CITY 64116

MC ELROY,MICHAEL,B, HS
2700 HOSPITAL DRIVE SUITE 340
NORTH KANSAS CITY 64116

MC PHEE,WM,R, PTH
1205 W 76TH ST
KANSAS CITY 64114

MULLINS,BERNARD,L, GP
405 E 19TH ST
NORTH KANSAS CITY 64116

MUSGRAVE,DAVID,EDWARDS, IM
BOX 188
EXCELSIOR SPRINGS 64024

MYERS,DAVID,WM, OBG
610 S COMMERCIAL AVE
SMITHVILLE 64089

NOURBAKHSH,MAHMOUD,M, GS
P O BOX 839
PLATTE CITY 64079

PATTERSON,CARROLL,DEAN, P
SUITE 202
WESTOWNE IV
LIBERTY 64068

PERICO,CARLOS,JOSE, GP
405 E 19TH AVE
NORTH KANSAS CITY 64116

PILEGGI,FELIX,ANTHONY, GP
405 E 19TH ST
NORTH KANSAS CITY 64116

PRATHER,WILLIAM,R, IM
2029 BURLINGTON
NORTH KANSAS CITY 64116

PURCELL,PAUL,WOODFORD, GP
4 CARVER ST
SMITHVILLE 64089

RASMUSSEN,MICHAEL,A, IM
8001 NW LONDON DR
KANSAS CITY 64151

REEDER,CHAS,C, GP
620 COMMERCIAL AVENUE
SMITHVILLE 64089

REVARE,PAUL, FP
SPELMAN MEM HOSP
SMITHVILLE 64089

ROBINSON,VAN,MILLETT, OBG
300 PROFESSIONAL BLDG
2700 HOSPITAL DRIVE
KANSAS CITY 64116

ROCKWELL,WAYNE,L, OBG
2700 HOSPITAL DRIVE
KANSAS CITY 64116

SANDERS,GEO,EARL, GP
617A WILLOW DR
LEE'S SUMMIT 64063

SAWYER,FLOYD,E, PD
5350 N OAK ST TRAFFICWAY
KANSAS CITY 64118

SCHERTZ,TRUMAN,B, OPH
2700 HOSPITAL DR STE 400
NORTH KANSAS CITY 64116

SCHUTZ,JOHN,PAUL,
1236 JESSE JAMES ROAD
EXCELSIOR SPRINGS 64024

SIMON,GRACITA,S, AN
P O BOX 289
SMITHVILLE 64089

SLAUGHTER,CARL,RAY, OBG
1001 N WOODLAND
KANSAS CITY 64118

SMITH,CHAS,H, GP
2025 SWIFT
KANSAS CITY 64116

SOMOZA,JOSE,RAMON, PTH
15 N E HILL ST
KANSAS CITY 64116

SOPER,WM,DONALD, FP
11 WESTOWNE CTR
LIBERTY 64068

SPORTSMAN,WELDON,LAVERN, A
7504 N OAK ST TRFY
KANSAS CITY 64118

STRATMAN,CLARENCE,ARTHUR, FP
6002-A N ANTIOCH RD
KANSAS CITY 64119

TANEY,GARY,WAYNE, OBG
2700 HOSPITAL DR
SUITE 5
NORTH KANSAS CITY 64116

THARP,JUDITH,LEE, GP
P O BOX 1079
PLATTE CITY 64079

THOMAS,FRED,ANTHONY, D
5601 N ANTIOCH
KANSAS CITY 64119

THOMAS,THOMAS,CORDELL, GP
P O BOX 217
LIBERTY 64068

TRIPLETT,DANL,ARTHUR, OBG
2700 HOSPITAL DR STE 500
NORTH KANSAS CITY 64116

TUMANUT,BENESTC,FARALAN, OTO
5601 N ANTIOCH RD
KANSAS CITY 64119

UNDERWOOD,JOHNSON, GS
5140 N E ANTIOCH ROAD
KANSAS CITY 64119

WILMER,CHARLES,E, ORS
2030 SWIFT
NORTH KANSAS CITY 64116

WILMER,STEPHEN,EDWARD, CRS
2030 SWIFT
NORTH KANSAS CITY 64116

ALD,DONALD,MARVIN, NM
2800 HOSPITAL DR
NORTH KANSAS CITY 64116

ALTZ,JAMES,RICHARD, GS
WESTOWE III SUITE 101
LIBERTY 64068

ATERMAN,FRANKLIN,MAX, GP
101 W KANSAS
LIBERTY 64068

EIDE,ALLAN,RAY, U
2700 HOSPITAL DR
NORTH KANSAS CITY 64116

ERNER,DEAN,FRANKLIN, OM
2025 SWIFT AVE
NORTH KANSAS CITY 64116

ERNER,FRANKLIN,CHACE, GS
5140 ANTIOCH RD
KANSAS CITY 64119

ICKS,EDWIN,O, PH
506 NW 43RD ST
KANSAS CITY 64106

WILLIAMS,JOHN,MORTON, GP
102 S FOREST
LIBERTY 64068

WILLIAMS,ROBT,DEAN, TS
6700 TROOST AVE
KANSAS CITY 64131

WILLIAMSON,GEO,L, ORS
2030 SWIFT
KANSAS CITY 64116

WILSON,DAVID,EARL, FP
8630 N OAK TRAFFICWAY
KANSAS CITY 64155

WITHROW,JOHN,B, GER
3925 N MAIN
KANSAS CITY 64116

WOLFRAM,PHILIP,HERMAN, GP
620 COMMERCIAL ST
SMITHVILLE 64089

WORKMAN,CHAS,E, ORS
2700 HOSPITAL DR SUITE 340
NORTH KANSAS CITY 64116

WRIGHT,EARL,JOS, PTH
2800 HOSPITAL DRIVE
KANSAS CITY 64116

054—CLINTON

LUCKENBILL,PAUL,T, GP
BOX 353
PLATTSBURG 64477

OZENBERGER,LARRY,ALTON, GP
400 CLAY AVE
PLATTSBURG 64477

SPALDING,WILBER,B, GP
PLATTSBURG 64477

SWEIGER,JAMES,HOWARD, GP
ROUTE 1
PLATTSBURG 64477

058—COLE

ALLAN,JAMES,EDWIN, OS
2009 E MC CARTY
JEFFERSON CITY 65101

BELDEN,EDGAR,A, PH
2124 LOWELL
JEFFERSON CITY 65101

BOWE,EDWIN,EARL, AN
915 LESLIE BLVD
JEFFERSON CITY 65101

BREGANT,ROBT,EUGENE, IM
1505 SOUTHWEST BLVD
JEFFERSON CITY 65101

BUSBY,WM,EUGENE, PD
917-A LESLIE BLVD
JEFFERSON CITY 65101

CLARK,KENDALL,ALLEN, GE
226 E DUNKLIN ST
JEFFERSON CITY 65101

COOPER,CHAS,WINSTON, FP
423 CHERRY ST
JEFFERSON CITY 65101

COURTER,LARRY,P, R
1505 S W BLVD
JEFFERSON CITY 65101

COX,WM,ARTHUR, FP
812 SWIFT'S HIGHWAY
JEFFERSON CITY 65101

DAVISSON,WALTER,F, OPH
913 LESLIE BLVD
JEFFERSON CITY 65101

DOERHOFF,ADELIA,L M, AN
SHEPHERD HILLS DR
JEFFERSON CITY 65101

DOERHOFF,ALAN,ROY, GS
SHEPERD HILLS DR
JEFFERSON CITY 65101

EXON,C,STUART, GS
1505 SOUTHWEST BLVD
JEFFERSON CITY 65101

FALZONE,JOHN,J, U
824 SOUTHWEST BLVD
UROLOGY CARE INC
JEFFERSON CITY 65101

FILES,JAMES,BERTRAND, PTH
CHARLES E STILL HOSPITAL
1125 S MADISON STREET
JEFFERSON CITY 65101

FULLGRABE,EMIL,ALBERT, GP
1914 GREEN MEADOW DR
JEFFERSON CITY 65101

GARNER,LYNN,MASON, PH
403 MEIER DR
JEFFERSON CITY 65101

GARNER,ROYAL,STANLEY, FP
1804 SOUTHWEST BLVD
JEFFERSON CITY 65101

GENTRY,MERRITT,LOGAN, PH
1012 EAST CAMBRIDGE
SPRINGFIELD 65804

GIFFEN,LAWRENCE,EVERETT, FP
420 EAST HIGH ST
JEFFERSON CITY 65101

GORDON,JAMES,SPENCER, AN
600 BOONVILLE RD
JEFFERSON CITY 65101

GUHLEMAN,HENRY,V, P
506 E HIGH ST
JEFFERSON CITY 65101

GURNEE,LANDON,H, OTO
1431 SOUTHWEST BLVD
JEFFERSON CITY 65101

HANDLER,FRED,PHILLIP, PTH
614 BOONVILLE ROAD
JEFFERSON CITY 65101

HAUSER,ROBT,JAMES, CBG
1431 SOUTHWEST BLVD
JEFFERSON CITY 65101

HUGHES,DEREK, P
4104 ROLLINS RD
COLUMBIA 65201

KANAGAWA,HAROLD,K, IM
701 W HIGH
JEFFERSON CITY 65101

KLEBBA,LARRY,B, ABS
P O BOX 403
JEFFERSON CITY 65101

LESLIE,JAMES,T, ORS
1433 SOUTHWEST BLVD
JEFFERSON CITY 65101

LOYD,EARL,LAVON, IM
RIVIERA HEIGHTS
HOLTS SUMMIT 65043

MATTHEWS,JOHN,IMMEL, IM
701 W HIGH ST
JEFFERSON CITY 65101

MAXEY,HUGH,WORTHINGTON, OS
3204 BRECKENRIDGE DR
SPRINGFIELD IL 62704

MC CAFFREE,MARY,K, IM
903A S W BLVD
JEFFERSON CITY 65101

MC HANEY,JOHN,WM, GP
606 E HIGH ST
JEFFERSON CITY 65101

MEIER,FRANCIS,XAVIER, GP
1913 HAYSELTON DR
JEFFERSON CITY 65101

MEINERSHAGEN,CHAS,WM, PH
111 FOREST HILL
JEFFERSON CITY 65101

NEMER,ROBT,JOHN, GP
VIENNA 65582

OSSMAN,JULIAN,ANTHONY, GS
2407 W MAIN
JEFFERSON CITY 65101

RAGLAND,JOHN,E,
P O BOX 517
LINN 65051

ROBB,HAROLD,P, F
BRYCE HOSPITAL
UNIVERSITY BLVD
TUSCALOOSA AL 35401

RUSSELL,JOS,P, GPM
1717 GREENBERRY RD
JEFFERSON CITY 65101

RYAN,THOMAS,J, ORS
1433 SOUTHWEST BLVD
JEFFERSON CITY 65101

SANDERS,JACK,SHELBY, CD
1505 SOUTHWEST BLVD
JEFFERSON CITY 65101

SCHMIDT,JEROME,HERMAN A, U
824 SOUTHWEST BLVD
JEFFERSON CITY 65101

SCHOKKER,JOHANNES, GS
2009 E MC CARTY
JEFFERSON CITY 65101

SCOTT,EARL,DAVID, GP
2009 E MC CARTY
JEFFERSON CITY 65101

SENNOTT,JOHN,STEPHEN, PD
1407 SOUTHWEST BLVD
JEFFERSON CITY 65101

SHULL,G,DONALD, FP
1431 SOUTHWEST BLVD
JEFFERSON CITY 65101

SIU,KENNETH,KWONG CHEE, GS
915 A LESLIE BLVD
JEFFERSON CITY 65101

STAUFFER,HARRY,BEACH, OPH
830 BOONVILLE RD
JEFFERSON CITY 65101

STAUFFER,LARRY,KILGORE, OPH
700 W HIGH ST
JEFFERSON CITY 65101

STRICKER,HAROLD,C, OBG
1431 SOUTHWEST BLVD
JEFFERSON CITY 65101

SU,PHILO,SHIEN CHAN, OBG
1431 SW BLVD
JEFFERSON CITY 65101

SUGARBAKER,EVERETT,D, GS
503 E HIGH ST
JEFFERSON CITY 65101

SUMMERS,JOS,S, DR
214 MARSHALL ST
JEFFERSON CITY 65101

TANNER,ROBT,HARVEY, FP
1505 SOUTHWEST BLVD
JEFFERSON CITY 65101

TAYLOR,LEON,AKERS, GP
1104 W MAIN ST
JEFFERSON CITY 65101

TIETJEN,FRED,O, ORS
1433 SOUTHWEST BLVD
JEFFERSON CITY 65101

VAN VRANKEN,EUGENE,E, PH
907 MO BLVD
JEFFERSON CITY 65101

WATTS,BYRON,EDWARD, R
1505 SOUTHWEST BLVD
JEFFERSON CITY 65101

WERTH,JOS,ANDREW, D
917 LESLIE BLVD STE 3
JEFFERSON CITY 65101

WESTHOFF,DAVID,DOUGLAS, IM
1505 SOUTHWEST BLVD
JEFFERSON CITY 65101

WINEGAR,ALVON,C, OBG
1431 SOUTHWEST BLVD
JEFFERSON CITY 65101

062—COOPER

ABELE,WM,ARVED, IM
620 MAIN ST
BOONVILLE 65233

AVERY,WILLARD,BARTLETT, PD
329 MAIN ST
BOONVILLE 65233

DIEKROEGER,MANUEL,L, GP
RT 1
BOONVILLE 65233

HATA,DAIKICHI, IM
329 MAIN ST
BOONVILLE 65233

HUMPHREYS,EDWARD,T, GS
329 MAIN ST
BOONVILLE 65233

STUART,BYRON,MC CLELLAN, IM
329 MAIN ST
BOONVILLE 65233

WINN,GEO,WARREN, GS
329 MAIN ST
BOONVILLE 65233

066—DALLAS-HICKORY-POLK-DADE

BARNETT,CHAS,HARLAN, GP
220 S SPRINGFIELD ST
BOLIVAR 65613

GRIFFIN,M,EVELYN PLUMMER, PM
1257 CHERRY
BUFFALO 65622

GRIFFIN,DLIN,ADLAE, PH
BUFFALO 65622

HARRELL,HENRY,JACKSON, OS
ROUTE 1 BOX 535
SUMMERFIELD FL 32691

KAHLER,MONTE,RAY, GP
108 N MAIN ST
BOLIVAR 65613

MC CRAW,DOYLE,C, GP
711 N MAIN
BOLIVAR 65613

MC NEEL,LEE,ANDREW, IM
GREENFIELD 65661

ROBINSON,GEO,GAYLORD, GP
HUMANSVILLE 65674

070—DUNKLIN

CASH,CHAS,RAYMOND, GP
DUNMIRE AND CASH CLINIC
KENNETT 63857

CROOM,DORWYN,W, GP
500 N DOUGLAS ST
MALDEN 63863

DUNMIRE,GEO,Q, IM
301 TEACO AVENUE
KENNETT 63857

ENGLISH,WALLACE,DAVIS, GP
P O BOX 107
CARDWELL 63829

HUANG,JUN,SHEN, OBG
P O BOX 526
KENNETT 63857

LEGAN,JOHN,KEITH, GS
617 BUTLER
KENNETT 63857

LOPANSRI,SOMAK, GP
P O BOX 526
KENNETT 63857

MANUBAY,TERESITA, PD
204 W LINDEN CIRCLE
KENNETT 63857

MANUBAY,THEODORA, DR
204 W LINDEN CIRCLE
KENNETT 63857

MILTENBERGER,PAUL,C, GS
211 TEACO RD
KENNETT 63857

MOREHEAD,WM,EDWARD, GP
505 N BECKWITH
MALDEN 63863

PALENSKE,ROBT,LEON, GP
HORNERSVILLE 63855

PU,PIN,HSIU, PTH
P O BOX 827
KENNETT 63857

RIGDON,JOHN,DAVID, FP
201 COLLEGE
KENNETT 63857

SANTOS,ROMEO,INARDA, P
DUNKLIN COUNTY MEM HOSP
KENNETT 63857

SINASA,SURAT, PTH
105 E WASHINGTON
KENNETT 63857

SISLER,MAYNARD,LEE, IM
217 COLLEGE
KENNETT 63857

SOONATTRAKUL,WUTHISAK, IM
P O BOX 231
KENNETT 63857

TARVER,QUINTON, GP
919 S JACKSON ST BOX 647
KENNETT 63857

WILSON,LOYS,CHAS, GP
P O BOX 231
KENNETT 63857

ZIMMERMAN,JOE,A, GP
105 E WASHINGTON
KENNETT 63857

074—FRANKLIN-GASCONADE-WARREN

AULENBACHER,CARL,E, GS
#1 EMERSON DR
WASHINGTON 63090

BAKER,DONALD,LEE, GP
MEDICAL ARTS CLINIC
UNION 63084

BONNEY,SAML,COWN, EM
1325 S GRAND BLVD
ST LOUIS 63104

BOZZO,RAYMOND,JOHN, GP
400 E 5TH ST
WASHINGTON 63090

BRENNER,PAUL,ADOLPH A, GP
108 W WASHINGTON ST
OWENSVILLE 65066

CRANE,JOHN,BRUCE, P
WASHINGTON 63090

CRAWFORD,ROBT,MILTON, GP
20 HUGHES FORD RO
SULLIVAN 63080

OE LA TORRE,JOHN,J, GP
459 W SPRINGFIELO
SULLIVAN 63080

EISENMANN,BENJ,PAUL, GP
NEW HAVEN 63068

EYERMANN,HENRY,WALTER, GP
WARRENTON 63383

FARRELL,SAMMY,LEWIS, FP
205 ELM ST
WASHINGTON 63090

HOELSCHER,HAROLO,F, GP
304 E MAIN ST
WARRENTON 63383

LEE,IN,KOOK, OBG
205 ELM ST
WASHINGTON 63090

MAYS,FRANK,GRISHAM, GS
311 W 4TH ST
WASHINGTON 63090

MITCHELL,THOS,JAMES, GP
75 N MAIN
ST CLAIR 63077

MOELLENHOFF,ROBT,WM, IM
2NO ANO ELM STREETS
WASHINGTON 63090

MURNEY,JOSEPH, GS
201 ELM ST
WASHINGTON 63090

POST,JOHN,PLACIOUS, GP
416 CEDAR ST
WASHINGTON 63090

RICHAROSON,GEO,ALBERT, GP
8OX 307
UNION 63084

RICHARDSON,WM,ROBT, GP
8OX 228
UNION 63084

ROYSE,ROY,PEARL, GP
316 ELM ST
SULLIVAN 63080

RYAN,JOHN,BERNARO, GP
429 CEOAR
WASHINGTON 63090

SCHMIOT,CHAS,ARTHUR, GP
GERALO MEO CENTER
GERALO 63037

HAW,JAMES,T, FP
18TH & WEIN STS
HERMANN 65041

HEA,JAMES,G, IM
205 ELM ST
WASHINGTON 63090

INCOX,CHAS,HARVEY, FP
205 ELM
WASHINGTON 63090

TINE,GORDON,WAYNE, FP
ROUTE 1 BOX 189R
WASHINGTON 63090

TREHLMAN,8ENJ,GEO, FP
510 WEST ENO
UNION 63084

MALI,EMILIANO,CADANO, GS
EL VALLIJO SUBOO
#6 VIONTO DR
WASHINGTON 63090

ORKMAN,GEO,M, FP
P O 8OX 246
18TH & WEIN ST
HERMANN 65041

078—GRAND RIVER

(Caldwell-Carroll-Livingston-Grundy-Daviess-Harrison-Linn-Mercer-DeKalb Counties)

ALLEN,E,WARREN, FP
1411 N JEFFERSON
CARROLLTON 64633

BALES,EUGENE,L, GP
BALES CLINIC 111 N FOLGER ST
CARROLLTON 64633

BOHNSACK,RALPH,WOODS, GP
125 E LOCKLING
8ROOKFIELO 64628

BRENNAN,RAYMOND,J, OS
ELMDALE RD
CHILLICOTHE 64601

BROYLES,WATKINS,A, GP
P O 8OX 352
BETHANY 64424

COFER,THOS,NOBLE, IM
511 ELM P O 8OX 905
CHILLICOTHE 64601

CONRAO,JOS,A, GP
511 ELM ST P O 8OX 905
CHILLICOTHE 64601

CROSS,ALBERT,OEAN, GP
608 E 9TH ST
TRENTON 64683

OALEY,FRANK,RUSSELL, GP
HAMILTON 64644

OIXON,JOHN,R, ABS
125 E LOCKLING ST
BROOKFIELO 64628

OOWELL,J,LARRY, GP
BOX 39
STRAFFORO 65757

OUFFY,OLIVER,F,
532 PLEASANT VIEW ST
TRENTON 64683

ELLSWORTH,WILLARD, GP
CAINSVILLE 64632

FAIR,WM,L, FP
910 CLAY ST
CHILLICOTHE 64601

FUSON,WM,ARTHUR, GP
905 1/2 MAIN STREET
TRENTON 64683

GALE,JOS,FRANCIS, GP
103 11TH ST
CHILLICOTHE 64601

GALVEZ,SISENANOO,P, IM
105 S KANSAS
MARCELINE 64658

GARY,GEO, GP
121 N KANSAS
MARCELINE 64658

GEARHART,MERRIAM, GS
2525 MILLER ST
BETHANY 64424

GILLILAND,CHAS,EOWARO, IM
817 W 4TH ST
CAMERON 64429

HOWELL,BILLY,OALE, GP
103 LINN ST
BROOKFIELD 64628

MAGILL,JOS,S, GP
MORENCI HOSPITAL
MORENCI AZ 85540

MANDLER,GEO, CTD
913 WEBSTER ST
CHILLICOTHE 64601

MC ARTOR,THOS,ROSCOE, GP
BOX 135
8ROWNING 64630

NIXON,EOWARO,EARL, GP
GALLATIN 64640

PARK,YOUNG,EUY, PTH
100 CENTRAL STREET
CHILLICOTHE 64601

PLATZ,JOHN,HERSCHEL, GP
16 N MONROE ST
CARROLLTON 64633

ROSE,JOHN,FRIEORICH, R
1024 GRANDVIEW
CHILLICOTHE 64601

SMITH,ROBT,WINOLE, GP
BROOKFIELO PLAZA
8ROOKFIELO 64628

STATON,R,HAMILTON, GP
215 S MAIN ST
CARROLLTON 64633

SZYMANSKI,STANLEY,R, R
329 N ROLLINS ST
MACON 63552

TRINIDAO,HERMANITO,REYES, GS
913 WEBSTER ST
CHILLICOTHE 64601

VANOIVER,VIRGIL,OALE, GP
RT 2
CHILLICOTHE 64601

WILSON,FREO,K, GP
WINSTON 64689

YOON,JIN,SOO, OBG
103 11TH ST
CHILLICOTHE 64601

082—GREENE

ALCANCIA,ELPIOIO,Y, TR
1423 N JEFFERSON
SPRINGFIELO 65802

ALLEN,JERRY,H, GS
1211 S GLENSTONE ST
SPRINGFIELD 65804

ALLIN,STEPHEN,CRAIG, GP
RR 4
CHARLESTON IL 61920

ALLISON,JAMES,BRAOLEY, P
2200 E SUNSHINE STE 301
SPRINGFIELD 65804

ANCHETA,APOLINARIO,A, GP
1715 8OONVILLE
SPRINGFIELO 65803

ANTHONY,DALLAS,DEAN, R
609 CHERRY
PROFESSIONAL 8LOG SUITE 403
SPRINGFIELD 65806

ASH,CHAS,J, ORS
308 MEDICAL TOWER
SPRINGFIELO 65802

ASHLEY,THOS,E, GS
1211 S GLENSTONE ST
SPRINGFIELD 65804

ATKINSON,THOS,ERNEST, OPH
1900 S NATIONAL NO 1400
SPRINGFIELD 65804

AUNER,CECIL,RAY, IM
600 S GLENSTONE
SPRINGFIELO 65802

BACK,DONALD,KING, IM
1211 S GLENSTONE
SPRINGFIELO 65804

BAILEY,ALAN,HALE, TS
609 CHERRY ST
221 PROFESSIONAL BLDG
SPRINGFIELO 65806

BALDWIN,RICHARD,M, OBG
600 S GLENSTONE ST
SPRINGFIELD 65802

BARNHILL,FLOYD,R, OTO
1900 SOUTH NATIONAL
SPRINGFIELD 65804

BARTLETT,JOHN,E, DR
COX MED CENTER DEPT OF R
SPRINGFIELD 65802

BARTLEY,RICHARD,LEE, FP
SOUTHWEST MISSOURI STATE UNIV
TAYLOR HEALTH CENTER
SPRINGFIELD 65802

BEISNER,DONALD,HENRY, OPH
2900 S FREMONT
SPRINGFIELD 65804

BENNOCH,SHANE,LINTON, EM
COX MED CNTR
1423 N JEFFERSON
SPRINGFIELD 65802

BENSON,RONALD,GORDON, OBG
404 E BATTLEFIELD
SPRINGFIELD 65807

BENTLEY,JOHN,D, IM
1900 S NATIONAL SUITE 2200
SPRINGFIELD 65804

BERRY,PAUL,THOS, GP
1740 S GLENSTONE OFF O
SPRINGFIELD 65804

BLADES,ROSS,DEES, U
1211 S GLENSTONE AVE
SPRINGFIELD 65804

BONEBRAKE,MAC,DONALD, OBG
609 CHERRY ST
304 PROFESSIONAL BLDG
SPRINGFIELD 65806

BOONE,MARTIN,HAYDEN, AN
RT 2 BOX 315
SPRINGFIELD 65802

BORJA,EGBERT,RULLODA, IM
1423 N JEFFERSON
RADIATION DEPT
SPRINGFIELD 65802

BRENT,LANNY,ROSS, DR
208 MEDICAL TOWER
SPRINGFIELD 65802

BRIAN,WM,JOHN, AN
229 PROFESSIONAL BLDG
SPRINGFIELD 65806

BROADDUS,LOREN,EHRMAN, IM
1550 E SUNSHINE
SPRINGFIELD 65804

BROOKS,JOHN,E, N
609 CHERRY
406 PROFESSIONAL BLDG
SPRINGFIELD 65806

BROWN,DAVID,W, ORS
609 CHERRY ST
118 PROFESSIONAL BLDG
SPRINGFIELD 65806

BROWN,JAMES,T, CD
2222 E BERKELEY
SPRINGFIELD 65804

BURKEY,JORDAN,W, OTO
410 PROF BLDG
SPRINGFIELD 65806

BUSIEK,ERWIN,FRED, PD
609 CHERRY
319 PROFESSIONAL BLDG
SPRINGFIELD 65806

BUSIEK,PAUL,JOS, PD
1717 E GRAND
SPRINGFIELD 65804

BUSIEK,URBAN,J, PD
609 CHERRY ST
319 PROFESSIONAL BLDG
SPRINGFIELD 65806

CALLAWAY,GUY,D, IM
901 E PORTLAND
SPRINGFIELD 65804

CARLTON,LYNN,N, DR
403 PROFESSIONAL BLDG
SPRINGFIELD 65806

CARR,PHILLIP,WM, CD
1211 S GLENSTONE
SPRINGFIELD 65804

CHEEK,J,WM, CD
1900 S NATIONAL AVE
SPRINGFIELD 65804

CHRISTENSEN,HAROLD,L, CD
1550 SUNSHINE
SPRINGFIELD 65804

CHRISTY,RAYMOND,ARTHUR, PD
1211 S GLENSTONE ST
SPRINGFIELD 65804

CLARKE,MICHAEL,JAMES, GS
609 CHERRY ST
116 PROFESSIONAL BLDG
SPRINGFIELD 65806

CLARKE,MICHAEL,STEWART, ORS
600 S GLENSTONE ST
SPRINGFIELD 65802

CLARY,WM,F,
2030 S NATIONAL
SPRINGFIELD 65804

CLAWSON,JAMES,WM, GS
609 CHERRY
305 PROFESSIONAL BLDG
SPRINGFIELD 65806

CLAYTON,EDGAR,L, PD
609 CHERRY ST
103 PROFESSIONAL BLDG
SPRINGFIELD 65806

COCHRAN,THOS,EWELL, CD
1211 S GLENSTONE ST
SPRINGFIELD 65804

COLLER,FREDERICK,CHAS, NM
2108 E CAMBRIDGE
SPRINGFIELD 65804

COLLINS,DOUGLASS,DAVID, N
114 PROFESSIONAL BLDG
SPRINGFIELD 65806

CONRAD,RAYMOND,C, OBG
609 CHERRY ST
117 PROFESSIONAL BLDG
SPRINGFIELD 65806

COOK,JAMES,ROBT, AN
2333 E GLENWOOD
SPRINGFIELD 65804

COOPER,CLAUDE,WESLEY, IM
1211 SOUTH GLENSTONE
SPRINGFIELD 65804

CORDONNIER,JAMES,KERMIT, GS
1550 E SUNSHINE
SPRINGFIELD 65804

CORRY,FRANCIS,M, GS
1211 S GLENSTONE
SPRINGFIELD 65804

COSCIA,ROBERT,L, GS
501 MEDICAL TOWER
SPRINGFIELD 65802

COULTER,JAMES,WM, PUD
1550 E SUNSHINE
SPRINGFIELD 65804

CRAWFORD,ORAL,B, AN
609 CHERRY
229 PROFESSIONAL BLDG
SPRINGFIELD 65806

CRIGHTON,JOHN,C, GS
501 MEDICAL TOWER
SPRINGFIELD 65802

CROSTHWAIT,EDWARD,L, GP
1305 BATTLEFIELD
SPRINGFIELD 65804

CUNNINGHAM,D,DEAN, GP
1715 BOONVILLE AVE
SPRINGFIELD 65803

DANIELSSON,ERNST,PETER, PS
3324 E REDBUD LANE
SPRINGFIELD 65804

DECKARD,SHELBY,WAYNE, IM
2256 E MEADOW
SPRINGFIELD 65804

DILLARD,ERIN,M, ORS
118 PROFESSIONAL BLDG
SPRINGFIELD 65806

DILLS,JOS,NEWTON, GS
1554 S CAMPBELL
SPRINGFIELD 65804

DOLAN,DANL,LYNN, IM
621 WINDSOR RD
ASHEVILLE NC 28804

DOMANN,DARREL,DUANE, PS
508 MEDICAL TOWER
SPRINGFIELD 65802

DUNCAN,ROBT,DALRYMPLE, GS
1550 E SUNSHINE ST
SPRINGFIELD 65804

ELKINS,RONALD,FLAGG, CRS
2830 E GLENWOOD ST
SPRINGFIELD 65806

ELLIS,FRANCIS,JEROME, OBG
304 PROFESSIONAL BLDG
SPRINGFIELD 65806

ELLIS,HARRY,LEON, U
115 PROF BLDG
SPRINGFIELD 65806

ENKVETCHAKUL,BOONMEE, AN
PARK CENTRAL HOSPITAL
440 S MARKET ST
SPRINGFIELD 65801

EVANS,EZRA,LEVI, PD
2457 E BARATARIA ST
SPRINGFIELD 65804

FARTHING,GENE,WM, GS
2030 S NATIONAL
SPRINGFIELD 65804

FERGUSON,JOHN,LYNN, RHU
1550 E SUNSHINE
SPRINGFIELD 65804

FERGUSON,JOHN,P, OBG
609 CHERRY
304 PROFESSIONAL BLDG
SPRINGFIELD 65806

FERRELL,THOS,ENOCH, GS
1550 E SUNSHINE
SPRINGFIELD 65804

FINK,ROGER,LEE, PTH
204 MEDICAL TOWER
SPRINGFIELD 65804

FITCH,C,H MAX, GP
1715 BOONVILLE
SPRINGFIELD 65803

FITE,JAMES,ELWIN, EM
LESTER COX EMERGENCY ROOM
1423 JEFFERSON
SPRINGFIELD 65802

FOGERSON,VIRGINIA,L, GP
900 S PICKWICK
SPRINGFIELD 65804

FOGLE,PHILIP,RICHARD, 08G
1900 S NATIONAL
SPRINGFIELD 65804

FRANCIS,WILLIAM,C, ORS
600 S GLENSTONE ST
SPRINGFIELO 65802

GASKA,WALTER,JOHN, PS
1211 S GLENSTONE
SPRINGFIELD 65804

GENTRY,MICHAEL,ALLEN, O
1722 K S GLENSTONE
SPRINGFIELO 65804

GEROES,JOHN,ALFRED, CLP
ST JOHNS HOSPITAL
SPRINGFIELO 65804

GERMAN,WALTER,A, 08G
1211 S GLENSTONE ST
SPRINGFIELO 65804

GIOOINGS,FRANK,CHANOLER, R
208 MEOICAL TOWER
SPRINGFIELO 65804

GIFFIN,JAMES,MANNING, GS
302 PROFESSIONAL 8LDG
SPRINGFIELD 65806

GILL,PAUL,JONES, IM
1211 S GLENSTONE
SPRINGFIELD 65803

GLOVER,JACK,FOY, IM
1550 E SUNSHINE
SPRINGFIELO 65804

GOSE,OON,FERRELL, GS
1550 E SUNSHINE ST
SPRINGFIELO 65804

GRACE,STEVE, 08G
304 PROFESSIONAL 8LOG
SPRINGFIELO 65806

GWIN,EOWARD, IM
1550 E SUNSHINE
SPRINGFIELD 65804

H'OOU8LER,CHAS,EDWARO, GS
406 MEDICAL TOWER
SPRINGFIELO 65802

H'DOU8LER,FRANCIS,T, GP
307 MEDICAL TOWER
SPRINGFIELD 65802

H'OOU8LER,PETER,8EMIS, GS
302 PROFESSIONAL 8LOG
SPRINGFIELO 65806

HAEN,CHAS,JOS, GP
1630 N JEFFERSON
SPPINGFIELD 65803

HALL,OAVIO,W, FP
ROUTE 2
ROGERSVILLE 65742

HALL,OURWARD,GORHAM, PH
2442 S FREMONT
SPRINGFIELO 65804

HAM8URG,FREDERIC,LEONARD, PD
114 PROFESSIDNAL BLOG
SPRINGFIELO 65806

HANAN,ERNEST,8YRON, PTH
724 EAST KINGS8URY
SPRINGFIELO 65802

HANSS,ARMANO,WM, IM
3500 CHERRY
SPRINGFIELO 65804

HAPMON,8EN,C, ORS
1211 S GLENSTONE ST
SPRINGFIELD 65804

HARRISON,STRATTON,WM, CPH
410 PROF 8LDG
SPRINGFIELO 65806

HARVEY,HAROLO,OEWEY, PS
2030 S NATIONAL
SPRINGFIELO 65804

HAWKINS,CALVIN,DALE, R
4932 SOUTH PALMER
SPRINGFIELD 65804

HELLAM,OUANE,C, CD
419 PROFESSIONAL
SPRINGFIELO 65806

HERFKENS,KENNETH,DEAN, IM
1900 S NATIONAL
SPRINGFIELO 65804

HILLS,JOE,ELLIOTT, CO
RT 9 2917 NATURAL 8RIOGE
SPRINGFIELD 65804

HINDS,PAUL,AUBREY, DBG
TAYLOR HEALTH CLINIC
SPRINGFIELO 65802

HOLLAND,RO8T,OUANE, PO
1211 S GLENSTONE
SPRINGFIELD 65804

HOLLIS,RICHARD,W, AN
609 CHERRY
229 PROFESSIONAL 8LOG
SPRINGFIELD 65806

HOLMES,DANL,EUGENE, IM
RT 9 8OX 191
SPRINGFIELO 65804

HOLMES,DAVID,R, 08G
3259 EAST SUNSHINE
SUITE N
SPRINGFIELD 65804

HOOVER,HER8ERT,LEE, 08G
1330 E WALNUT ST
SPRINGFIELD 65802

HORTON,JAMES,O, ORS
1235 E OELMAR
SPRINGFIELD 65804

HRNICEK,GARY,E, IM
1443 N RC88ERSON
SPRINGFIELO 65802

HU88ARD,SALLY,LYNN, GP
901 NATIONAL
SMSU STUOENT CLINIC
SPRINGFIELO 65802

HUEWE,DOUGLAS,ANTHONY, D
321 PROF 8LGD 609 CHERRY ST
SPRINGFIELD 65806

HUFFT,RO8ERT,E, ORS
600 S GLENSTONE MED VILL
SPRINGFIELD 65802

HULSTRA,JOHANNES,F W, P
1211 S GLENSTONE
SPRINGFIELO 65802

IPPENSEN,JOHN,HENRY, OTO
1900 SOUTH NATIONAL
SPRINGFIELO 65804

ISAAC,ANITA,M LANDRUM, PM
LESTER E COX MEDICAL CTR
SPRINGFIELO 65802

IVY,HENRY,BEPRY, OPH
600 S GLENSTONE AVE
SPRINGFIELO 65802

JAMESON,JAMES,E, ORS
118 PPOFESSIONAL 8LOG
SPRINGFIELO 65806

JO8E,CHAS,LOUIS, IM
1211 S GLENSTONE-S G C CLINIC
SPRINGFIELO 65804

JOHNSON,FRITZ,MAHIN, TS
1900 S NATIONAL
SPRINGFIELO 65804

JOHNSON,GEO,ACIE, AN
3167A EAST WASHITA
SPRINGFIELD 65804

JOHNSON,GEO,LAWRENCE, GS
402 MEOICAL TOWER
SPRINGFIELO 65802

JOHNSON,JOS,CONE, 08G
1211 S GLENSTONE
SPRINGFIELD 65804

JOHNSON,WARFORD,8, IM
1443 N RO88ERSON
SPRINGFIELO 65802

JOHNSON,WARFORD,8, IM
220 PROFESSIONAL 8LDG
SPRINGFIELO 65804

JOHNSON,WM,FRAY, U
211 PROF 8LOG
SPRINGFIELO 65806

JOHNSTON,JOS,LEROY, D8G
2855 SOUTHERN HILLS 8LVD
SPRINGFIELD 65806

JONES,HAROLD,LEE, IM
1550 SUNSHINE
SPRINGFIELO 65804

KELLY,JAMES,COR8ET, PO
1900 S NATIONAL
SUITE 2500
SPRINGFIELD 65804

KEY,JAMES,S, D
415 PROFESSIONAL 8LOG
SPRINGFIELD 65806

KHALIL,TAMER,GEO, IM
3259 C EAST SUNSHINE
SPRINGFIELO 65804

KINOER,DOYLE,O, GP
1211 S GLENSTONE
SPRINGFIELO 65804

KIPFER,RO8T,EARL, GE
1550 E SUNSHINE
SPRINGFIELD 65804

KISSELL,RICHARO,W, IM
600 S GLENSTONE
SPRINGFIELD 65804

KLINGNER,GEO,M, IM
1630 N JEFFERSON ST
SPRINGFIELO 65803

KLINGNER,GEO,MALCOLM, GP
1630 N JEFFERSON ST
SPRINGFIELO 65803

KLINKERFUSS,GEO,HENRY, N
PROFESSIONAL 8LOG RM 406
SPPINGFIELO 65806

KNA88,HENRY,F, GP
1630 NORTH JEFFERSON
SPRINGFIELO 65803

KNA88,KENNETH,EOWIN, GP
1630 N JEFFERSON ST
SPRINGFIELO 65803

KO88ERMANN,KO88Y,JOS, 08G
1900 S NATICNAL
SPRINGFIELO 65804

KOLZE,VERNON,WM, GS
600 S GLENSTONE ST
SPPINGFIELO 65802

KRAHN,HENRY,CORNELIUS, R
208 MEDICAL TOWER
SPRINGFIELO 65802

LANGSTON,WALTEP,ROLANO, GS
1453 S FAIRWAY RD
SPRINGFIELO 65804

LE FEVRE,PHILIP,JOS, P
2030 S NATIONAL
SPRINGFIELO 65804

LEIOINGER,KARL,J, GP
P O DRAWER Y
REPUBLIC 65738

LEMMON,GEO,BRUCE, A
407 PROFESSIONAL BLDG
SPRINGFIELD 65806

LEWIS,NOEL,REX, PTH
RT 1 BOX 450
STRAFFORO 65757

LIN,CHI-HSI, N
3259 K EAST SUNSHINE
SPRINGFIELD 65804

LISTERMAN,JOHN,CHARLES, FP
TAYLOR HEALTH CENTER
SPRINGFIELD 65801

LITTON,LYLE,D, DR
208 MEDICAL TOWER
SPRINGFIELD 65802

LOCKHART,CHAS,E, GS
609 CHERRY ST
105 PROFESSIONAL BLDG
SPRINGFIELD 65806

LOEB,RICHARD,HOFFMAN, IM
1211 S GLENSTONE
SPRINGFIELD 65804

LORENC,ERNEST, D
321 PROFESSIONAL BLDG
SPRINGFIELD 65806

LOVETT,ROBERT,LAWSON, CLP
204 MEDICAL TOWER
SPRINGFIELD 65802

LOWE,HORACE,ARCH, GS
302 PROFESSIONAL BLDG
SPRINGFIELD 65806

LUNDMAN,HUGH,JOHN, GS
609 CHERRY
116 PROFESSIONAL BLDG
SPRINGFIELD 65806

LURIE,HAROLD,HERSCHEL, IM
600 S GLENSTONE
SPRINGFIELD 65802

LUZECKY,MICHAEL,HARRY, N
SUITE 406 PROFESSIONAL BLDG
609 CHERRY ST
SPRINGFIELD 65806

LYNCH,THOS,WESTBROOK, D
SUITE 306 PROFESSIONAL BLDG
SPRINGFIELD 65806

MADDUX,WM,PAUL, PM
2634 INGLEWOOD RD
SPRINGFIELD 65804

MAHER,ROBT,W, GS
609 CHERRY
307 PROFESSIONAL BLDG
SPRINGFIELD 65806

MANTELL,JACK,MOORE, IM
1550 E SUNSHINE
SPRINGFIELD 65804

MAPLE,FRANCIS,M, IM
1211 S GLENSTONE
SPRINGFIELD 65804

MC ALHANY,HOWARD,J, NS
609 CHERRY ST
217 PROFESSIONAL BLDG
SPRINGFIELD 65806

MC CREA,WM,A, GP
1211 S GLENSTONE
SPRINGFIELD 65804

MC KINSEY,JOHN,JEROME, IM
1900 S NATIONAL
SPRINGFIELD 65804

MC LAUGHLIN,RICHARO,O, 08G
117 PROFESSIONAL BLDG
SPRINGFIELD 65806

MENCHETTI,OONALO,EUGENE, GP
1630 N JEFFERSON
SPRINGFIELD 65B03

MENTGEN,CARL,NICHOLAS, IM
1550 E SUNSHINE ST
SPRINGFIELD 65B04

MICHAEL,HARVEY,RAY, ORS
1211 S GLENSTONE
SPRINGFIELD 65B04

MIHALEVICH,JOHN,A, IM
309 PROFESSIONAL
SPRINGFIELD 65B06

MILLER,DAVID,D, GS
1443 N ROBBERSON
SPRINGFIELD 65802

MILNE,JAY,LAWRENCE, U
609 CHERRY ST
204 PROFESSIONAL BLDG
SPRINGFIELD 65806

MOORE,DE,ARMOND, OS
418 PROFESSIONAL BLDG
SPRINGFIELD 65806

MOREST,F,STANLEY,
2298 SE HARRISON
STUART FL 33494

MORTON,PAUL,CHAS, IM
1508 E STANFORD
SPRINGFIELD 65804

MOSELEY,FREDERICK,T, GS
PROF BLDG SUITE 116
SPRINGFIELD 65806

NAPPER,MARVIN,LEE, R
ROUTE 1 BOX 311
ASH GROVE 65604

NEBLETT,LEWIS,MICHAEL, OTO
1211 SOUTH GLENSTONE
SPRINGFIELD 65804

NELSON,DAVID,EUGENE, DR
SUITE 208
MEDICAL TOWER
SPRINGFIELD 65802

NEU,LEO,THOS, HEM
3008 CARLISLE CIRCLE
SPRINGFIELD 65804

OLSON,ELBERT,RULE, OPH
1900 S NATIONAL STE 1400
SPRINGFIELD 65804

OVEREND,DONALD,STEWART, PD
1211 S GLENSTONE ST
SPRINGFIELD 65804

PALCHEFF,CHRIS,L, PD
1722 SS S GLENSTONE ST
SPRINGFIELD 65804

PARK,WM,ISAIAH, IM
209 PROF BLDG
SPRINGFIELD 65806

PENNINGER,WILLIAM,H, ORS
600 S GLENSTONE ST
SPRINGFIELD 65802

PETERSON,STANLEY,S, IM
1211 S GLENSTONE ST
SPRINGFIELD 65804

PIKER,KENNETH,O, FP
1525 N CAMPBELL AVE
SPRINGFIELD 65803

PINCKLEY,JAMES,N, CDS
1211 S GLENSTONE
SPRINGFIELD 65804

PODRECCA,GUIDO,ITALICO, PTH
207 PROF BLDG
SPRINGFIELD 65806

POWELL,EDWIN,MC ARDLE, U
115 PROF BLDG
SPRINGFIELD 65806

PRATER,BILL,G, OPH
410 PROF BLDG
SPRINGFIELD 65806

PRUETT,PAUL,LEON, OBG
304 PROFESSIONAL BLDG
SPRINGFIELD 65806

PURIBHAT,SIRISAK, TR
1423 N JEFFERSON AVE
SPRINGFIELD 65806

QUINN,PAUL,STANLEY, PTH
1423 N JEFFERSON AVE
SPRINGFIELD 65802

RABORAR,ARTESO,C, PTH
207 PROF BLDG
SPRINGFIELD 65804

RAINWATER,ELMER,H, OPH
410 PROFESSIONAL BLDG
SPRINGFIELD 65804

RIESENBERG,OONALO,E, IM
1900 S NATIONAL
SPRINGFIELD 65804

RIGNEY,LEVI,MADISON, IM
806 E LINWOOD DR
SPRINGFIELD 65806

RISING,DEAN,ROBT, PD
1211 S GLENSTONE
SPRINGFIELD 65804

ROBINSON,GARY,LEWIS, OBG
404 E BATTLEFIELD RD
SPRINGFIELD 65801

RUSSELL,EARL,D, AM
1503 S GLENSTONE ST
SPRINGFIELD 65804

SAMMON,THOS,JAMES,
1526 S DEVON
SPRINGFIELD 65804

SAUER,PAUL,ENRICH, TS
504 MEDICAL TOWER
SPRINGFIELD 65802

SCANLON,ROBT,CLAYTON, GP
403 MEDICAL TOWER
SPRINGFIELD 65803

SCHAEFFER,EDWARD,M, OPH
2900 S FREMONT
SPRINGFIELD 65804

SCHREIBER,NORMAN,JOHN, GP
3754 CHERRY
SPRINGFIELD 65804

SCHROFF,CARLE,HIGHLAND, GP
1630 N JEFFERSON ST
SPRINGFIELD 65803

SCHWARTZ,EUGENE,JAMES, PD
609 CHERRY ST
317 PROFESSIONAL BLDG
SPRINGFIELD 65806

SHACKTER,BRUCE,I, ORS
1550 E SUNSHINE
SPRINGFIELD 65804

SHANE,RAMON,ARTHUR, TS
1900 S NATIONAL
SPRINGFIELD 65804

SHELTON,ROY,WAYNE, CPH
1211 S GLENSTONE
SPRINGFIELD 65804

SHIELDS,LAWRENCE,S, O
SMSU TAYLOR HEALTH CTR
SPRINGFIELD 65802

SICELUFF,JOS,GRICE, U
609 CHERRY ST
224 PROFESSIONAL BLDG
SPRINGFIELD 65806

SILSBY,DON,JAMES, GS
401 PROFESSIONAL BLDG
SPRINGFIELD 65806

SILSBY,HARRY,DOZIER, P
1369 SOUTH FAIRWAY AVE
SPRINGFIELD 65804

SIMPSON,ALBERT,PHILLIPS, GP
SE MED BLDG 1636 S GLENSTONE
SPRINGFIELD 65804

SIMPSON,EMERSON,LANDEN, GP
1630 N JEFFERSON ST
SPRINGFIELD 65803

SMITH,ALEX,G, OPH
2900 SOUTH FREMONT AVE
SPRINGFIELD 65804

SNEAD,WILLIAM,H, ORS
118 PROFESSIONAL BLDG
SPRINGFIELD 65806

SNOW,EMASUE, P
440 SOUTH MARKET
SPRINGFIELD 65806

SPALDING,DAVID,LEWIS, OPH
1900 S NATIONAL RD-STE 1400
SPRINGFIELD 65804

SPONENBERG,DON,DEE, PD
1211 S GLENSTONE ST
SPRINGFIELD 65804

STAMATIS,JOHN,JAMES, TS
1900 S NATIONAL
SUITE 2600
SPRINGFIELD 65804

STEHR,CHRISTIAN,HERMAN, AN
609 CHERRY
229 PROFESSIONAL BLDG
SPRINGFIELD 65806

STEWART,R,WENDELL, GP
609 E CHERRY ST
219 PROFESSIONAL BLDG
SPRINGFIELD 65806

STEWART,ROBT,B, OPH
2360 EAST GRAND
SPRINGFIELD 65804

STUBBLEFIELD,WAYNE, GP
2740 S GLENSTONE
SPRINGFIELD 65804

STUFFLEBAM,ROBT,EARL, IM
2323 E ROSEBRIER
SPRINGFIELD 65804

STURTEVANT,HARWOOD,N, R
609 CHERRY
403 PROFESSIONAL BLDG
SPRINGFIELD 65806

SULLIVAN,DAN,THOMAS, DR
609 CHERRY ST
403 PROFESSIONAL BLDG
SPRINGFIELD 65806

SUNDSTROM,FRANK,D, ORS
1211 S GLENSTONE ST
SPRINGFIELD 65802

SUVA,MORFEO,MARIANO, IM
440 S MARKET STREET
SPRINGFIELD 65802

SWEENEY,THOS,PATRICK, R
403 PROFESSIONAL BLDG
SPRINGFIELD 65806

TARRASCH,ERNEST,L, OPH
1636 S GLENSTONE AVE
SPRINGFIELD 65804

TAYLOR,WM,EDWARD, GP
1701 RANCH DRIVE
SPRINGFIELD 65802

TENDAI,MARK,MYROSLAW, OBG
505 MEDICAL TOWER
SPRINGFIELD 65802

TERRY,JAMES,F, U
115 PROF BLDG
SPRINGFIELD 65806

THOMASSON,DAVID,D, PD
600 S GLENSTONE
SPRINGFIELD 65802

TILLMAN,WALTER,WM, AN
229 PROF BLDG
SPRINGFIELD 65806

TOMBRIDGE,THOS,LEO, PTH
1235 E CHEROKEE
ST JOHN'S HOSPITAL
SPRINGFIELD 65804

TROTTER,WM,YATES, IM
1243 E CATALPA
SPRINGFIELD 65804

TSANG,JOHN,LIEN KWEI, NS
3259 G EAST SUNSHINE
SPRINGFIELD 65804

TURNER,GLENN,OLIVER, IM
609 CHERRY
STE 419 PROFESSIONAL BLDG
SPRINGFIELD 65806

VANDER VELDE,KENNETH,MARTIN, GS
1211 S GLENSTONE
SPRINGFIELD 65804

VENSEL,LEE,HOWARD, PD
114 PROFESSIONAL BLDG
SPRINGFIELD 65806

WACHTER,RONALD,MAURICE, PTH
DEPT PATHOLOGY
COX MEDICAL CENTER
1423 N JEFFERSON
SPRINGFIELD 65804

WADDELL,KENNETH,ESTIL,
1211 S GLENSTONE
SPRINGFIELD 65804

WAKEMAN,J,NEWTON, GS
1900 S NATIONAL
SPRINGFIELD 65804

WAKEMAN,NEWT, ORS
1900 SOUTH NATIONAL
SPRINGFIELD 65804

WALKER,WM,MICHAEL, OBG
609 CHERRY ST
17 PROFESSIONAL BLDG
SPRINGFIELD 65806

WANTUCK,DONALD,K, IM
609 CHERRY
309 PROFESSIONAL BLDG
SPRINGFIELD 65804

WARREN,WM,HENRY, OS
RT 1
AVA 65608

WARRES,HERBERT,L, U
609 CHERRY ST
230 PROFESSIONAL BLDG
SPRINGFIELD 65806

WATERFIELD,JIM,RAY, IM
1211 S GLENSTONE
SPRINGFIELD 65804

WHITE,R,NED, OBG
301 MEDICAL TOWER
SPRINGFIELD 65802

WHITLOCK,C,COURTNEY, NS
405 MEDICAL TOWER
SPRINGFIELD 65802

WILSON,ROY,EDWARD, P
1211 S GLENSTONE
SPRINGFIELD 65804

WINSKY,ARLEN,DUANE, PS
508 MEDICAL TOWER
SPRINGFIELD 65802

WISE,GORDON,F, AN
229 PROF BLDG
SPRINGFIELD 65806

WITTMER,SAML,C, GS
600 S GLENSTONE ST
SPRINGFIELD 65802

WOLF,MARION,L, ORS
1211 S GLENSTONE
SPRINGFIELD 65804

WONG,GEO, N
2030 S NATIONAL
SPRINGFIELD 65804

WOOLDRIDGE,WILFRED,E, D
321 PROF BLDG
SPRINGFIELD 65806

WYRSCH,LEO,M, OBG
304 PROFESSIONAL BLDG
SPRINGFIELD 65806

YANCEY,DANIEL,L, ORS
1133 S WELLER
SPRINGFIELD 65804

ZAHN,ROBT,LLOYD, PD
317 PROF BLDG
SPRINGFIELD 65806

086—HENRY

HOLLINGSWORTH,RAY,S, GP
MEDICAL BLDG-HOSP DR
CLINTON 64735

HUGHES,SHELBY,BOND, GP
106 S 3RD ST
CLINTON 64735

JONES,EDNA,MARTHA, OS
RT #2
DEEPWATER 64740

KING,RICHARD,HARRY, GS
HOSPITAL DR
C/O MEDICAL CLINIC
CLINTON 64735

SCOTT,KENNETH,F, FP
MED BLDG-HOSPITAL DR
CLINTON 64735

SMITH,JAMES,OMER, GP
108 S 3RD ST
CLINTON 64735

SMITH,WM,JOS, GP
103 W COLT ST
WINDSOR 65360

WELTSCHEFF,CHRISTO,A, EM
120 S MAIN
WINDSOR 65360

WETZEL,GUS,S, GS
506 S 8TH ST
CLINTON 64735

094—HOWARD

CRAFT,GEORGE,A, CHP
FAYETTE MEDICAL CLINIC
FAYETTE 65248

DEAN,FRANCIS,DE SALES, GP
300 N CHURCH ST
FAYETTE 65248

LEECH,MAURICE,P, GP
300 N CHURCH
FAYETTE 65248

MARSHALL,WILLIAM,GEORGE,
GLASGOW MED CTR
GLASGOW 65254

SHAW,WM,J, GP
300 N CHURCH ST
FAYETTE 65248

098—JACKSON

AARON,GEO, U
1515 W TRUMAN RD
INDEPENDENCE 64050

ABAQUETA,GAMALIEL,P, AN
1220 W 64TH TERR
KANSAS CITY 64113

ABDOU,NANCY,L, HEM
2411 HOLMES
KANSAS CITY 64108

ABELLA,BIENVENIDO,Z, GS
6400 PROSPECT AVE
KANSAS CITY 64132

ABEND,MELVIN,N, HS
6724 TROOST
KANSAS CITY 64131

ABERCROMBIE,KEITH,JAMES, U
6700 TROOST
KANSAS CITY 64131

ABRAMS,BERNARD,MARK, N
P O BOX 7252
KANSAS CITY 64110

ADELMAN,ARTHUR, GS
601 E 63RD ST
KANSAS CITY 64110

ADLER,FEDERICO, ORS
6724 TROOST
300 HIGHLANDS PROF TOWER
KANSAS CITY 64131

AGEE,LOREN,G, GP
RT 1
RANTOUL KS 66079

AKS,DANL, OBG
6724 TROOST
KANSAS CITY 64131

ALBANI,FRANK,JOSEPH, U
1340 CAMELOT
LIBERTY 64068

ALBERG,MARVIN,R, OS
3525 N W 60TH TERRACE
KANSAS CITY 64151

ALDERMAN,DONALC,P, AN
3221 W 83RD ST
SHAWNEE MISSION KS 66206

ALDERMAN,THCS,FRANCIS, GS
7540 TROOST
KANSAS CITY 64131

ALLEBACH,HOBART,K B, PTH
6400 PROSPECT AVE
KANSAS CITY 64132

ALLEN,ROBT,E, GS
4320 WORNALL RD
KANSAS CITY 64111

ALSOP,WEBB,S, AN
6400 PROSPECT
KANSAS CITY 64132

ALTOMARE,EDWARC,P, AN
1030 W 65TH ST
KANSAS CITY 64113

AMMATELLI,FRANCIS,JOS, IM
7546 TROOST ST
KANSAS CITY 64131

AMOURY,RAYMOND,ANTHONY, PDS
CHILDRENS MERCY HOSPITAL
24TH & GILLHAM RD
KANSAS CITY 64108

ANDERSON,RAYMOND,B, PD
24TH GILLHAM RD
KANSAS CITY 64108

ANDRUS,BAILEY,C, PD
4400 BROADWAY
KANSAS CITY 64111

ARBAB,ALI,AKBAR, ND
751 E 63RD ST
KANSAS CITY 64110

ARMS,ARNOLD,V, IM
4320 WORNALL RD
KANSAS CITY 64114

ARMS,RICHARD,A, PUD
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

ARNOLD,JOHN,DAVID, PA
5101 E 24TH ST
KANSAS CITY 64127

ARRIBAS,AURORA,ELLOSO, GP
800 N 10TH
BLUE SPRINGS 64015

ARRIBAS,ROMEO,FIRMEZA, GS
1212 LUTTRELL
BLUE SPRINGS 64015

ASHBY,JENNIFER,D, CRS
TRUMAN MED CENTER
24TH AND HOLMES
KANSAS CITY 64108

ASHCRAFT,KEITH,WESLEY, PDS
509 BROADWAY MED BLDG
4400 BROADWAY
KANSAS CITY 64111

ASHER,A,GRAHAM, CD
4706 BROADWAY
KANSAS CITY 64112

ASNANI,MITHLESH,GUPTA, PD
825 EUCLID
KANSAS CITY 64124

ATWELL,FLOYD,C, OBG
4320 WORNALL RD
KANSAS CITY 64111

AVERILL,KEITH,HOWARD, CD
1010 CARONDELET DRIVE
SUITE 110
KANSAS CITY 64114

BAER,ALVIN,JULIUS, CPH
751 E 63D ST
KANSAS CITY 64110

BAKER,PHILIP,J, GP
9306 E NEW 40TH HWY
INDEPENDENCE 64050

BALLARD,V,BRYCE, IM
4320 WORNALL RD
KANSAS CITY 64111

BANKUTI,FERENC, R
RESEARCH MED OFF BLDG STE 216
6400 PROSPECT
KANSAS CITY 64132

BARE,CHESTER,ISAAC, PD
9406 E 63RD
KANSAS CITY 64133

BARELLI,PAT,A, OTO
2929 BALTIMCRE STE 105
KANSAS CITY 64108

BARLOON,JAMES,HENRY, OBG
6700 TROOST AVE STE 236
KANSAS CITY 64131

BARNARD,JOHN,L, CRS
4320 WORNALL RD
KANSAS CITY 64111

BARNETT,GORDON,P, GP
6568 HIGH DR
SHAWNEE MISSION KS 66208

BARR,GLENN,ALLEN, GS
601 E 63RD ST
KANSAS CITY 64110

BARRY,GERALD,W, HEM
1948 E PARVIN RD
KANSAS CITY 64116

BARRY,WM,B, OTO
4320 WORNALL RD
KANSAS CITY 64111

BARTER,BRUCE, PD
373 W 101 ST TERRACE
KANSAS CITY 64114

BASANTZ,FERNANDO,VICTOR, GP
11201 COLORADO
KANSAS CITY 64134

BASKA,RICHARD,EUGENE, CHN
CHILDRENS MERCY HOSP
KANSAS CITY 64108

BASS,WALTER,RICHARD, OPH
8800 E 63RD ST
RAYTOWN 64133

BATES,BARBARA, IM
2411 E HOLMES
UMKC SCHOOL OF MEDICINE
KANSAS CITY 64108

BATTMER,ROBT,EARL, OBG
101 BROADWAY MED BLDG
4400 BROADWAY
KANSAS CITY 64111

BAUER,LAFE,W, AN
4818 W 80TH
PRAIRIE VILLAGE KS 66208

BAUM,FRANK,E, OBG
6724 TROOST AVE
KANSAS CITY 64131

BAY,MERRILL,R, OM
WOODS CHAPEL RD
BLUE SPRINGS 64015

BAYER,WILLIAM,LANG, OS
4040 MAIN
KANSAS CITY 64111

BEALL,MC PHERSON,SCOTT, ORS
6700 TROOST
KANSAS CITY 64131

BEARD,WM,JACOB, IM
8940 BLUE JACKET APT 1101
SHAWNEE MISSION KS 66214

BEATTY,ARCH,JOE, TS
917 MC GEE
KANSAS CITY 64106

BEATTY,EUGENE,CARL, PTH
24TH GILLHAM RD
KANSAS CITY 64108

BEATTY,NINA,DAWSON-REID, AN
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

BEAUCHAMP,GARY,DUANE, IM
4320 WORNALL ROAD
KANSAS CITY 64111

BECK,CALVIN,EDSEL, U
4320 WORNALL RD
KANSAS CITY 64111

BECKER,RICHARD,R, GP
5622 HOLMES ST
KANSAS CITY 64110

BECKER,ROLFE,ALLEN, CPH
601 E 63RD ST STE 513
KANSAS CITY 64110

BECKLOFF,GERALD,LEE, OS
3518 W 100TH ST
SHAWNEE MISSION KS 66206

BEHRENDS,STEVEN,HENRY, GS
7540 TROOST
SUITE 120
KANSAS CITY 64131

BELL,HUBERT,HARVEY, CD
4320 WORNALL RD
KANSAS CITY 64111

BELL,WM,F, GP
615 WEST 3RD STREET
LEE'S SUMMIT 64063

BENNETT,JAMES,D, IM
6700 TROOST
KANSAS CITY 64131

BENOIT,HECTOR,W, TS
4620 J C NICHOLS PKWY
KANSAS CITY 64112

BENSON,WILLIAM,F, HS
4320 WORNALL RD
KANSAS CITY 64111

BERENSON,SHELDON,ELLIS, R
4620 J C NICHOLS PKWY
KANSAS CITY 64112

BERGMANN,VICTOR,H, END
105 WARD PARKWAY
KANSAS CITY 64112

BERLIN,ROGER, P
751 E 63RD RD
KANSAS CITY 64110

BERNREITER,MICHAEL, CD
1246 W 63RD ST
KANSAS CITY 64113

BERRY,MAXWELL,G, IM
4320 WORNALL RD
KANSAS CITY 64111

BICKLEY,JAMES,EDWARD, OBG
4620 J C NICHOLS PKWY
KANSAS CITY 64112

BIDWELL,ROBT,EDWARD G, P
4320 WORNALL RD STE 704
KANSAS CITY 64111

BIERY,RICHARD,MARTIN, GPM
K C MO HEALTH DEPT
414 E 12TH ST
KANSAS CITY 64106

BIGGS,ALFRED,DE BARD, IM
6400 PROSPECT AVE SUITE 333
KANSAS CITY 64132

BIGGS,HARRY,L, GP
6228 KENTUCKY
RAYTOWN 64133

BIKALES,VICTOR,WM, P
751 E 63RD ST
KANSAS CITY 64110

BILLS,MARVIN,L, P
3309 W 68TH ST
SHAWNEE MISSION KS 66208

BLACK,DON,ALVIN, IM
6400 PROSPECT ST
KANSAS CITY 64132

BLACK,EUGENE,C, OM
3201 W 67TH ST
SHAWNEE MISSION KS 66208

BLACK,THOMAS,C, OPH
601 E 63RD ST
KANSAS CITY 64110

BLACKWELL,CHARLES,RUFUS, AN
8825 S TENNESSEE AVE
KANSAS CITY 64138

BLIM,RICHARD,DON, PD
4400 BROADWAY
KANSAS CITY 64111

BODENHAUSEN,GARY,E,
732 E GREGORY BLVD
KANSAS CITY 64131

ORDY,MARVIN,DEAN, PD
601 E 63RD ST
KANSAS CITY 64110

ORENSTINE,JOS, PD
601 E 63RD ST
KANSAS CITY 64110

BORSUK,GREGORY,MICHAEL, D
535 BLUE RIDGE TOWER
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

BORTNICK,EUGENE, PS
6724 TROOST AVE STE 200
KANSAS CITY 64131

BOTWIN,ARNOLD,ELLIS, GS
404 HIGHLANDS PROF TOWER
6724 TROOST
KANSAS CITY 64131

BOWSER,JOHN,F, R
4320 WORNALL NO 128
KANSAS CITY 64111

BOYD,GEO,K, IM
5111 INDEPENDENCE AVE
KANSAS CITY 64124

BOYER,PHILIP,A, GER
400 N MURRAY
LEE'S SUMMIT 64063

BOYLAN,PETER,C, ORS
6306 MORNINGSIDE DR
KANSAS CITY 64113

BRABY,HOWARD,HUGH, OBG
1515 W TRUMAN RD-STE 306
INDEPENDENCE 64050

BRADFORD,JOHN,FRANKLIN, CPH
4320 WORNALL ST
KANSAS CITY 64111

BRAMS,JACK,B, IM
601 E 63RD ST STE 508
KANSAS CITY 64110

BRAND,STANLEY,N, GE
601 E 63RD ST
KANSAS CITY 64110

BRAVERMAN,ABE,E, IM
8300 TROOST
KANSAS CITY 64131

BRAVO,CESAR,A, NEP
2305 W 71ST TERR
PRAIRIE VILLAGE KS 66208

BRICK,JEFFREY,MICHAEL, OPH
6724 TROOST STE 504
KANSAS CITY 64131

BROWER,CLYDE,L, GP
1515 W TRUMAN RD
INDEPENDENCE 64052

BROWN,ADRIAN,J, GP
12 EAST 63RD ST
KANSAS CITY 64113

BROWN,ELWYN,S, AN
24TH AND GILLHAM RD
KANSAS CITY 64108

BROWN,IRWIN,S, U
RR #1
LA CYGNE KS 66040

BROWN,MENZIE,H, DR
2929 BALTIMORE AVE
SUITE 340
KANSAS CITY 64108

BROWN,ROBT,S, OBG
2929 BALTIMORE STE 200
KANSAS CITY 64108

BROWN,VIOLETA,ORTEGA, CHP
CHILDRENS MERCY HOSP
KANSAS CITY 64108

BROWNE,JON,E, ORS
6406 MORNINGSIDE DR
KANSAS CITY 64113

BRUMM,LAWRENCE,W, IM
6400 PROSPECT ST
KANSAS CITY 64132

BRUNER,ROBT,E, CHN
14909 LITTLE BLUE RD
KANSAS CITY 64136

BRUST,CARL,H, GS
9034 COTTONWOOD ST-APT 4
SHAWNEE MISSION KS 66215

BRYAN,WM,H, GS
3939 PROSPECT
KANSAS CITY 64130

BRYANT,T,J, IM
751 E 63RD ST SUITE #180
KANSAS CITY 64110

BUCHANAN,BARBARA,NEENAN, CHP
4400 BROADWAY
KANSAS CITY 64111

BUCKNER,ROBT,C, OBG
4620 J C NICHOLS PKWY
KANSAS CITY 64112

BUDKE,HAROLD,A, GP
306 E 12TH ST
KANSAS CITY 64106

BUHLER,VICTOR,B, PTH
5212 BELLEVIEW
KANSAS CITY 64112

BUIE,BRUCE,RICHARD, GP
11201 COLORADO
KANSAS CITY 64137

BUNTING,WILLISTON,P, OTO
1231 W 62ND
KANSAS CITY 64113

BURRY,VIRGIL,F, PD
CHILDREN'S MERCY HOSP
KANSAS CITY 64108

BUTCHER,ROBT,W, IM
7924 PASEO ST
KANSAS CITY 64131

BUTTERWORTH,NELSON,S, IM
725 W 49TH TERRACE
KANSAS CITY 64112

CAFFREY,RAYMOND,J, PTH
1314 W RED BRIDGE RD
KANSAS CITY 64114

CALDWELL,JOHN,K, IM
6700 TROOST
KANSAS CITY 64131

CALOVICH,EMERY,R, PUD
4620 J C NICHOLS PKWY
KANSAS CITY 64112

CAMACHO,HOMERO, OBG
10505 WEDD
SHAWNEE MISSION KS 66212

CAMPBELL,FREDERICK,B, CRS
315 NICHOLS RD
KANSAS CITY 64112

CAMPBELL,JOHN,G, CRS
6724 TROOST-STE 510
KANSAS CITY 64131

CANENT,RAMON,VARELA, PDC
24TH & GILLHAM RD
KANSAS CITY 64108

CAPPS,EUGENE,CLYDE, AN
7921 EL MONTE
SHAWNEE MISSION KS 66208

CARDER,GEO,ARTHUR, OTO
BLUE RIDGE TOWER STE 434
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

CARLSON,HJALMAR,E, U
525 PENN PARK MED CTR
2929 BALTIMORE
KANSAS CITY 64108

CARLSON,JOHN,STEPHEN, PD
4400 BROADWAY STE 206
KANSAS CITY 64111

CARTER,JAMES,EARL, FP
1734 E 63RD ST STE 410
KANSAS CITY 64110

CARUSO,ALFRED,ANTHONY, OBG
1027 E 75TH WAY
KANSAS CITY 64131

CASE,WM,FREDERICK, OPH
11201 COLORADO
KANSAS CITY 64137

CASHMAN,JOHN,W, IM
2411 HOLMES
KANSAS CITY 64108

CATLETT,JACK,M, IM
4400 BROADWAY
SUITE 31
KANSAS CITY 64111

CATTANEO,ERNEST,ALLEN, IM
2929 BALTIMORE
KANSAS CITY 64108

CAVANESS,ERNEST,W, OS
1010 NEPTUNE ST
ENCINITAS CA 92024

CENTNER,PAUL,JCS, GS
2727 MAIN ST
KANSAS CITY 64108

CHAMBERS,JAMES,Q, IM
415 PLAZA PKWY BLDG
4620 J C NICHOLS PKWY
KANSAS CITY 64112

CHANDLER,ROBT,ALLEN, PS
4177 BROADWAY
KANSAS CITY 64111

CHANDRA,MAHESH, IM
1515 W TRUMAN RD STE 301
INDEPENDENCE 64050

CHANG,DAVID,Y C, AN
101 MEMORIAL DR
KANSAS CITY 64108

CHAPMAN,DAVID,WOLFE, FP
1515 W TRUMAN RD STE 302
INDEPENDENCE 64050

CHAUDHARY,MOHAMMAD,A, GE
751 E 63RD ST STE 751
KANSAS CITY 64110

CHAUDHURI,SUDHA,TAPAN, OBG
1001 E 47TH ST
KANSAS CITY 64110

CHAUDHURI,TAPAN,KUMAR, IM
9406 E 63RD ST
KANSAS CITY 64133

CHERNOFF,SELBERT,G, IM
4601 INDEPENDENCE AVE
KANSAS CITY 64124

CHILDS,DONNALEA,STEEPLES, CHP
4400 BROADWAY
KANSAS CITY 64111

CHILDS,RICHARD,MC CLUNG, P
4320 WORNALL RD STE 452
KANSAS CITY 64111

CHOWDHURY,DIPAK, OS
17221 E 23RD ST
INDEPENDENCE 64057

CHUNG,MOO,HUM, P
600 EAST 22ND ST
KANSAS CITY 64108

CHUNG,RICHARD,TAM, IM
701 E 63RD ST
KANSAS CITY 64110

CHURCHILL,STEPHEN,WOOD, CHP
4400 BROADWAY
KANSAS CITY 64111

CIDIS,GERHARD,W, OPH
421 PLAZA MEDICAL BLDG
4620 JC NICHOLS PARKWAY
KANSAS CITY 64112

CLARK,GRANVILLE,E, PD
3718 PROSPECT
KANSAS CITY 64128

CLARK,IRVING,HOWARD, GP
2811 BLUE RIDGE
GRANDVIEW 64030

CLINE,MERLE,ARTHUR, GP
4126 ST JOHN AVE
KANSAS CITY 64123

CLOTHIER,ROBT,WIRTH, PD
17221 E 23RD STE 206
INDEPENDENCE 64057

CLOUGH,CHAS,ATHERTON, NS
4440 BROADWAY
KANSAS CITY 64111

COBB,JAMES,ROBT, GP
6741 PROSPECT AVE
KANSAS CITY 64132

COBURN,DONALD,F,
4740 ROANOKE PKWY APT 1201
KANSAS CITY 64112

COCHRANE,JOS,J, GS
2929 BALTIMORE AVE
KANSAS CITY 64108

COCKERELL,SANFORD,F, PD
11200 WINNER RD
INDEPENDENCE 64052

COFFEY,RALPH,R, GS
5211 WORNALL RD
KANSAS CITY 64112

COFFIN,THEODORE,A, OBG
1103 GRAND AVE
KANSAS CITY 64106

COHEN,HARRY,K, GP
751 E 63D ST
KANSAS CITY 64110

COHEN,LAWRENCE,S, CD
4949 ROCKHILL RD
KANSAS CITY 64110

COKINGTIN,LEOVIGILDO,C, PD
10901 WINNER RD
INDEPENDENCE 64052

COLEMAN,ROBT,LEHN, PS
5610 ABERDEEN RD
SHAWNEE MISSION KS 66205

COLGLAZIER,MARY,C, IM
411 NICHOLS ROAD
KANSAS CITY 64112

COLLINS,JOHN,WESLEY, ORS
1734 E 63RD ST
KANSAS CITY 64110

COLOM,GEO,ANDREW, P
602 HIGHLANDS PROF TOWER
6724 TROOST
KANSAS CITY 64131

CONN,ROBT,DEAN, CD
4320 WORNALL ROAD
KANSAS CITY 64111

COPPINGER,THOS,ALEXANDER, IM
2929 BALTIMORE AVE SUITE 415
KANSAS CITY 64108

CORTNER,MARY,CATHERINE, GP
6700 TROOST ST SUITE 220
KANSAS CITY 64131

COTTON,THOS,RICHARD, OTO
2929 BALTIMORE STE 220
KANSAS CITY 64108

COWAN,GEO,ALEXANDER B, TR
4949 ROCKHILL RD MENORAH CTR
KANSAS CITY 64110

COX,KENNETH,E, OBG
4320 WORNALL DR
KANSAS CITY 64111

COX,WM,L, A
1212 W TRUMAN RD
INDEPENDENCE 64050

CROCKER,ALBERT,MATHIEU, PD
3319A E 43RD ST
KANSAS CITY 64130

CROCKETT,JAMES,E, CD
4320 WORNALL RD
KANSAS CITY 64111

CROUCH,THOS,TINDAL, NEP
4320 WORNALL RD
KANSAS CITY 64111

CROW,MARTIN,LOUIS, PS
4177 BROADWAY
KANSAS CITY 64111

CURRAN,M,DESMOND, OPH
109 BROADWAY MED BLDG
4400 BROADWAY
KANSAS CITY 64111

CURTS,CALVIN,JEFFRIES, OPH
4320 WORNALL RD
KANSAS CITY 64111

CUTCLIFF,DANL,JOHN, IM
6700 TROOST
KANSAS CITY 64131

DALTON,TIMOTHY,THOS, AN
11841 OAK ST
KANSAS CITY 64114

DARNELL,DALE,EDWARD, ORS
4320 WORNALL RD
KANSAS CITY 64111

DAVIDNER,MARK,LORNE, IM
8300 TROOST
KANSAS CITY 64131

DAVIDSON,KENDRICK,CLARK, R
9009 HIGH DR
LEAWOOD KS 66206

DAVIS,DONALD,RAYMOND, GS
4320 WORNALL RD
KANSAS CITY 64111

DAVIS,HERBERT,V, PD
4400 BROADWAY
KANSAS CITY 64111

DAVIS,JACK,MANLEY, IM
6700 TROOST
KANSAS CITY 64131

DAVIS,KENNETH,ALBERT, GP
3228 EUCLID
KANSAS CITY 64109

DE FEO,THEODORE,C, PTH
WORNALL RD AT 44TH ST
KANSAS CITY 64111

DEEKEN,JAMES,H, D
411 NICHOLS RD STE 170
KANSAS CITY 64112

DEMPSEY,HERBERT,A, GP
615 W 3RD ST
LEE'S SUMMIT 64063

DENNER,LEE,J, P
704 MEDICAL PL
KANSAS CITY 64111

DEVINS,GEORGE,STANFORD, PUD
701 E 63RD ST
KANSAS CITY 64110

DIMOND,E,GREY, CD
2501 HOLMES ST
KANSAS CITY 64108

DIVELEY,REX,L, ORS
4320 WORNELL RD
KANSAS CITY 64111

DIXON,GEO,DAVID, R
4320 WORNALL RD
KANSAS CITY 64111

DIXON,VEWISER,LEROY, GP
2202 E 18TH ST
KANSAS CITY 64127

DLABAL,LUKE,JACOB, GP
17221 E 23RD ST STE 205
INDEPENDENCE 64057

DLABAL,LUKE,JACOB, OTO
1210 S ASH AVE
INDEPENDENCE 64052

DOOGE,MARK, IM
4320 WORNALL RD STE 208
KANSAS CITY 64111

DODHIA,RATILAL,LALJI, PTH
P O BOX 2778
KANSAS CITY 64142

DOERING,ROBT,WINTER, GS
6400 PROSPECT
KANSAS CITY 64132

DOMBEK,STANLEY,J, CDS
2929 BALTIMORE
KANSAS CITY 64108

DORSCH,ERVIN,HUGO, GP
LAKE CITY ARMY AMMUNITION PLNT
INDEPENDENCE 64050

DOWNEY,JAMES,WADSWORTH, GP
2929 BALTIMORE
KANSAS CITY 64108

DRAKE,ROY,F, GS
6700 TROOST
KANSAS CITY 64131

DRANEY,THOS,EDWIN, PO
6426 HOLMES
KANSAS CITY 64131

DREHER,RICHARD,L, PD
CHILDREN'S MERCY HOSP
KANSAS CITY 64108

DRISKO,ROBERT,M, ORS
2929 BALTIMORE
KANSAS CITY 64108

DROWNS,BRUCE,V, D
4320 WORNALL RD
KANSAS CITY 64111

DUBIN,SOL,H, ORS
9532 DRURY APT 303
KANSAS CITY 64137

DUER,MILDRED,CAROLYN, PD
324 E 69TH TERR
KANSAS CITY 64113

DUKSTEIN,WALTER,GEO, NM
6400 PROSPECT
KANSAS CITY 64132

DUNCAN,WM,HENRY, GS
911 MAIN ST
KANSAS CITY 64105

DUNLEAVY,JAMES,D, FP
4620 JC NICHOLS PKWY STE 427
KANSAS CITY 64112

DUNN,ROBT,PAUL, OR
915 SHOREPOINT COURT
ALAMEDA CA 94501

DURIE,ROBT,HOWARD, PUD
2929 BALTIMORE
KANSAS CITY 64108

DURNELL,MONAFORD,DEE, FP
GOPPERT FAMILY CARE CTR
6601 ROCKHILL RD
KANSAS CITY 64131

DWYER,FRANK,XAVIER, O
4620 J C NICHOLS PKWY
KANSAS CITY 64112

DWYER,HUGH,LEO, PD
10016 MASTIN DR
SHAWNEE MISSION KS 66212

EARNEST,JAMES,BRYAN, CD
2929 BALTIMORE STE 415
KANSAS CITY 64108

EISEMANN,GUSTAVE, IM
601 E 63RD ST
KANSAS CITY 64110

ELIAS,DAVID,JULIAN, GP
9306 E NEW 40 HIGHWAY
INDEPENDENCE 64055

ELLFELDT,HOWARD,J, ORS
6400 PROSPECT AVE
KANSAS CITY 64132

ELLIOTT,RAYMOND,GLENN, GP
91ST PL-STATE LINE-B WARD P B
KANSAS CITY 64114

ELLIOTT,WADE,EUGENE, GP
710 W 12TH ST
KANSAS CITY 64105

ELLIS,DAVID,LEE, GS
751 E 63RD ST
KANSAS CITY 64110

ELSER,OTTO,H, OPH
1515 W TRUMAN STE 303
INDEPENDENCE 64050

ENGEL,LAWRENCE,POWER, GS
2335 GUILFORD LANE
SHAWNEE MISSION KS 66208

ENGELMANN,CALVIN,ERNEST, GS
2929 BALTIMORE AVE
KANSAS CITY 64108

ENGLEMAN,REINHOLD, TS
1002 WALNUT
KANSAS CITY 64106

ERICSSON,SAML,E F, P
6724 TROOST H205
KANSAS CITY 64131

ESHELMAN,ALBERT,DALE, GP
9103 EAST 40 HIGHWAY
INDEPENDENCE 64055

EUBANK,DAVID,FURMAN, PD
9406 E 63RD ST
RAYTOWN 64133

EUBANK,DILLARD,MARION, GP
9406 E 63RD
RAYTOWN 64133

EUBANK,WM,Y, IM
6400 PROSPECT AVE SUITE 312
KANSAS CITY 64132

EUPRASERT,PRICHA, GS
701 E 63RD ST
KANSAS CITY 64110

EVANS,JOS,CEDRIC, GS
1515 W TRUMAN RD
INDEPENDENCE 64050

EVANS,LAWRENCE,LEE, GS
4320 WORNALL
KANSAS CITY 64111

EVERETT,JAMES,E, OBG
4 WEST DARTMOUTH RD
KANSAS CITY 64113

FAIRCHILD,ROBT,C, PD
8425 RHEINHARDT LANE
SHAWNEE MISSION KS 66206

FARAON,JOSE,BAYABO, PTH
2525 EUCLID AVE
KANSAS CITY 64127

FARNEY,JACOB,PFISTER, OBG
6700 TROOST AVE STE 240
KANSAS CITY 64131

FARNHAM,MILO,MARVIN, IM
1515 W TRUMAN RD
INDEPENDENCE 64050

FARNSWORTH,JESSE,J, GS
540 PENN PARK MED CENTER
2929 BALTIMORE
KANSAS CITY 64108

FARRALES,FRANKLIN,BARRON, PTH
4040 MAIN ST
KANSAS CITY 64111

FAYEZ,JAMIL,ABOUL LATIF, END
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

FAYNE,FRED,ALBERT, P
14 DOCTORS BLDG E
751 E 63RD ST
KANSAS CITY 64110

FEDOTIN,MICHAEL,SCOTT, GE
6724 TROOST
KANSAS CITY 64131

FEE,CHESTER,F, ORS
2929 BALTIMORE
KANSAS CITY 64108

FEIST,GEO,V, GP
1103 W 86TH TERR
KANSAS CITY 64114

FEIST,WM,EDGAR, IM
4320 WORNALL RD STE 624
KANSAS CITY 64111

FERGUSON,DONALD,S, GP
2012 E 24TH ST
KANSAS CITY 64127

FERRIS,CARYL,RAY, IM
6400 PROSPECT
KANSAS CITY 64132

FINKLE,ROBERT,H, ORS
10901 WINNER RD
INDEPENDENCE 64052

FISHER,JAMES,KINGDON, DR
WORNALL RD AT 44TH
KANSAS CITY 64111

FITZ SIMMONS,JAMES,G, R
4320 WORNALL ROAD
710 MEDICAL PLAZA
KANSAS CITY 64111

FITZGERALD,ROBERT,H, ORS
8505 CHEROKEE PL
LEAWOOD KS 66206

FLATLEY,JOHN,ALLEN, GS
6700 TROOST ST
KANSAS CITY 64131

FLEMING,ALLAN,ROGER, ON
415 PENN PARK BLDG
2929 BALTIMORE
KANSAS CITY 64108

FLYNN,JAMES,MICHAEL, PTH
MEYER & PROSPECT
RESEARCH HOSP
KANSAS CITY 64132

FOLCK,WM,PAGE, OM
911 MAIN STREET
KANSAS CITY 64105

FORDYCE,NORMAN,ALBERT, OTO
409 BROADWAY MEDICAL BLDG
4400 BROADWAY
KANSAS CITY 64111

FORMAN,LOUIS,HYMAN, P
4320 WORNALL RD
KANSAS CITY 64111

FORSYTHE,LEES,CORYELL, IM
4320 WORNALL RD
KANSAS CITY 64111

FORSYTHE,ROBT,W, NS
4320 WORNALL RD
KANSAS CITY 64111

FORTIN,FELIX,DAVID, DR
4320 WORNALL ROAD
KANSAS CITY 64111

FOUTS,DALLAS,BYRNE, IM
1515 W TRUMAN RD STE 301
INDEPENDENCE 64050

FOWLER,FRED,DU MONT, NS
4320 WORNALL RD
KANSAS CITY 64111

FOWLER,JAMES,WM, IM
502 ROCKHILL MED BLDG
6700 TROOST
KANSAS CITY 64131

FRANCISCO,CLARENCE,B, N
CHILDRENS MERCY HOSP DEPT N
KANSAS CITY 64108

FRANCO,PILAR,JUAN, CHP
1734 E 63RD
KANSAS CITY 64110

FRANK,GAEL,R, ORS
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

FRANKLIN,CURTIS,U, P
4301 MAIN STE 41
KANSAS CITY 64111

FREEMAN,JERRY,COLLINS, OTO
2929 BALTIMORE APT 220
KANSAS CITY 64108

FREIDEN,FLOYD,J, U
9001 MAPLE ST
SHAWNEE MISSION KS 66207

FRENCH,M,DEVONNE, PD
2310 E LINWOOD BLVD
KANSAS CITY 64109

FRIEDMAN,MORRIS,LOUIS, IM
601 E 63RD ST
KANSAS CITY 64110

FRITZLEN,THOS,JAMES, PTH
101 MEMORIAL DR
KANSAS CITY 64108

FUHRMAN,DONALD,LEE, D
4320 WORNALL
KANSAS CITY 64111

GAINES,ALBERT,HOMER, GS
1734 E 63RD ST
KANSAS CITY 64110

GAINEY,HAROLD,L, OBG
4320 WORNALL RD
KANSAS CITY 64111

GAITONDE,MANGESH,RAJARAM, P
10124 LOCUST
KANSAS CITY 64131

GALBREATH,ASHFORD,MARTIN, IM
4620 JC NICHOLS PKWY-NO 507
KANSAS CITY 64112

GARO,RAYMOND,FLOYD, GS
10838 KAIBAB DR
SUN CITY AZ 85351

GARNER,JAMES,H, ORS
6700 TROOST ST
KANSAS CITY 64131

GARRISON,ROY,F, PD
6400 PROSPECT AVE
KANSAS CITY 64132

GASKINS,JOHN,HAYDEN, PS
4320 WORNALL RD
KANSAS CITY 64111

GAUTHIER,CHARLES,PETER, PTH
2316 E MEYER BLVD
KANSAS CITY 64132

GEHA,BRAHAM,JOHN, IM
7546 TROOST AVE
KANSAS CITY 64131

GEIGER,WM,A, AN
6400 PROSPECT AVE STE 142
KANSAS CITY 64132

GEMPEL,PAUL,AUGUST, OBG
1221 BRASIE
FLOSSMOOR IL 60422

GENOVE,VIOALITA,FLORES, PTH
7717 KESSLER
SHAWNEE MISSION KS 66204

GENTRY,ENOCH,NELSON, GS
101 PLAZA BROADWAY BLDG
4706 BROADWAY
KANSAS CITY 64112

GERMANN,DONALD,R, DR
ST LUKE'S HOSP
KANSAS CITY 64111

GHOLKAR,VIJAY,RANGHONATH, AN
ST LUKE HOSP
KANSAS CITY 64111

GIACOBBE,PETER,JOHN, EM
6601 ROCKHILL RD
KANSAS CITY 64131

GIBBONS,ROBT,THOS, AN
4400 WORNALL ROAD
KANSAS CITY 64111

GIBSON,DAVID,MARSH, PTH
ST LUKE'S HOSP
KANSAS CITY 64111

GINARDI,DONALD,EDWARD, GE
4643 WYANDOTTE
KANSAS CITY 64112

GINSBERG,NORMAN,AARON, PS
2929 BALTIMORE STE 320
KANSAS CITY 64108

GIST,WM,WILMOT, GS
9406 E 63RD ST
KANSAS CITY 64133

GIVLER,ROBT,LE ROY, PTH
RESEARCH MEDICAL CENTER
KANSAS CITY 64132

GLASER,LARRY,FORREST, CRS
6724 TROOST STE 300
KANSAS CITY 64131

GLASSCOCK,ERNEST,L, PD
6214 HIGH DR
PRAIRIE VILLAGE KS 66208

GLAZER,MELVIN,LOUIS, IM
8300 TROOST
KANSAS CITY 64131

GOERZ,ANN,A FINKENBINDER, PD
1612 W TRUMAN
INDEPENDENCE 64050

GOERZ,ROYAL,DON, OBG
1515 W TRUMAN ROAD
INDEPENDENCE 64050

GOETZ,KENNETH,LEE, OS
WORNALL ROAD AT 44TH STREET
KANSAS CITY 64111

GOHEEN,JOHN,RICHARD, PUD
6700 TROOST STE 244
KANSAS CITY 64131

GOLDMAN,STANLEY,L, A
7546 TROOST AVE
KANSAS CITY 64131

GOLDSICH,EDWARD, OBG
4400 BROADWAY
KANSAS CITY 64111

GOLDSTEIN,MARVIN,FRANK, OPH
6724 TROOST
504 BRYAN BLDG
KANSAS CITY 64131

GOODSON,WM,HAMMACK, IM
2929 BALTIMORE AVE STE 432
KANSAS CITY 64108

GOOLSBEE,ROBT,LEON, AN
6438 SAGAMORE
SHAWNEE MISSION KS 66208

GOTTSCH,JOSEPH,C, ORS
2929 BALTIMORE
KANSAS CITY 64108

GOWDAMARAJAN,RENGASAMY, PDC
24TH & GILLHAM
KANSAS CITY 64108

GRABSKE,CHAS,FREDERICK, IM
1224 W 36TH
INDEPENDENCE 64055

GRAHAM,PATRICK,GROSVENOR, CD
4320 WORNALL RD
KANSAS CITY 64111

GRAHAM,WALLACE,HARRY, GS
304 HIGHLANDS PROF TOWER
6724 TROOST
KANSAS CITY 64131

GREEN,J,RICHARD, GS
17221 E 23RD ST
INDEPENDENCE 64057

GREENE,W,WALLACE, GS
4320 WORNALL RD
KANSAS CITY 64111

GRIFFIN,DONALD,RAY, AN
8728 CATALINA DR
PRAIRIE VILLAGE KS 66208

GRIFFITH,JOHN,A, GS
332 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

GROWDON,JOHN,ARTHUR, GS
6508 ABERDEEN RD
SHAWNEE MISSION KS 66208

GRUNT,JEROME,ALVIN, END
CHILDRENS MERCY HOSP DEPT PD
KANSAS CITY 64108

GUASTELLO,JOS,RICHARD, OTO
512 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

GUASTELLO,MARIO,JOS, OTO
4320 WORNALL RD
KANSAS CITY 64111

GULLETT,CHAS,CHESTER, AM
P O BOX 20007
KANSAS CITY 64195

GUNOLE,SIGMUND, P
751 E 63RD ST
KANSAS CITY 64110

GUNN,RICHARD,W, IM
1500 PROFESSIONAL BLDG
1103 GRAND AVE
KANSAS CITY 64106

GUPTA,B,S NAGHABHUSHANA, P
WESTERN MO MENTAL HEALTH CTR
600 EAST 22ND ST
KANSAS CITY 64108

GUSTAFSON,JON,ERIK, R
1509 TRUMAN RD
INDEPENDENCE 64050

GUTEK,EDWARD,PHILIP, PS
4177 BROADWAY
KANSAS CITY 64111

HAAS,HARRY,O, IM
4320 WORNALL RD
KANSAS CITY 64111

HABIB,HENRY,N, U
6400 PROSPECT
KANSAS CITY 64132

HAGAR,DAVID,LEO, PD
9406 E 63RD ST
KANSAS CITY 64133

HAHN,BRUCE,H, GS
615 W 3RD ST
LEE'S SUMMIT 64063

HAHN,FREDERICK,WM, DTD
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

HAIGHT,JOHN,M, GP
3401 E 12TH ST
KANSAS CITY 64127

HAITH,EDWARD,EARL, GS
751 E 63RD ST STE 266
KANSAS CITY 64110

HAITH,WALTER,FILMORE, OBG
2701 E 31ST ST
KANSAS CITY 64128

HALL,RALPH,RAYMOND, END
WORNALL RD AT 44TH
KANSAS CITY 64111

HALL,ROBT,TED, PD
24TH GILLHAM ROAD
KANSAS CITY 64108

HALL,THOS,BRYAN, D
612 SHAMROCK LANE
APT 310
LEE'S SUMMIT 64063

HALPERIN,PHILLIP,H, GS
601 E 63RD ST
KANSAS CITY 64110

HAMILL,ROBT,WILSON, N
236 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

HAMLIN,HOWARD,H, GS
4301 MAIN ST
KANSAS CITY 64111

HANNAH,HAMNER, COS
MENORAH MEDICAL CENTER
4949 ROCKHILL RD
KANSAS CITY 64110

HANNAS,RALSTON,R, EM
11812 AVILA DR
KANSAS CITY 64114

HANSON,E,JEROME , NS
4320 WORNALL RD STE 328
KANSAS CITY 64111

HANSON,KARL,HERMAN, HEM
4320 WORNELL STE 212
KANSAS CITY 64111

HARDACRE,RUTH,ANNA, OS
3300 CHARLOTTE ST
KANSAS CITY 64109

HARDY,HENRY,MALCOLM, AN
6606 OVERHILL RD
SHAWNEE MISSION KS 66208

HARDY,JOHN,WILLARD, IM
7301 MISSION RD
PRAIRIE VILLAGE KS 66208

HARLESS,MORRIS,SHERMAN, DM
RT 2 BOX 88
GALENA 65656

HARLOW,LLOYD,MATHEE, GS
2462 A BROOKLYN ST
KANSAS CITY 64127

HARRIN,WM,RALPH, U
412 BROADWAY MED BLDG
4400 BROADWAY
KANSAS CITY 64111

HARRIS,DAVID,JOS, PD
CHILDRENS MERCY HOSP
24TH AT GILLHAM RD
KANSAS CITY 64108

HARRIS,LANNY,WINSTON, DRS
6400 PROSPECT
KANSAS CITY 64132

HARRIS,WELDON,L, PO
17221 E 23RD ST
INDEPENDENCE 64057

HART,L,WAYNE, CHP
4400 BROADWAY STE 202
KANSAS CITY 64111

HARTMAN,GREGORY,LEE, IM
224 MEDICAL PLAZA
4320 WORNAL RD
KANSAS CITY 64111

HARTWIG,FREDERICK,H, GS
5204 VAWNER DR
SHAWNEE MISSION KS 66205

HARTWIG,RAYMOND,WM, R
6546 WENONGA RD
SHAWNEE MISSION KS 66208

HAUSHEER,HERMAN,JOS, OBG
1515 W TRUMAN RD STE 306
INDEPENDENCE 64050

HAWKINS,ODRIS,JEAN, P
4400 BROADWAY
KANSAS CITY 64111

HAYS,LARRY,VINCENT, GS
4320 WORNALL
KANSAS CITY 64111

HAZEN,ROBT,MELVILLE, OTO
6400 PROSPECT AVE
KANSAS CITY 64132

HAZUKA,DAVID,FRANCIS, DR
VA HOSPITAL
4801 LINWOOD BLVD
KANSAS CITY 64128

HEILMAN,EDWARD,JAMES, IM
6700 TROOST RM 604
KANSAS CITY 64131

HELLERSTEIN,STANLEY, PD
CHILDREN'S MERCY HOSP
KANSAS CITY 64108

HELLMAN,RICHARD, IM
2411 HOLMES
KANSAS CITY 64108

HELMAN,RICHARD,GRAHAM, OBG
6540 WENONGA RD
SHAWNEE MISSION KS 66208

HEMAYA,RIZK,MISHRIKY, P
600 E 22ND ST
KANSAS CITY 64108

HENRY,CLARKE,L, CO
4320 WORNALL RD
KANSAS CITY 64111

HERODIZA,ALFONSO,W, AN
751 E 63RD ST
KANSAS CITY 64110

HERMAN,EDWIN,MILES, R
701 E 63RD ST
KANSAS CITY 64110

HERRMAN,GEO,V, PO
STAR RT 1 BOX 103 B
SUNRISE BEACH 65079

HERVEY,WM,HUGH, AN
WORNALL RD AT 44TH
KANSAS CITY 64111

HERYER,JOHN,WACHTER, GS
WORNALL RD AT 44TH
KANSAS CITY 64111

HIBBARD,BLAINE,ZOOK, GP
4320 WORNALL RD
KANSAS CITY 64111

HICKERSON,WM,HUGHES, GP
604 W MAPLE
INDEPENDENCE 64050

HILL,JACK,HAROLD, PTH
31ST AND WYANDOTTE STS
KANSAS CITY 64108

HINK,FREDERICK,WM, GP
10229 INDEPENDENCE AVE
INDEPENDENCE 64053

HIRSCH,JOE,E, CRS
4643 WYANDOTTE NO 205
KANSAS CITY 64112

HOADLEY,WM,DEAN, IM
6400 PROSPECT
KANSAS CITY 64132

HODGSON,FRANK,HARRISON, GS
4301 MAIN ST
KANSAS CITY 64111

HOECH,GEO,P, AN
6400 PROSPECT
KANSAS CITY 64132

HOEPER,SAML,DIETRICH, GP
12921 GRANDVIEW RD
GRANDVIEW 64030

HOEPER,SAMUEL,DIETRICH, IM
12921 GRANVIEW RD
GRANDVIEW 64030

HOF,DAVID,G, IM
2929 BALTIMORE SUITE 415
KANSAS CITY 64108

HOFFMAN,JACOB,SAML, IM
751 E 630 ST
KANSAS CITY 64110

HOFFMANN,ALAN,LEO, FP
6300 EVANSTON
KANSAS CITY 64133

HOFFMANN,LEE,MARTHA, N
4914 BELINDER RD
SHAWNEE MISSION KS 66205

HOLDER,THOS,MARTIN, POS
509 BROADWAY MED BLDG
4400 BROADWAY
KANSAS CITY 64111

HOLLINGER,LLOYD,ALVIN, PUD
6700 TROOST
KANSAS CITY 64131

HOLLWEG,KENNETH,CHAS, R
4320 WORNALL RD
KANSAS CITY 64111

HOLMAN,JOS,GILBERT, A
4620 J C NICHOLS PKWY
KANSAS CITY 64112

HOLT,WALDO,S, IM
4620 J C NICHOLS PKWY
KANSAS CITY 64112

HOLTON,EDWARD,B, GP
10901 WINNER RD
INDEPENDENCE 64052

HOOK,WALLER,GRAVES, CRS
10010 EL MONTE
SHAWNEE MISSION KS 66207

HOPKINS,JAMES,PRICHARD, PS
6700 TROOST AVE
KANSAS CITY 64131

HORNSTRA,ROBIJN,KERST, P
6724 TROOST
KANSAS CITY 64131

HUGHES,MICHAEL,FRANCIS, OTO
409 BROADWAY MEDICAL BLDG
4400 BROADWAY
KANSAS CITY 64111

HUNGATE,CARROLL,PAUL, CM
522 PROFESSIONAL BLDG
1103 GRAND AVE
KANSAS CITY 64106

HUNKELER,JOHN,DOUGLAS, OPH
230 PENN PARK BLDG
2928 MAIN
KANSAS CITY 64108

HUNT,THOS,RUSSELL, NS
6400 PROSPECT AVE
KANSAS CITY 64132

HUNTER,MARTIN,PETERS, IM
C/O MRS WILLIAM S MANN
435 W 58TH ST
KANSAS CITY 64113

HUNZICKER,WARREN,JOHN, IM
P O BOX 139
KANSAS CITY 64141

HUSE,WM,JASON, OBG
2929 BALTIMORE
KANSAS CITY 64108

HYDE,LAWRENCE,LAYTON, OPH
230 PENN PARK MED BLDG
2928 MAIN ST
KANSAS CITY 64108

INGHAM,WALTON,CHAS, GS
4320 WORNALL RD
KANSAS CITY 64111

IRVINE,JOHN,WATSON, OPH
8800 E 63RD ST
RAYTOWN 64133

IRWIG,FRED, IM
4706 BROADWAY
KANSAS CITY 64112

JACKSON,HAYWOOD,RUDOLPH, IM
3317 E 43RD ST
KANSAS CITY 64130

JACOB,WALTER,PAUL, IM
601 E 63RD ST
KANSAS CITY 64110

JACOBS,MORTON, P
6314 BROOKSIDE PLAZA
KANSAS CITY 64113

JACOBS,WALTER,HARVEY, GE
601 E 63RD ST
KANSAS CITY 64110

JAMES,OTIS,E, ORS
6306 MORNINGSIDE DR
KANSAS CITY 64113

JANES,DONALD,REED, OBG
4320 WORNALL RD
KANSAS CITY 64111

JANSEN,ROBT, GP
440 E 65ST ST
KANSAS CITY 64131

JAZBI,BASHARAT,ULLAH, OTO
CHILDRENS MERCY HOSP
24TH & GILLHAM
KANSAS CITY 64108

JENAB,MORTEZA, CO
6601 ROCKHILL RD
BAPTIST MEMORIAL HOSPITAL
KANSAS CITY 64131

JENNETT,J,HARVEY, IM
1103 GRAND AVE
KANSAS CITY 64106

JOHNSON,C,LAURENCE, U
2929 BALTIMORE
KANSAS CITY 64108

JOHNSON,DALLAS,ADAMS, D
6700 TROOST STE 304
KANSAS CITY 64131

JOHNSON,EDGAR,W, IM
1917 O BRIEN
LEE'S SUMMIT 64063

JOHNSON,GARETH,ROBT PAUL, PTH
23RD & R D MIZE RD
INDEPENDENCE 64057

JOHNSON,JAMES,S, OBS
4301 CLEVELAND
KANSAS CITY 64130

JOHNSON,JOS,EDWARD, FP
707 W MONTCREW
KANSAS CITY 64114

JOHNSON,RICHARD,LEWIS, IM
6400 PROSPECT STE 333
KANSAS CITY 64132

JOHNSON,THOMAS,W,
201 E ARMOUR BLVD
KANSAS CITY 64111

JOHNSON,THOS,MAXWELL, GS
4620 J C NICHOLS PKWY STE 403
KANSAS CITY 64112

JONAS,HARRY,S, OBG
DEPT OF OB-GYN
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

JONES,GALE,OWEN, AN
6400 PROSPECT STE 142
KANSAS CITY 64132

JONES,MARION,EDWARD, U
2462A BROOKLYN AVE
KANSAS CITY 64127

JONES,SAML,T, OPH
9915 CHEROKEE LN
SHAWNEE MISSION KS 66206

JONES,T,REID, IM
4320 WORNALL RD SUITE 624
KANSAS CITY 64111

JUSTUS,JOHN,B, IM
4620 J C NICHOLS PKWY
KANSAS CITY 64112

KAHN,MARVIN, IM
601 E 63RD ST
KANSAS CITY 64110

KANAREK,JOSEPH, PD
601 E 63RD ST
KANSAS CITY 64110

KANOT,RAYMOND,EDGAR, OPH
6700 TROOST ST
KANSAS CITY 64131

KANTOR,JULIUS,MAX, PD
601 E 63RD ST
KANSAS CITY 64110

KANTOR,SAML, OPH
6700 TROOST
KANSAS CITY 64131

KARTUS,IRVING, P
9120 WARD PARKWAY TERR
KANSAS CITY 64114

KAUFMAN,ANDREW,BERNARD, NS
6700 TROOST AVE
KANSAS CITY 64131

KAUFMANN,HERBERT,H, OBG
6724 TROOST STE 210
KANSAS CITY 64131

KAUL,PHILIP,G, IM
4320 WORNALL RD
KANSAS CITY 64111

KAY,BILLY,F, IM
11055 CEDAR
SHAWNEE MISSION KS 66211

KAYANAN,JOSE,CRUZ, GS
2929 BALTIMORE
KANSAS CITY 64108

KEAIRNES,HAROLD,WRENN, IM
UMKS MED SCH-2411 HOLMES
KANSAS CITY 64108

KEELER,JAMES,EDWARD, OBG
4400 BROADWAY-SUITE 302
KANSAS CITY 64111

KELLING,DOUGLAS,GEO, OM
11021 W 96TH TERR
SHAWNEE MISSION KS 66214

KELLOGG,AURORA,GOZUM, AN
3813 BUFFALO
TEMPLE TX 76501

KELTNER,RAYMOND,O, OBG
4400 BROADWAY-SUITE 302
KANSAS CITY 64111

KENDALL,CHAS,ADDISON, IM
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

KENDALL,FORREST,H, OTO
2505 W 71ST ST
SHAWNEE MISSION KS 66208

KENDALL,MALCOLM,EUGENE, IM
6400 PROSPECT AVE
KANSAS CITY 64132

KENNARD,G,KEITH, GS
4400 BROADWAY
KANSAS CITY 64111

KENNEDY,FRED,ROBT, GS
4320 WORNALL RD
KANSAS CITY 64111

KENNEDY,TIMOTHY,DRISCOLL, R
2929 BALTIMORE STE 340
KANSAS CITY 64108

KENT,BELA,KASZAS, OBG
6724 TROOST AVE
KANSAS CITY 64131

KERNODLE,JEFFERSON,D, PTH
P O BOX 2778
KANSAS CITY 64142

KERR,HAROLD,HARPER, TS
8121 NW MIAMI ST
KANSAS CITY 64152

KETTERMAN,GRACE,HORST, P
225 W 43RD ST
KANSAS CITY 64111

KETTERMAN,HERBERT,L, GP
11201 COLORADO
KANSAS CITY 64137

KETTNER,EDWARD,G, IM
1200 BRYANT BLDG
1102 GRAND AVE
KANSAS CITY 64106

KIENE,RICHARD,H, ORS
4320 WORNALL RD
KANSAS CITY 64111

KILLEN,DUNCAN,ARNOLD, TS
510 MED PLAZA BLDG
4320 WORNALL RD
KANSAS CITY 64111

KIMBALL,MERRITT,H, AN
610 E 36TH
KANSAS CITY 64109

KIMBLE,HARVEY,SIESS, AN
BOX 773
SHAWNEE MISSION KS 66201

KINDRED,LYNN,HERBERT, CD
4320 WORNALL
KANSAS CITY 64111

KING,JAY,TENBROOK, CD
4320 WORNALL RD
KANSAS CITY 64111

KINGSBURY,HELEN, AN
6415 SAGAMORE RD
SHAWNEE MISSION KS 66208

KITCHEN,WM,MEYER, R
2929 BALTIMORE AVE
KANSAS CITY 64108

KLEIN,EDWARD,H, GS
7011 RAE AVE
PRAIRIE VILLAGE KS 66208

KNIGHT,LYLE,B, OS
108 MADISON
LEE'S SUMMIT 64063

KNOCH,H,KERMIT, OBG
4620 J C NICHOLS PKWY
KANSAS CITY 64112

KOON,BENNY,HERMAN, FP
6601 RALPHILL RO
KANSAS CITY 64131

KOONTZ,PAUL,GUTHRIE, GS
4320 WORNALL RD
KANSAS CITY 64111

KOPPERMAN,MORDECAI, DR
701 E 63RD STE 108
KANSAS CITY 64110

KOPPERS,LAWRENCE,EUGENE, END
6400 PROSPECT AVE STE 316
KANSAS CITY 64132

KORTH,WM,MARCUS, GS
6300 MIDNIGHT PASS RD VILLA 16
SARASOTA FL 33581

KOURY,WILLIAM,C, R
4320 WORNALL RD SUITE 710
KANSAS CITY 64111

KRAFT,JACOB, GS
6700 TROOST
KANSAS CITY 64131

KRANSON,SEYMOUR,J, PD
909 W JOHSTON AVE
HEMET CA 92343

KUHN,WM,FREDERICK, OM
6247 BROOKSIDE BLVD
KANSAS CITY 64113

KUNZ,STEPHEN,ROBT, R
44TH AND WORNALL RD
KANSAS CITY 64111

URTZ,KARL,JOHN, U
4400 BROADWAY
SUITE 412
KANSAS CITY 64111

YGER,JOHN,E, AN
3612 BLUE RIDGE BLVD
INDEPENDENCE 64052

ALLY,JAMES,JOS, GS
4620 NICHOLS PKWY
KANSAS CITY 64112

LAMAR,ROBT,FREDERICK, OBG
PROFESSIONAL BLDG
KANSAS CITY 64106

LAMBERT,LAURA,MARIAN, GP
2900 N ATLANTIC AVE
DAYTONA BEACH FL 32018

LAMBIE,RODGER,WM, R
701 E 63RD ST
KANSAS CITY 64110

LANDERS,BURNELL, GE
6400 PROSPECT
KANSAS CITY 64132

LANDIS,GEO,KENNETH, IM
1102 GRAND AVE
KANSAS CITY 64106

LAPI,ANGELO, PTH
101 MEMORIAL DR
KANSAS CITY 64108

LAPP,HARRY,CLEMENS, GS
612 SHAMROCK
211 VILLA I
LEE'S SUMMIT 64063

LARSEN,WM,E, HEM
2929 BALTIMORE
KANSAS CITY 64108

LATHAM,RAYMOND,W, PD
4400 BROADWAY
KANSAS CITY 64111

LAUER,DANL,JAMES, IM
236 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

LAYLE,JOHN,KENNEDY, RHU
4320 WORNALL
KANSAS CITY 64111

LAYTON,IRA,CLARE, IM
6400 PROSPECT AVE STE 316
KANSAS CITY 64132

LEE,GERALD,BEDFORD, CD
101 MERMORIAL DR
KANSAS CITY 64108

LEE,HENRY,ALBERT, R
6700 TROOST
352 ROCKHILL MED BLDG
KANSAS CITY 64131

LEE,KING,Y, OPH
6700 TROOST AVE
KANSAS CITY 64131

LEE,LARRY,EUGENE, DR
10102 GILLETTE
LENEXA KS 66215

LEE,TAE,HUNG, NEP
6400 PROSPECT
KANSAS CITY 64132

LEHNER,RICHARD,L, CD
4320 WORNALL
KANSAS CITY 64111

LEIFER,WM,WARREN, U
701 E 63RD ST
KANSAS CITY 64110

LENTZ,CLARK,HERBERT, OM
BMA TOWER
31ST & SOUTHWEST TWY
KANSAS CITY 64141

LENTZ,HAROLD,C, U
55TH TERR AND NOLAND ROAD
KANSAS CITY 64133

LEO,WM,A, GS
6400 PROSPECT
KANSAS CITY 64132

LEVEY,HARRY,B, OBG
601 E 63RD ST SUITE 411
KANSAS CITY 64110

LEWIS,REVIS,CLIFTON, NS
PENN PARK MED BLDG STE 425
2929 BALTIMORE
KANSAS CITY 64108

LIANG,JING,CHANG, GS
17221 E 23RD
INDEPENDENCE 64057

LICHTOR,JOS,MEYER, ORS
601 E 63RD ST STE 506
KANSAS CITY 64110

LIE,SIEN,HUIE, OBG
9 & EUCLID
KANSAS CITY 64124

LINDGREN,CARLETON,JAY, P
4240 BLUE RIDGE BLVD SUITE 411
KANSAS CITY 64133

LINDQUIST,CARL,N, OM
RT 4 BOX 150
REEDS SPRING 65737

LINK,VANCE,EUGENE, FP
1515 W TRUMAN RD STE 302
INDEPENDENCE 64050

LINVILLE,HOWARD,E, GS
6700 TROOST AVE SUITE 444
KANSAS CITY 64131

LISTON,STEPHEN, OTO
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

LITTON,NANCY,J, PTH
MEDICAL CENTER OF INDEP
23RD AND R D MIZE RD
INDEPENDENCE 64050

LLOYD,IVAN,EDWARD, GP
MUTUAL BENEFIT LIFE
P O BOX 19596
KANSAS CITY 64141

LOCKWOOD,GARY,FRANCIS, OBG
4320 WORNALL RD STE 520
KANSAS CITY 64111

LOHRENTZ,LOIS,H, AN
2800 W 50TH TERRACE
SHAWNEE MISSION KS 66205

LONG,R,STACY, FP
6601 ROCKHILL ROAD
KANSAS CITY 64131

LOPEZ-PLATA,ROBERTO, GS
701 E 63RD STREET
KANSAS CITY 64110

LORENZO-MEDINA,REMEDIOS, IM
509 W 119TH TERR
KANSAS CITY 64114

LORENZO,EDILBERTO,BATARA, CHP
1820 W 91ST PLACE
KANSAS CITY 64114

LOTUACO,GAMALIEL,GO, PS
4400 BROADWAY
KANSAS CITY 64111

LOUTZENHISER,JAMES,K, P
6400 PROSPECT
KANSAS CITY 64132

LOWELL,PAUL, GP
4742 LIBERTY
KANSAS CITY 64112

LYDDON,HAROLD,RAY, GP
75TH & TROOST STS
KANSAS CITY 64131

MABEN,SAM,EDWARD, IM
9406 E 63RD
KANSAS CITY 64133

MAC GEE,EDWIN,ERNEST, NS
4440 BROADWAY
KANSAS CITY 64111

MAC INNIS,FLORENCE,E, PUD
4620 J C NICHOLS PKWY
KANSAS CITY 64112

MAC NAUGHTON,RALPH,E, R
1212 S 10TH STREET
BLUE SPRINGS 64015

MAC NAUGHTON,ROBT,A, R
1212 S 10TH ST
BLUE SPRINGS 64015

MALLOUK,ALEXANDER,GEO, IM
4320 WORNALL RD STE 514
KANSAS CITY 64111

MALLOW,JAMES,EUGENE, PUD
44TH AND WORNALL ROAD
KANSAS CITY 64111

MANGELS,KENNETH,A, GP
1612 W TRUMAN RD
INDEPENDENCE 64050

MANION,THOS,SMITH, U
1515 TRUMAN RD
INDEPENDENCE 64050

MANUEL,LOUIS,CALVIN, OPH
1734 E 63RD ST
KANSAS CITY 64110

MARKS,MARK,M, OS
6537 SUMMIT ST
KANSAS CITY 64113

MARKS,MAURICE,I, GS
MENORAH MEDICAL CENTER
4949 ROCKHILL RD
KANSAS CITY 64110

MARSH,ALICE, PD
PLEASANT HILL 64080

MARSHALL,CAMERON,FIELD, OBG
8039 HOLMES
KANSAS CITY 64131

MARSHALL,HAL,E, PTH
4949 ROCKHILL RD
KANSAS CITY 64110

MARTIN,CLYDE,VERNE, P
800 W 47TH ST
KANSAS CITY 64112

MASON,WAYNE,ELLIS, R
6700 TROOST STE 352
KANSAS CITY 64131

MASUCCI,JOS,MICHAEL, CM
306 E 12TH ST
KANSAS CITY 64106

MAYER,JOHN,HENRY, TS
503 PLAZA PKWY BLDG
4620 J C NICHOLS PKWY
KANSAS CITY 64112

MC AFEE,ROBT,GORDON, P
6400 PROSPECT STE 108
KANSAS CITY 64132

MC ANELLY,GEO,C, U
905 NORTON
KANSAS CITY 64127

MC CALLA,JOHN,PATRICK, AN
649 HUNTINGTON RD
KANSAS CITY 64113

MC CALLISTER,BEN,DEE, CD
4320 WORNALL RD
KANSAS CITY 64111

MC CANSE,ANDREW, GS
4320 WORNALL RD STE 332
KANSAS CITY 64111

MC CANSE,LYNN,R A, U
4320 WORNALL RD
KANSAS CITY 64111

MC CLANAHAN,ROBT,CECIL, IM
1102 GRANT AVENUE
KANSAS CITY 64106

MC CONAHAY,DAVID,RONSON, CD
4320 WORNALL ROAD
KANSAS CITY 64111

MC CONCHIE,JAMES,ESTIL, R
10901 WINNER RD
INDEPENDENCE 64052

MC COY,FREDERICK,J, PS
4177 BROADWAY
KANSAS CITY 64111

MC CRAY,GLEN,M, CHP
24TH & GILLHAM RDS
KANSAS CITY 64106

MC CULLOUGH,CAMPBELL, ORS
ARGYLE BLDG
306 E 12TH ST
KANSAS CITY 64106

MC DONALD,HERBERT,LEE, COS
6700 TROOST AVE
KANSAS CITY 64131

MC DONNELL,JOHN,F, IM
4320 WORNALL RD
KANSAS CITY 64111

MC FARLAND,H,RICHARD, N
4320 WORNALL
KANSAS CITY 64111

MC FARLAND,M,DONALD, IM
4320 WORNALL RD
KANSAS CITY 64111

MC GANNON,PAUL,T, GS
6400 PROSPECT
KANSAS CITY 64132

MC GUIRE,THOS,HOOVER, OBG
4320 WORNALL RD STE 308
KANSAS CITY 64111

MC INTOSH,DONALD,EDWARD, AN
6400 PROSPECT
KANSAS CITY 64132

MC INTYRE,JOHN,DONALD, AN
4948 WESTWOOD RD
KANSAS CITY 64112

MC KEE,FRANK,E, OPH
10413 WESTGATE RD
SHAWNEE MISSION KS 66214

MC KEE,WALLACE,P, IM
4320 WORNALL RD
KANSAS CITY 64111

MC KEEL,THOS,BURL, IM
180 DOCTORS BLDG EAST
751 E 63RD ST
KANSAS CITY 64110

MC KNELLY,WM,VON, P
39TH & RAINBOW BLVD
KANSAS CITY KS 66103

MC LEOD,JOHN, OPH
9 E 67TH ST
KANSAS CITY 64113

MC MILLAN,THOS,E, U
6400 PROSPECT
KANSAS CITY 64132

MC NABNEY,W,KENDALL, TRS
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

MC NUTT,THEODORE,L, GP
LEES SUMMIT CLINIC
615 W 3RD STREET
LEE'S SUMMIT 64063

MC VAY,JAMES,ROBT, GS
865 W 62ND ST
KANSAS CITY 64113

MEDLICOTT,WILLIAM,J, ORS
4320 WORNALL RD
KANSAS CITY 64111

MEEGAN,ROBT,JOHN, R
2929 BALTIMORE AVE
KANSAS CITY 64108

MEHTA,SATISH,KUMAR, IM
2307 E 109TH STREET
KANSAS CITY 64131

MEIKLEJOHN,DUNCAN,C, OBG
2116 S STERLING
INDEPENDENCE 64052

MELGAARD,SVEN,ROSS, AN
6601 ROCKHILL ROAD
KANSAS CITY 64131

MENDLICK,MICHAEL,R, ORS
44 & WORNALL
KANSAS CITY 64111

MERVEILLE,OCTAVE,C, PD
24TH AND GILLHAM RD
KANSAS CITY 64108

METZL,KURT, PD
601 E 63RD
KANSAS CITY 64110

MEYER,PAUL,W, ORS
4320 WORNALL RD
KANSAS CITY 64111

MILES,GEO,OLIVER, GS
4320 WORNALL RD
KANSAS CITY 64111

MILGRAM,BYRON,ALLEN, P
601 EAST 63RD ST
KANSAS CITY 64110

MILLER,CLINT,LEMON, DM
615 W 3RD ST
LEE'S SUMMIT 64063

MILLER,GERALD,LEE, OBG
2929 BALTIMORE ST
KANSAS CITY 64108

MILLER,LAWRENCE,HOWARD, FP
1209 DRY CREEK
DERBY KS 67037

MILLER,MAX,I, AN
5620 HIGH DR
SHAWNEE MISSION KS 66208

MILLER,WILSON,HERRICK, IM
511 PLAZA PKWY BLDG
4620 NICHOLS PKWY
KANSAS CITY 64112

MINNIGERODE,LANA,K CARR, PM
2316 EAST MEYER BLVD
KANSAS CITY 64132

MINNIGERODE,TURNER,LEWIS, IM
10950 GLEN ARBOR RD
KANSAS CITY 64114

MITCHELL,ANDREW,D, U
4320 WORNALL RD
KANSAS CITY 64111

MITCHELL,JOHN,OAKERS, U
2928 MAIN ST
KANSAS CITY 64108

MITCHELL,ROBT,HIESTAND, OBG
410 BRYANT BLDG
1102 GRAND AVE
KANSAS CITY 64106

MITRA,NIRMAL,KUMAR, PD
112TH TERR & GRANDVIEW RD
KANSAS CITY 64137

MIXSON,WM,CHAS, OBG
4320 WORNALL RD
KANSAS CITY 64111

MONTELLO,SAMUEL,A, OBG
4320 WORNALD RD STE 308
KANSAS CITY 64111

MOONEY,JUSTIN,LOEB, D
6740 W 52ND PLACE
SHAWNEE MISSION KS 66202

MOONEY,MARCEL,L, OBG
751 E 63D ST
KANSAS CITY 64110

MOORE,JACK,DEAN, U
4320 WORNALL RD
KANSAS CITY 64111

MOORE,ROBT,A, OM
P O BOX 679
KANSAS CITY 64141

MOREANO,ARMANDO,H, GP
21 W 43RD ST
KANSAS CITY 64111

MORGAN,DAVID,BASIL, D
4620 J C NICHOLS PKWY
KANSAS CITY 64112

MORGAN,WM,RICHARD, PS
6700 TROOST
KANSAS CITY 64131

MORLEY,LOUISE,ANTOINETTE, GP
4907 NEOSHO
SHAWNEE MISSION KS 66205

MORONEY,JEAN,MARY, N
4320 WORNALL RD
KANSAS CITY 64111

MORRIS,J,HAROLD, IM
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

MORRISON,DONALD,HAY, AN
4545 WORNALL RD
KANSAS CITY 64111

MOSBACHER,HUGH,EDWARD, PS
919 LAKE DR CT
INDEPENDENCE 64055

MOSS,PAUL, GE
4706 BROADWAY
KANSAS CITY 64112

MOUNTFORD,DAMON,WM, EM
9503 E 63RD ST
KANSAS CITY 64133

MUELLER,MARTIN,J, IM
6400 PROSPECT AVE
KANSAS CITY 64132

MULLEN,LEO,MARTIN, GP
4443 PASEO BLVD
KANSAS CITY 64110

MUNDY,WM,L, IM
4643 WYANDOTTE
KANSAS CITY 64112

MUNYAN,EARL,A, IM
17221 E 23RD SUITE 107
INDEPENDENCE 64057

MURPHY,JAMES,J, EM
EMERGENCY ROOM
ST JOSEPH HOSPITAL
1000 CARONDELET DR
KANSAS CITY 64114

MURPHY,ROBT,JOHN, D
4320 WORNALL RD
KANSAS CITY 64111

MURRAY,W,LEE, OPH
11201 COLORADO
KANSAS CITY 64137

MUTH,ROBT,GABRIEL, NEP
MEYER BLVD AT PROSPECT AVE
KANSAS CITY 64132

MYERS,ANDREW,IRWIN, EM
9913 CHARLOTTE
KANSAS CITY 64131

MYERS,CARL,MACK, FP
6601 ROCKHILL RD
KANSAS CITY 64131

MYERS,GEO,HENRY, U
6700 TROOST
KANSAS CITY 64131

MYERS,JOHN,SIMEON, OM
618 PROFESSIONAL BLDG
1103 GRAND AVE
KANSAS CITY 64106

MYERS,ROBT,MICHAEL, GP
906 GRAND AVE
KANSAS CITY 64106

NAIME,MANSOUR,J, PD
136 ROCKHILL MED BLDG
6700 TROOST
KANSAS CITY 64131

NELSON,BENTLEY,A, OTO
409 BROADWAY MEDICAL BLDG
4400 BROADWAY
KANSAS CITY 64111

NESSELRODE,JOHN,HARVEY, GS
1515 W TRUMAN RD STE 402
INDEPENDENCE 64050

NEUMANN,JAMES,WM, N
2929 BALTIMORE STE 215
KANSAS CITY 64108

NEWMAN,ROBT,L, OBG
ST LUKES HOSP
44TH & WORNALL RD
KANSAS CITY 64111

NIELSON,MICHAEL,HANS, OBG
1515 W TRUMAN RD STE 306
INDEPENDENCE 64050

NIGRO,EDWARD,ROBT, CD
2901 TOMAHAWK
SHAWNEE MISSION KS 66207

NIGRO,JOS,ALBERT, OM
917 MC GEE
KANSAS CITY 64106

NOBACK,RICHARDSON,K, IM
UMKC SCHOOL OF MED
2411 HOLMES
KANSAS CITY 64108

NOLTENSMEYER,MILTON,H, AN
3305 W 50TH TERR
SHAWNEE MISSION KS 66205

NOVAK,EDWARD,JOHN, PM
3011 BALTIMORE
KANSAS CITY 64108

O'FARRELL,THOS,PAUL, GS
6400 PROSPECT STE 240
KANSAS CITY 64132

O'HEARNE,JOHN,JOS, P
4706 BROADWAY
KANSAS CITY 64112

O'KELL,RICHARD,TOWNSEND, PTH
ST LUKES HOSP DEPT PATH
44TH & WORNALL RD
KANSAS CITY 64111

O'MALLEY,JAMES,FRANCIS, U
6700 TROOST
KANSAS CITY 64131

O'NEIL,JAMES,HUGH, GS
275 TAIT TERRACE SE
PORT CHARLOTTE FL 33952

OLSON,LLOYD,CLARENCE, PD
24TH AND GILLHAM RD
CHILDRENS MERCY HOSPITAL
KANSAS CITY 64108

OSBORNE,JERE,ORVANDO, EM
644 W 69TH TERRACE
KANSAS CITY 64113

OST,MARK,DEAN, PTH
6550 B TROOST
KANSAS CITY 64131

OSTERGAARD,DANIEL,J, FP
1740 W 92ND ST
KANSAS CITY 64114

OVERESCH,HARRY,B, ORS
6400 PROSPECT AVE
KANSAS CITY 64132

OWENS,JAMES,LOUIS, OBG
416 BROADWAY MED BLDG
4400 BROADWAY
KANSAS CITY 64111

OWENS,RICHARD,L, OM
207 W 116TH ST
KANSAS CITY 64114

OWENS,ROBT,H, U
6700 TROOST 408
KANSAS CITY 64131

OZAR,MILTON,B, U
1206 W 62
KANSAS CITY 64113

PACK,GARY,LEE, N
SUITE 117
4706 BROADWAY
KANSAS CITY 64112

PAKULA,SIDNEY,F, PD
10839 STATE LINE
KANSAS CITY 64114

PARELMAN,ALLEN,GROVER, OPH
6724 TROOST AVE #303
KANSAS CITY 64131

PARKER,HUBERT,M, CD
2929 BALTIMORE SUITE 435
KANSAS CITY 64108

PARSONS,EUGENE,O, GS
145 STATE LINE KENNETH RD
STANLEY KS 66223

PAWSAT,JOHN,E, ORS
720 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

PEARSON,PAUL,ERNEST, AN
5820 HOWE DR
SHAWNEE MISSION KS 66205

PECORARO,ANTHONY,PAUL, PD
4400 BROADWAY
KANSAS CITY 64111

PEETE,DON,CARLOS, CD
3717 BELLEVIEW
KANSAS CITY 64111

PELEGRIN,ROBT,JOS, U
17221 E 23RD
INDEPENDENCE 64057

PEMBERTON,LOARN,BEATY, GS
2411 HOLMES
KANSAS CITY 64108

PENNER,STANLEY, PD
601 E 63RD ST
KANSAS CITY 64110

PERLL,MAURICE,F, ORS
6700 TROOST ST
KANSAS CITY 64131

PERLL,RITA,DOBEL, P
600 E 22ND STREET
KANSAS CITY 64108

PETERSEN,EUGENE,GEO, R
108 HACKBERRY
LEE'S SUMMIT 64063

PETERSON,BONITA,JEANNE, PTH
4525 HOLLY
KANSAS CITY 64111

PETERSON,CARL,MC KEE, GS
2701 E 31ST ST
KANSAS CITY 64128

PETERSON,JAY,T, IM
4320 WORNALL RD
SUITE 216
KANSAS CITY 64111

PETERSON,WALTER,RICHARD, GS
2701 E 31ST ST
KANSAS CITY 64128

PETIT PAZOS,CARLOS,A, GS
4620 J C NICHOLS PKWY
KANSAS CITY 64112

PETRY,EZRA,LUTHER, GP
13740 W 90TH PL APT 1
LENEXA KS 66215

PICKARD,NICHOLAS,STARK, ORS
6210 HIGH DR
SHAWNEE MISSION KS 66208

PICKERING,LEE,IRVING, IM
1515 W TRUMAN ROAD
INDEPENDENCE 64050

PIEBENGA,LARRY,WM, OPH
4400 BROADWAY
KANSAS CITY 64111

PIEPERGERDES,LARRY,G, OPH
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

PINKERTON,JOS,A, GS
4320 WORNALL ROAD
KANSAS CITY 64111

PINSKER,OSCAR,T, OTO
HIGHLANDS PROF TOWER
6724 TROOST
KANSAS CITY 64131

PIPER,DONALD,K, ORS
6700 TROOST ST
KANSAS CITY 64131

PIPKIN,GARRETT, ORS
R R #2
CLINTON 64735

PITIYANUVATH,TASANAPORN, PD
825 EUCLID
KANSAS CITY 64124

PLACE,KENNETH,CRAIG, OPH
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

POLITI,GREGORY,BRUNO, AN
31ST & WYANDOTTE
KANSAS CITY 64108

POLLOCK,LEO,HOWARD, GS
751 E 63D ST
KANSAS CITY 64110

POONAWALA,HUSENI,E, CHP
4400 BROADWAY SUITE 202
KANSAS CITY 64111

POPE,CHAS,HENRY, PTH
8800 E 63RD ST STE 300
KANSAS CITY 64133

PORTER,LOUIS, AN
751 E 63RD ST
KANSAS CITY 64110

PORTER,MICHAEL,JOS, AN
751 E 63RD ST
KANSAS CITY 64110

POSTMA,GEORGE,S, IM
373 W 101ST TERRACE
KANSAS CITY 64114

POTTER,LEE,GEO, OBG
5000 OAK
KANSAS CITY 64112

POTTS,DONALD,A, FP
1515 W TRUMAN RD NO 504
INDEPENDENCE 64050

POWELL,ALAN,EDWARD, PD
17221 E 23RD ST
INDEPENDENCE 64057

POWELL,NELSON,EDGAR, PTH
ST LUKES HOSP PATH DEPT
44TH & WORNALL RD
KANSAS CITY 64111

PRINTZ,JOS,HAROLD, GS
601 E 63RD ST
KANSAS CITY 64110

PRINTZ,OTTO,J, GS
601 E 63RD ST
KANSAS CITY 64110

PROSTIC,EDWARD,JOEL, ORS
601 E 63RD
KANSAS CITY 64110

PRYOR,HAROLD,JOE, PM
RESEARCH HOSPITAL
MEYER AND PROSPECT
KANSAS CITY 64132

PUGH,RICHARD,GEO, PD
1612 W TRUMAN RD
INDEPENDENCE 64050

QUER,ERICH,ALFRED, GS
6400 PROSPECT AVE
KANSAS CITY 64132

RACELA,ANTONIO,S, PTH
ST JOSEPH HOSP
1000 CARONDELET DR
KANSAS CITY 64114

RADER,ADA,E BRAINARD, GP
13414 LOCUST ST
KANSAS CITY 64145

RAICH,ROBT,ANDERSON, IM
4320 WORNALL RD RM 440
KANSAS CITY 64111

RAMEY,EHRET,O, OBG
4320 WORNALL AVE
KANSAS CITY 64111

RAMOS,AMERICO,GONZALEZ, TS
6700 TROOST AVE
KANSAS CITY 64131

RANNIE,PAUL,R, AN
709 S FULLER ST
INDEPENDENCE 64050

RATNAM,DASARI,VENKATA, P
11962 PENNSYLVANIA
KANSAS CITY 64145

RAVIS,MARK,STEVEN, GP
1734 E 63RD ST
KANSAS CITY 64110

RECTOR,JOE,LEE, TR
ST LUKES HOSPITAL
44TH & NICHOLS PKWY
KANSAS CITY 64111

REDDIN,JACK,LEE, IM
17221 E 23RD ST-STE 209
INDEPENDENCE 64057

REED,WM,ALLEN, TS
4320 WORNALL RD
KANSAS CITY 64111

REINHARDT,G,ROBT, GS
6400 PROSPECT AVE
KANSAS CITY 64132

REISS,JEANNE,E LEICK, OS
P O BOX 7252
KANSAS CITY 64113

REISTER,DOROTHY,DAILEY, PD
5201 W 84TH
SHAWNEE MISSION KS 66207

REISTER,PHILIP,D, GP
701 E 63RD ST STE 211
KANSAS CITY 64110

RENGACHARY,DHANALAKSHMI, OBG
825 EUCLID
KANSAS CITY 64124

REYNOLDS,CLARENCE,CROSBY, IM
1734 E 63RD ST
SUITE 605
KANSAS CITY 64110

REYNOLDS,JAMES,D H, GE
4320 WORNALL RD
KANSAS CITY 64111

RHODES,ANDREW,JAMES, NS
1612 W TRUMAN RD
INDEPENDENCE 64050

RHODES,PHILIP,GLEN, PD
24TH & GILLHAM RD
KANSAS CITY 64108

RICCI,WALTER,FRANCISCO, P
6724 TROOST
KANSAS CITY 64131

RICHANY,SHAFIK,FOUAD, PTH
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

RICHARDSON,MARION,W, OBG
2526 PROSPECT
KANSAS CITY 64127

RICHERT,ROBT,C, PTH
504 W 96TH ST
KANSAS CITY 64114

RIEKHOF,PAUL,LANDON, OBG
4320 WORNALL RD
KANSAS CITY 64111

RILEY,J,PATRICK, R
PARTHENON AR 72666

RILLER,LOWELL,E, ORS
1600 PROFESSIONAL BLDG
1103 GRAND AVE
KANSAS CITY 64106

RIPPEY,JOHN,HOLDEN, PTH
WORNALL RD AT 44TH ST
KANSAS CITY 64111

ROBB,CHRISTINE,ALTON, GP
1109 S LINCOLN AVE
URBANA IL 61801

ROBERTS,GROSVENOR,G, DM
777 N BLUE PKWY
LEE'S SUMMIT 64063

ROBERTS,HAROLD,MOORE, IM
4618 WARWICK
KANSAS CITY 64112

ROBINETT,WADE,VERNON, OTO
6700 TROOST STE 616
KANSAS CITY 64131

ROBINSON,ARTHUR,WEAVER, IM
4320 WORNALL RD
KANSAS CITY 64111

ROBINSON,ERNEST,KIP, GS
1015 W 58TH TERR
KANSAS CITY 64113

ROBINSON,WM,J, P
601 E 63RD ST
KANSAS CITY 64110

ROBLES,LUIS,H, IM
SUITE 107
7546 TROOST
KANSAS CITY 64131

RODGERS,GEO,H, U
6400 PROSPECT
KANSAS CITY 64132

RODGERS,SAML,U, OS
2701 E 31ST ST
KANSAS CITY 64128

ROFAIL,AMIN,ABDELMESIH, AN
9206 ENGLAND
OVERLAND PARK KS 66212

ROGERS,ROBT,LEE, OTO
6724 TROOST AVE STE 200
KANSAS CITY 64131

ROMITO,ANTHONY,J, GP
5529 TROOST
KANSAS CITY 64110

ROSE,CHAS,WM, GP
334 S VAN BRUNT BLVD
KANSAS CITY 64124

ROSENBERG,ISAC, PD
310 W 47TH ST
KANSAS CITY 64112

ROTH,ALFRED,DONALD, AN
100 ROCKHILL MED BLDG
6700 TROOST
KANSAS CITY 64131

ROZEN,JAY,IRVING, R
6400 PROSPECT
KANSAS CITY 64132

RUBIN,HARVEY,PAUL, CD
701 E 63RD ST STE 308
KANSAS CITY 64110

RUBNITZ,LEON,HARLAN, AN
751 E 63RD STE 12
KANSAS CITY 64110

RUFE,JOHN,ROBERT, OPH
4500 BROADWAY
KANSAS CITY 64111

RUSSELL,JAMES,L, TS
2929 BALTIMORE
KANSAS CITY 64108

RUSSELL,ROBT,K, FP
8933 ROSE LANE
KANSAS CITY 64133

RUTHERFORD,BARRY,DOUGLAS, IM
4320 WORNALL RD
410 MEDICAL PLAZA
KANSAS CITY 64111

SABATES,FELIX,NABOR, OPH
6700 TROOST AVE STE 110
KANSAS CITY 64131

SAFERSTEIN,A,LESTER, AN
751 E 63
KANSAS CITY 64110

SAFLEY,THOS,JENRY, GS
17221 E 23RD ST
INDEPENDENCE 64057

SALADINO,ANTHONY, GP
2009 W 67TH ST
SHAWNEE MISSION KS 66208

SAMUELSON,EDWARD,A, FP
4620 NICHOLS PKWY
KANSAS CITY 64112

SANDERS,DONALD,CLAUDE, P
411 NICHOLS RD
KANSAS CITY 64112

SANDERS,HARMON,U, OPH
115 HUMPHREY ST
GREENWOOD MS 38930

SANDERS,WM,FREDERICK, IM
411 NICHOLS RD
KANSAS CITY 64112

SANDOW,THEODORE,L, ORS
4320 WORNALL RD
KANSAS CITY 64111

SANTORO,CARLOS,G, GS
1103 WESTPORT RD
KANSAS CITY 64111

SANTSCHI,DON,RAYMOND, IM
UMKC SCHOOL OF MED
2411 HOLMES
KANSAS CITY 64108

SAUER,GORDON,CHENOWETH, D
6400 PROSPECT
KANSAS CITY 64132

SCALES,MARGARET,B, PTH
6550 C TROOST
KANSAS CITY 64131

SCHAERRER,WM,CHAS, CRS
4320 WORNALL RD
KANSAS CITY 64111

SCHIFFMACHER,JACK,E, R
4517 W 65TH ST
SHAWNEE MISSION KS 66208

SCHILLIE,GENE,AGUSTUS, OBG
6400 PROSPECT ST
KANSAS CITY 64132

SCHLOZMAN,DANL,LEE, PUD
RESEARCH HOSP MED CTR LEVEL A
MEYER BLDG AT PROSPECT
KANSAS CITY 64132

SCHOOLMAN,ARNOLD, NS
6700 TROOST
KANSAS CITY 64131

SCHOTTMAN,GERHARD,W, R
44TH AND NICHOLS PKWY
KANSAS CITY 64111

SCHUMAN,NORVIN,DEAN, PTH
MEYER BLVD AT PROSPECT
KANSAS CITY 64132

SCHUTZ,CARL,H BRYANT, GS
841 SAN PABLO DR
SAN MARCOS CA 92069

SCHUTZ,RICHARD,BAYLISS, OBG
603 A LILAC PL
LEE'S SUMMIT 64063

SCOTT,JOHN,EVERETT, DR
117 TEAKWOOD
LEE'S SUMMIT 64063

SEELY,CLARK,WORKMAN, PD
3000 W 68TH ST
SHAWNEE MISSION KS 66208

SEIDEN,GERALD,DAVID, OTO
6724 TROOST
KANSAS CITY 64131

SEITZ,ELSON,FREDRICK, PTH
1509 W TRUMAN RD CLINICAL LAB
INDEPENDENCE 64050

SELLS,KENNETH,JAMES, FP
2929 BALTIMORE STE 310
KANSAS CITY 64108

SESHUMURTY,VIMALA, PD
2310 E LINWOOD BLVD
KANSAS CITY 64109

SHALET,MALCOLM,FREDRIC, IM
6724 TROOST AVE STE 500
KANSAS CITY 64131

SHALLEY,JACK,EDWARD, P
4240 BLUE RIDGE BLVD STE 500
KANSAS CITY 64133

SHANK,NEIL,A, IM
701 E 63RD ST
KANSAS CITY 64110

SHAPIRO,LAZARE,MELVIN, IM
P O BOX 1441
SUN CITY AZ 85351

SHARMA,JANARDANA,NIDDODI, NEP
4320 WORNALL RD
KANSAS CITY 64111

SHEAHON,JOHN,A, OBG
6700 RAYTOWN RD
RAYTOWN 64133

SHECHTER,NATHAN, ORS
601 E 63D ST
KANSAS CITY 64110

SHEEHAN,MICHAEL,B, PD
628 GREENWAY TER
KANSAS CITY 64113

SHELDEN,RUSSELL,D, AN
6400 PROSPECT AVE STE 142
KANSAS CITY 64132

SHIFRIN,ALEXANDER, IM
6700 TROOST AVE
KANSAS CITY 64131

SHOCKLEY,CLARENCE,JOHN, OBG
615 W 3RD ST
LEE'S SUMMIT 64063

SHUEY,HERBERT,HENRY, IM
3 E GREGORY ST
KANSAS CITY 64114

SIEGEL,CARL,D, GP
4801 LINWOOD
KANSAS CITY 64128

SIMMONS,DONALD,D, P
4301 MAIN ST STE 14
KANSAS CITY 64111

SIMMONS,JOHN,L, U
6400 PROSPECT
KANSAS CITY 64132

SIMON,SANFORD, GS
751 E 63RD ST STE 266
KANSAS CITY 64110

SINCLAIR,RICHARD,HART, OBG
4320 WORNALL RD STE 308
KANSAS CITY 64111

SINGLETON,CHARLES,M, IM
4320 WORNALL RD STE 624
KANSAS CITY 64111

SINGLETON,JOHN,MILTON, IM
PLAZA TIME BLDG
411 NICHOLS RD
KANSAS CITY 64112

SIRRIDGE,MARJORIE,J S, IM
2411 HOLMES
KANSAS CITY 64108

SIRRIDGE,WM,THOS, IM
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

SKILLMAN,ROBT,K, HEM
4320 WORNALL RD
KANSAS CITY 64111

SKINNER,JOHN,THOS, GP
1102 GRAND AVE
KANSAS CITY 64106

SLANKARD,J,EDWARD, OBG
4320 WORNAL RD
KANSAS CITY 64111

SLENTZ,EDWIN,L, IM
4320 WORNALL RD
KANSAS CITY 64111

SLENTZ,WM,A, IM
4320 WORNALL RD
KANSAS CITY 64111

SLICKMAN,ROBT,A, OBG
2929 BALTIMORE
KANSAS CITY 64108

SMITH,ARTHUR,BREMNER, R
6400 PROSPECT
KANSAS CITY 64132

SMITH,ELBERT,ESTELL, PD
4400 BROADWAY
KANSAS CITY 64111

SMITH,GREGORY,LANTZ, GS
6204 NW 82ND TERR
KANSAS CITY 64151

SMITH,HUBERT,E, IM
411 NICHOLS RD
KANSAS CITY 64112

SMITH,IRA,T, U
6400 PROSPECT ST
KANSAS CITY 64132

SMITH,JAMES,MICHAEL,
21 W 43RD ST
KANSAS CITY 64111

SMITH,JOHN,CHANDLER, PTH
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

SMITH,KATHERINE,A WILSON, PD
411 NICHOLS RD
KANSAS CITY 64112

SMITH,OTHELLO,O, PTH
6550-C TROOST
KANSAS CITY 64131

SMULL,NED,W, OS
24TH GILLHAM RD
KANSAS CITY 64108

SNEID,PHILIP, D
701 E 63RD ST ROOM 101
KANSAS CITY 64110

SNIDER,WILBUR,RAY, GS
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

SOPER,MICHAEL,R, IM
373 W 101ST TERR
KANSAS CITY 64114

SOPER,STEVEN,JOHN, P
1505 W TRUMAN RD
INDEPENDENCE 64050

SPAFFORD,ALLEN,LEO, IM
315 NICHOLS RD
KANSAS CITY 64112

SPALDING,WILBER,B, OPH
2928 MAIN ST
KANSAS CITY 64108

SPENCER,DONALD,M, ORS
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

SPIES,BARBARA,CALDERWOOD, GP
11201 COLORADO
KANSAS CITY 64134

SPURNEY,JOE,ELDON, GP
11201 COLORADO
KANSAS CITY 64137

SPURNY,OTTO,MARIA, IM
6400 CHERRY
KANSAS CITY 64131

STAAB,GERALD,EDWIN, DR
6700 TROOST
KANSAS CITY 64131

STACEY,WALLACE,R, OBG
2116 S STERLING
INDEPENDENCE 64052

STAGGS,WM,ANDREW, U
2929 BALTIMORE AVE STE 335
KANSAS CITY 64108

STANLEY,JOHN,HARLAN, CHP
4400 BROADWAY
KANSAS CITY 64111

STATLAND,HARRY, IM
601 E 63RD ST
KANSAS CITY 64110

STATLAND,MORRIS, IM
601 E 63RD ST
KANSAS CITY 64110

STEEL,MAXWELL,W, IM
P O BOX 1159
BENDIX CORP KC DIV
KANSAS CITY 64141

STEFFEN,LAWRENCE,F, CD
411 NICHOLS RD STE STE 212
KANSAS CITY 64112

STELLE,CHAS,W, OM
10440 CONSER
SHAWNEE MISSION KS 66212

STELMACH,WALTER,J, FP
5252 SUNSET DR
KANSAS CITY 64112

STEPHENS,JACK,DOUGLAS, AN
751 E 63RD ST
KANSAS CITY 64110

STERN,THOS,L, FP
1740 W 92ND ST
KANSAS CITY 64114

STEWART,HARRY,ARTHUR, P
4706 BROADWAY STE 105
KANSAS CITY 64112

STOCKTON,RAYMOND,W, U
4320 WORNALL RD
KANSAS CITY 64111

STOCKWELL,ARTHUR,LLOYD, U
DIVISION OF UROLOGY
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

STOUT,CARL,N, OPH
701 BLUE RIDGE TOWER
4240 BLUE RIDGE
KANSAS CITY 64133

STRATEMEIER,EDWARD,H, R
31ST AND WYANDOTTE
KANSAS CITY 64108

STRAUSS,CARL,FLORSHEIM, IM
8300 TROOST AVE
KANSAS CITY 64131

STRIBLING,THOS,LLOYD, OBG
2116 STERLING AVE
INDEPENDENCE 64052

STROMBERG,ERIC,DECATUR, AN
6400 PROSPECT AVE
KANSAS CITY 64132

STUBER,JACK,LAWRENCE, DR
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

SUDDARTH,STERLING,BAKER, PD
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

SULIT,ARNULFO,P, IM
101 MEMORIAL DR
KANSAS CITY 64108

SUSEELA,DASARI, PD
2310 E LINWOOD BLVD
KANSAS CITY 64109

SUTTON,RICHARD,L, D
3203 W 83RD TERRACE
SHAWNEE MISSION KS 66206

SWISHER,ROBT,CHALMERS, R
600 LILAC LN
SACRAMENTO CA 95825

SZABADOS,ERNEST,D, ORS
17221 E 23RD ST
INDEPENDENCE 64057

TAMBLYN,M,CLAIRE L, AN
3515 W 63RD ST
PRAIRIE VILLAGE KS 66208

TAPUZ,JAIME,TABIOS, AN
600 EAST 8TH ST
KANSAS CITY 64106

TARSON,SOLOMON,S, DS
5511 W 85TH ST
SHAWNEE MISSION KS 66207

TASKER,CHAS,B, AN
11083 BURNTWOOD DR
SUN CITY AZ 85351

THALBLUM,HARVEY, DR
6400 PROSPECT STE 216
KANSAS CITY 64132

THEEL,OTTO,WM, GP
4301 MAIN ST
KANSAS CITY 64111

THIELE,GEO,HENRY, CRS
121 W 48TH ST APT 705
KANSAS CITY 64112

THOMAS-RICHARDS,JOSE,R, ORS
2301 HOLMES
TRUMAN MEDICAL CENTER
KANSAS CITY 64108

THOMAS,CHRISTOPHER,Y, GS
4320 WORNALL RD
KANSAS CITY 64111

THOMPSON,CHAS,L, IM
4320 WORNALL RD
KANSAS CITY 64111

THRONE,BENNIE,JOE, TR
2316 E MEYER BLVD
KANSAS CITY 64132

THRONE,ELIAS,M, PM
RESEARCH MEDICAL CENTER
KANSAS CITY 64132

TICE,WAYNE,KILMER, R
3504 S DELAWARE
INDEPENDENCE 64055

TILLEMA,DAVID,A, ORS
6306 MORNINGSIDE DR
KANSAS CITY 64113

TIOJANCO,MILAGROS,E L, AN
11807 WASHINGTON
KANSAS CITY 64114

TIOJANCO,REYNALDO,ROQUE, GP
5801 EAST 113TH STREET
KANSAS CITY 64134

TITTERINGTON,FRANK,W, IM
236 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

TOKRISNA,APHIRAKS, IM
10901 WINNER RD
INDEPENDENCE 64052

TOTTEN,FREDERICK,E, IM
9331 HAYES DR
SHAWNEE MISSION KS 66212

TOUBES,DANIEL,BENJAMIN, IM
8300 TROOST ST
KANSAS CITY 64131

TRIMBLE,GEO,X, IM
101 MEMORIAL DR
KANSAS CITY 64108

TROEH,MELVIN,RICHARD, IM
1515 W TRUMAN RD STE 301
INDEPENDENCE 64050

TROWBRIDGE,BARNARD,C, OTO
415 E 63RD ST
KANSAS CITY 64110

TROWBRIDGE,ELLSWORTH, P
411 NICHOLS RD PLAZA TIME BLD
KANSAS CITY 64112

TUOHY,GERALD,FRANCIS, AN
44TH & WORNALL RD
KANSAS CITY 64111

TURANO,WM,LEONARD, OBG
6700 RAYTOWN RD
RAYTOWN 64133

TURNER,RONALD,MERLE, GS
1515 W TRUMAN RD STE 402
INDEPENDENCE 64050

TUTERA,DOMINIC,FRANK, OBG
4400 BROADWAY
KANSAS CITY 64111

TUTHILL,HERBERT, OS
202 S COOK ST
BARRINGTON IL 60010

TWIN,EDWARD,J, GE
TRUMAN MEDICAL CTR
2301 HOLMES
KANSAS CITY 64108

TWYMAN,RICHARD,ALLEN, GS
1020 W 56TH ST
KANSAS CITY 64113

UNDERWOOD,DICK,H, OPH
6700 TROOST AVE STE 624
KANSAS CITY 64131

UPSHER,ALBERT,E, PTH
BOX 2778
KANSAS CITY 64142

VALINS,EUGENE, P
601 E 63RD ST
SUITE 309
KANSAS CITY 64110

VAN BIBER,JAMES,T, PD
1612 W TRUMAN RD
INDEPENDENCE 64050

VAN BUSKIRK,TERRANCE,E, GP
5246 ST JOHN AVE
KANSAS CITY 64123

VAN BUSKIRK,WM,CLAYTON, GS
6700 TROOST SUITE 308
KANSAS CITY 64131

VAN THULLENAR,PHILIP,A, PTH
4949 ROCKHILL RD
KANSAS CITY 64110

VAUGHN,JAMES,W, P
411 NICHOLS RD-STE 208
KANSAS CITY 64112

VENEGONI,ROBT,LOUIS, AN
6700 TROOST
KANSAS CITY 64131

VERA,ENRIQUE, P
6724 TROOST
KANSAS CITY 64131

VERGARA,GERARDO,GETALADA, PTH
31ST & WYANDOTTE
KANSAS CITY 64108

VICTOR,FRANK,RITCHIE, R
701 E 63RD
KANSAS CITY 64110

VIDALS,VICTOR,G, GS
7540 TROOST AVE SUITE 120
KANSAS CITY 64131

VILLANUEVA,ANGELA,A, PTH
OLATHE COMM HOSP
300 S RODGERS RD
OLATHE KS 66061

VINCENT,JACK,C, IM
8300 TROOST AVE
KANSAS CITY 64131

VIRDEN,HERBERT,HUGHES, OR
6700 TROOST AVE
KANSAS CITY 64131

VIRIL,LEONARDO,CAPILI, GE
4706 BROADWAY
KANSAS CITY 64112

VOGEL,ARTHUR,PAUL, AN
2215 DRURY LANE
SHAWNEE MISSION KS 66208

VOLK,GEO,EDWARD, OBG
4320 WORNALL RD
KANSAS CITY 64111

VOTH,HAROLD,W, IM
4320 WORNALL RD
KANSAS CITY 64111

WADDELL,THOMAS,H, R
710 MEDICAL PLAZA
4320 WORNALL RD
KANSAS CITY 64111

WADE,FREDERICK,ELLSWORTH, OPH
PROFESSIONAL BLDG
1103 GRAND AVE
KANSAS CITY 64106

WAECKERLE,JOSEPH,F, EM
TRUMAN MED CENTER
2301 HOLMES
KANSAS CITY 64108

WAGNER,PAUL,JACOB, AN
GREENWILLOW FARM RT 1
GREENWOOD 64034

WAKEFIELD,FRANKLIN,H, GP
13065 100TH DR
SUN CITY AZ 85351

WALDMAN,RICHARD,ALAN, PD
24TH & GILLHAM RD
KANSAS CITY 64108

WALKER,JAMES,CHAS, GP
609 E 96TH ST
KANSAS CITY 64131

WALKER,ORVILLE,CHAS, PD
10901 WINNER RD
INDEPENDENCE 64052

WALL,HARRY,CHAS, A
751 E 63RD ST STE 250
KANSAS CITY 64110

WALL,LEONARD,A, OBG
4320 WORNALL RD
KANSAS CITY 64111

WALLY,JOHN,WM, EM
4320 WORNALL RD-STE 508
KANSAS CITY 64111

WASSERMAN,GARY,SETH, PD
CHILDRENS MERCY HOSP DEPT MED
24TH & GILLHAM RD
KANSAS CITY 64108

WATHANA-CHAROEN,SUCHINT, TS
4320 WORNALL RD
KANSAS CITY 64111

WATSON,ETHEL, GP
1539 EVANSTON
INDEPENDENCE 64052

WAXMAN,HERBERT,JOS, IM
8300 TROOST AVE THE MED GROUP
KANSAS CITY 64131

WAXMAN,JANE,ZABEL, PD
8019 KENWOOD
KANSAS CITY 64131

WEBB,HARRY,EDWARD, PS
4400 BROADWAY
KANSAS CITY 64111

WEIFORD,EDWARD,CLINTON, NS
4320 WORNALL RD
KANSAS CITY 64111

WEINSTEIN,CHAS,L, N
4440 BROADWAY
KANSAS CITY 64111

WEIR,ROBT,KILEY, OPH
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

WELLS,DONALD,EUGENE, IM
MEYER BLVD AT PROSPECT
KANSAS CITY 64132

WELLS,JAMES,ARTHUR, AN
3717 BELL ST
KANSAS CITY 64111

WELLS,JOHN,H, IM
3325 PROSPECT AVE
KANSAS CITY 64128

WENNER,HERBERT,A, PD
CHILDRENS MERCY HOSP
24TH & GILLHAM RD
KANSAS CITY 64108

WEST,HAROLD,D, ORS
1515 W TRUMAN RD
INDEPENDENCE 64050

WHEELER,CHAS,B, PH
4320 WORNALL RD
KANSAS CITY 64111

WHEELER,JOHN,HENRY, IM
4320 WORNALL RD
KANSAS CITY 64111

WHITAKER,JAMES,HENRY, ORS
6400 PROSPECT
KANSAS CITY 64132

WHITE,CHAS,HERBERT, AN
6518 OVERHILL RD
SHAWNEE MISSION KS 66208

WHITE,JAMES,STARLING, U
751 E 63RD ST
KANSAS CITY 64110

WHITE,STOUGHTON,F, U
4320 WORNALL RD
KANSAS CITY 64111

WHITE,WM,EMERSON, NM
6400 PROSPECT
KANSAS CITY 64132

WHITEMAN,JOHN,R, IM
2929 BALTIMORE
KANSAS CITY 64108

WHITMAN,DANIEL,STEPHEN, IM
UNIV OF MO SCH MED
KANSAS CITY 64108

WHITMAN,DOYLE,COLLINS, OM
6836 CHEROKEE LANE
SHAWNEE MISSION KS 66208

WHITMORE,J,STEWART, R
2929 BALTIMORE
KANSAS CITY 64108

WHITTAKER,CHAS,KEITH, NS
4440 BROADWAY
KANSAS CITY 64111

WIEN,IRVING,A, GS
1103 GRAND
KANSAS CITY 64106

WILBER,ROBT,DAYTON, GE
4320 WORNALL RD STE 208
KANSAS CITY 64111

WILHELM,WARREN,FRED, IM
6400 PROSPECT ST SUITE 333
KANSAS CITY 64132

WILKINS,MICHAEL,STEWART, IM
825 EUCLID
KANSAS CITY 64124

WILKINSON,CHAS,B, P
2200 MC COY
KANSAS CITY 64108

WILKINSON,EVERETT,A, GS
64OO PROSPECT
KANSAS CITY 64132

WILLIAMS,FENTON,ALVIN, R
1734 E 63RD ST
KANSAS CITY 64110

WILLIAMS,FRANK,R, ORS
4320 WORNALL RD
KANSAS CITY 64111

WILLIAMS,GEO,PHILLIPS, FP
10928 HILLCREST RD
KANSAS CITY 64134

WILLIAMS,JOS,C, OBG
6400 PROSPECT AVE
KANSAS CITY 64132

WILLIAMS,ROLAND,DEAN, OTO
409 BROADWAY MEDICAL BLDG
4400 BROADWAY
KANSAS CITY 64111

WILLIAMS,STARKS,J, PD
2701 E 31ST ST
KANSAS CITY 64128

WILLIAMS,THOS,ARTHUR, P
6601 ROCKHILL RD
KANSAS CITY 64131

WILLOUGHBY,JAMES,WHISNER, A
1125 GRAND AVE
KANSAS CITY 64106

WILLOUGHBY,JEAN,BROWN, IM
6400 PROSPECT
KANSAS CITY 64132

WILSON,CLIFFORD,CHAS, CRS
4320 WORNALL RD
KANSAS CITY 64111

WINER,HERBERT,J, OBG
6724 TROOST STE 210
KANSAS CITY 64131

WINER,NATHANIEL, IM
2301 HOLMES
TRUMAN MEDICAL CENTER
KANSAS CITY 64108

WINKELMAN,ESTHER,B, GP
6400 PROSPECT SUITE 224
KANSAS CITY 64132

WINSTON,BERNARD,HARRY, D
601 E 63RD ST
KANSAS CITY 64110

WISE,GEO,W, PD
24TH & GILLHAM RD
KANSAS CITY 64108

WISE,MORRIS,FLARSHEIM, U
6724 TROOST SUITE
KANSAS CITY 64131

WITHERS,ORVAL,RAYMOND, A
114 CYPRESS ST
LEE'S SUMMIT 64063

WOEHL,JOS,JOHN, N
4320 WORNALL RD NO 620
KANSAS CITY 64111

WOLF,JACK,W, IM
6724 TROOST AVE STE 500
KANSAS CITY 64131

WOODS,HAROLD,VERNON, GS
1405 W 40TH HIGHWAY
BLUE SPRINGS 64015

WOODS,SAML,DWIGHT, GS
4320 WORNALL RD RM 216
KANSAS CITY 64111

WOODS,WALTON,CLAY, OM
TWA OVERHAUL BASE
P O BOX 20126
KANSAS CITY 64195

WOODWARD,WM,WIRT, IM
4240 BLUE RIDGE BLVD
KANSAS CITY 64133

WORTMANN,ROBT,FRANCIS, OBG
6400 PROSPECT AVE
KANSAS CITY 64132

WRIGHT,R,PAUL, IM
6700 TROOST ST-STE 40
KANSAS CITY 64131

WU,SHUH-MIN, IM
6724 TROOST AVE STE 500
KANSAS CITY 64131

WU,WM,QUO, NS
6700 TROOST
KANSAS CITY 64131

WURSTER,JERRY,BURL, OPH
4320 WORNALL RD
KANSAS CITY 64111

WURSTER,W,JOEL, OTO
409 BROADWAY MEDICAL BLDG
4400 BROADWAY
KANSAS CITY 64111

YOULL,DONALD,VERNON, A
6700 TROOST
KANSAS CITY 64131

YOUMANS,RONALD,ALAN, N
415 E 63RD ST
KANSAS CITY 64110

YOUNG,JAMES,E, P
4320 WORNALL RD STE 716
KANSAS CITY 64111

YOUNG,JESSE,W, GP
1401 SOUTHWEST BLVD
KANSAS CITY KS 66103

YOUNGBLOOD,JAMES,PETER, OBG
4620 J C NICHOLS PKWY
KANSAS CITY 64112

YU,MARIO,K, N
SUITE 117
4706 BROADWAY
KANSAS CITY 64112

ZACHARIAS,DAVID,L, PTH
ST JOSEPH HOSP
1000 CARONDELET DR
KANSAS CITY 64114

ZAHONY,IVAN, AN
8720 ROSEWOOD
SHAWNEE MISSION KS 66207

ZAHORSKY,CARROLL,LE ROY, PS
3600 MADISON
KANSAS CITY 64111

ZELLER,DARRELL,EUGENE, OBG
4836 W 76TH ST
PRAIRIE VILLAGE KS 66208

ZERR,CHARLES,HARVEY, IM
4116 S SPRING
INDEPENDENCE 64055

ZINN,MARCIA,V EGGERS, AN
WORNALL RD AT 44TH
KANSAS CITY 64111

ZOLLER,DAVID,DE BOIS, PTH
101 MEMORIAL DR
KANSAS CITY 64108

ZWERENZ,BRUNO,H, P
1734 EAST 63RD STREET
KANSAS CITY 64110

102—JASPER

ADAMS,ROBT,BELDING, IM
3103 MC CLELLAND
JOPLIN 64801

AL-SHATHIR,SAA,M, PM
BRADY BUILDING
ST JOHNS MED CEN
2727 MC CLELLAND
JOPLIN 64801

ALLEN,DAVID,O, U
3105 MC CLELLAND BLVD
JOPLIN 64801

BENTLAGE,CHAS,HENRY, GS
1513 W 32ND ST-HILLSIDE MED PL
JOPLIN 64801

BHEND,DAVID,PAUL, P
3115 MC CLELLAND BLVD
JOPLIN 64801

BIRD,WM,J F, U
2727 MC CLELLAND BLVD
JOPLIN 64801

BIRSNER,FRANK,H, GP
2401 JACKSON ST
JOPLIN 64801

BLADOW,TERRENCE,CRAIG, PD
3107 MC CLELLAND BLVD
JOPLIN 64801

BOPP,JON,RONALD, OBG
3115 MC CLELLAND BLVD
JOPLIN 64801

BRANDON,FREDERICK,M, R
1102 W 32ND ST
JOPLIN 64801

BROWNING,RONALD,A, IM
3103 MC CLELLAND BLVD
JOPLIN 64801

BURCH,JOHN,ELLIS, OBG
P O BOX 2006
JOPLIN 64801

BURLEIGH,BRUCE,WENTWORTH, ORS
2700 MC CLELLAND BLVD
JOPLIN 64801

BUTLER,PATRICK,LOUIS, OPH
1330 CREST DR
JOPLIN 64801

CARNES,VICTOR,METCALFE, PTH
P O BOX 8 MAIN OFFICE
JOPLIN 64801

CHASE,NED,B, ORS
2700 MC CLELLAND BLVD
JOPLIN 64801

CHELLAPPA,DANUKODI, IM
2727 MC CLELLAND BLVD
JOPLIN 64801

CHESNEY,GEO,W, AN
2604 PICHER ST
JOPLIN 64801

CLARK,FRANK,I, PD
3107 MC CLELLAND BLVD
JOPLIN 64801

COHLE,RICHARD,RAYMOND, IM
301 E CHESTNUT ST
CARTHAGE 64836

CRAIG,IRWIN,T, GYN
3101 MC CLELLAND
JOPLIN 64801

CRAWFORD,ARCHIE,L, GS
607 MAIN ST
JOPLIN 64801

CRISPELL,LAWRENCE,S, OTO
2000 CENTER BLDG-20TH-CONN
JOPLIN 64801

DANDRIDGE,WALTER,CURTISS, GS
SUITE 111
MEDICAL ARTS BLDG
JOPLIN 64801

DAVIS,CHAS,SAML, CD
301 MED ARTS BLDG
JOPLIN 64801

DE TAR,BURLEIGH,ELI, GS
410 JACKSON AVE
JOPLIN 64801

DIXON,HERBERT,K, OPH
1416 JOPLIN ST
JOPLIN 64801

ELISCU,JULIETTE,M, PD
3107 MC CLELLAND
JOPLIN 64801

ESTHER,JOHN,ROBT, PTH
FERGUSONS LAB BOX 8
JOPLIN 64801

FERGUSON,ROBT,M, GP
2509 JACKSON
JOPLIN 64801

FRITSCH,ANDREW,JOHN, IM
2525 JACKSON ST
JOPLIN 64801

GARDNER,JOS,A, OBG
3101 MC CLELLAND BLVD
JOPLIN 64801

GASTON,SAML,LEE, R
2720 OHIO
JOPLIN 64801

GREBE,T,KEITH, OBG
3209 MC CLELLAND
JOPLIN 64801

GRIM,EDWARD,MICHAEL, U
3105 MC CLELLAND BLVD
JOPLIN 64801

GRUBB,PAUL,H, GP
2509 JACKSON
JOPLIN 64801

HALL,MARVIN,FRANCIS, R
3115 MC CLELLAND
JOPLIN 64801

HALLABA,MOHEB,ABDEL S, GS
25TH AND JACKSON
JOPLIN 64801

HILTON,PAUL,EDGAR, D
1612 MURPHY BLVD
JOPLIN 64801

HOLTZMAN,SAML, D
3001 MARTIN L KING DR APT 201
CHICAGO IL 60616

HURST,WILFRED,WANDA, ORS
MEDICAL ARTS BLDG
JOPLIN 64801

HWANG,YUNG,HWAN, GS
924 DAUGHERTY
WEBB CITY 64870

ISBELL,CHAS,HARLOW, GP
1515 HAZEL AVE
CARTHAGE 64836

JEANS,VIRGIL,EDWARD, GS
660 JACCARD PL
JOPLIN 64801

KIRKMAN,ROBERT,E, PS
2529 JACKSON ST
JOPLIN 64801

KOEHLER,JOHN,WM, IM
3103 MC CLELLAND BLVD
JOPLIN 64801

KUHN,JOHN,RAYMOND, GP
321 FRISCO BLDG
JOPLIN 64801

LONGENECKER,JOE,LESLIE, GP
2503 JACKSON AVE
JOPLIN 64801

MAC LAUGHLIN,JAMES,C, IM
3103 MC CLELLAND BLVD
JOPLIN 64801

MAJZOUB,HISHAM,SALIM, NS
2700 MC CLELLAN STE 108
JOPLIN 64801

MANALO,GIL,BALEVA, GS
510 S GARRISON
CARTHAGE 64836

MARTIN,CLARENCE,A, GS
1513 W 32ND
JOPLIN 64801

MC GONIGLE,JAMES,PATRICK, OPH
718 ILLINOIS
JOPLIN 64801

MC GONIGLE,MICHAEL,M, GP
2700 MC CLELLAND BLVD
JOPLIN 64801

MC PIKE,LLOYD,H, GS
2401 JACKSON AVE
JOPLIN 64801

MUELLER,ADOLPH,R, ORS
2700 MC CLELLAND BLVD
JOPLIN 64801

PADDOCK,CHAS,SAML, U
3905 RANGE LINE RD
JOPLIN 64801

PATTERSON,DONALD,R, GP
2509 JACKSON ST
JOPLIN 64801

PATTERSON,GROVER,S, FP
510 S MAIN ST
CARTHAGE 64836

PENCE,FRANCIS,WENDELL, FP
2727 MC CLELLAND BLVD
JOPLIN 64801

POOR,CARL,WM, OS
BOX 302
NEOSHO 64850

POTTENGER,LOWELL,KENNETH, DR
107 MEDICAL ARTS BLDG
JOPLIN 64801

POWELL,ROBT,G, IM
2329 JACKSON
JOPLIN 64801

PRYOR,IRA,JOE, AN
2700 MC CLELLAND BLVD
JOPLIN 64801

RAY,DAVID,JOSEPH, U
2727 MC CLELLAND
JOPLIN 64801

ROBERTS,HOWARD,HEAROLD, OBG
3101 MC CLELLAND
JOPLIN 64801

ROYCE,JAMES,J, GP
16TH-MINER STS
SARCOXIE 64862

SABAPATHY,SHANMUGASUNDARAM, IM
MEDICAL ARTS BLDG ROOM 205
JOPLIN 64801

SANEMAN,PAUL,PHILIP, OBG
MEDICAL ARTS BLDG
SUITE 201
JOPLIN 64801

SCHOEBERL,CLETUS,BERNARD, IM
305 MED ARTS BLDG
JOPLIN 64801

SCHULTE,GREGORY,A, GP
2125 JACKSON AVE
JOPLIN 64801

SCORSE,SIDNEY,WM, EM
R R 1-BOX 236
NEOSHO 64850

SHANAHAN,MARY,PATRICIA, OBG
P O BOX 2125
JOPLIN 64801

SINGLETON,MARVIN,AYERS, OTO
114 W 32ND ST
JOPLIN 64801

SMITH,ROLAND,T, GS
207 MEDICAL ARTS BLDG
JOPLIN 64801

SMITH,W,RUSSELL, GS
211 E CHESTNUT ST
CARTHAGE 64836

STIDMAN,FREDERICK,C, PD
3107 MC CLELLAND BLVD
JOPLIN 64801

STRAUB,DAVID,LEE, PD
3107 MC CLELLAND
JOPLIN 64801

TURFBOER,ROBERT, OM
2808 PICHER AVE
JOPLIN 64801

VINYARD,JACK,LEROY, GP
2727 MC CALLAND BLVD
JOPLIN 64801

WALKER,PAUL,WM, U
1022 N SERGEANT
JOPLIN 64801

WHITTEN,M,FOSTER, GP
616 W CENTENNIAL ST
CARTHAGE 64836

WIEMAN,HARRY,K, IM
206 MED ARTS BLDG
JOPLIN 64801

WILCOX,RUTH,E WRIGHT, PD
614 JOPLIN ST
JOPLIN 64801

WILLCOXON,ROBT,LEONARD, GS
MEDICAL ARTS BLDG
JOPLIN 64801

WILSON,ALICE,HORNBUCKLE, OS
RTE1-BOX 163
NEOSHO 64850

WOOD,GEO,HARMON, GP
1515 HAZEL AVE
CARTHAGE 64836

YOUNG,CALVIN,CLYDE, R
3115 MC CLELLAND
JOPLIN 64801

106—JEFFERSON

ALBANO,BENJ,I, GS
114 MISSISSIPPI AVE
CRYSTAL CITY 63019

ALLBEE,ROGER,HUBBARD, GS
121 B MISSIPPI
CRYSTAL CITY 63019

BAI,SANG,ZIN, CD
107 WALNUT ST
FESTUS 63028

BELEN,MARIETTA, PD
103 N MILL ST
FESTUS 63028

BLANK,MICHAEL,KENNETH, GS
BOX 58 STAR ROUTE WEST
DE SOTO 63020

BONIFACIO,ANDRES,S, OBG
121 MISSISSIPPI
CRYSTAL CITY 63019

CARRON,JOS,FRANCIS, IM
CRYSTAL CITY PLAZA
RONLAD COLEMAN
CRYSTAL CITY 63019

CARSON,RICKEY,REYNOLDS, FP
120 BOYD
DE SOTO 63020

CONANT,JAMES,FREDERICK,
111 EASTON ST
DE SOTO 63020

DELES,VICENTE,DOROMAL, GS
121 MISSISSIPPI AVE
CRYSTAL CITY 63019

DONNELL,HAROLD,E, GP
700 N MAIN
DE SOTO 63020

DONNELL,ROBT,HART, DR
112 MISSISSIPPI
CRYSTAL CITY 63019

DONNELL,THOS,ALISON, GP
P O BOX 592
HILLSBORO 63050

EDWARDS,WALDO,BERRY, OBG
135 W ADAMS
KIRKWOOD 63122

JUDGE,WALTER,THOS, GS
1004 TAYLOR AVE
CRYSTAL CITY 63019

KANG,CHANG,HEUNG, GP
105 EASTON ST
DE SOTO 63020

MAYFIELD,JAMES,LOGAN, FP
BOX 50
CRYSTAL CITY 63019

NAVATO,JOSE,M A R, P
2204 GASCONY PARK
LAKE SAINT LOUIS 63367

PARK,DUK,JAE, IM
105 WALNUT ST
FESTUS 63028

RUTLEDGE,JOHN,FREDERICK, GP
409 MISSISSIPPI AVE
CRYSTAL CITY 63019

SIRINTRAPUN,SEYVEE, OBG
1515 SWEENEY DR
FESTUS 63028

YOSKIT,HARRY, D
1028 W MAIN ST
FESTUS 63028

110—JOHNSON

COOPER,ROBT,L, GP
602 N MC GUIRE
WARRENSBURG 64093

COOPER,ROBT,L, OBG
P O BOX 458
WARRENSBURG 64093

DAMRON,OSCAR,HOMER, GP
308 JONES ST
WARRENSBURG 64093

FOLKNER,ALBERT,LE ROY, GP
222 E CULTON ST
WARRENSBURG 64093

GONZALEZ,MARIO,GARZA, R
JOHNSON CO MEM HOSP
WARRENSBURG 64093

GROVE,GULPH,WM, GP
111 N JACKSON ST
KNOB NOSTER 65336

HANNA,HUGH,A, GS
ROUTE 5
SOUTH MITCHELL STREET
WARRENSBURG 64093

HOBBS,GEO,HALL, PUD
RTE 2-GRANDVIEW DR
WARRENSBURG 64093

JOHNSON,CHAS,STILLWELL, IM
114 E MARKET ST
WARRENSBURG 64093

JONES,KEITH,D, GP
122 E MARKET ST
WARRENSBURG 64093

LEDERER,CHAS,M, GP
122 E MARKET ST
WARRENSBURG 64093

MAXSON,THEODORE,REED, A
220 E CULTON
WARRENSBURG 64093

RAGLAND,JERRY,JOHN, GS
BOX 516
WARRENSBURG 64093

REYNOLDS,M,WAYNE, OPH
P O BOX 86
WARRENSBURG 64093

SICAT,ALFONSO,VITANGCOL, ORS
RD 4
WARRENSBURG 64093

118—LAFAYETTE-RAY

BAIK,KIL,YOUNG, GS
KELLING HOSP CLINIC-SURG
WAVERLY 64096

BALDWIN,THEODORE,RICHARD, GP
1236 JESSE JAMES RD
EXCELSIOR SPRINGS 64024

BEST,ROBT,BRUCE, EM
4300 W 111TH TER
SHAWNEE MISSION KS 66221

BOYDSTON,CATHERINE,O D, GP
107 S 2ND ST
ODESSA 64076

BOYDSTON,WYATT,WAYNE, GP
107 S 2D ST
ODESSA 64076

BRADY,HUGH,S, GP
RR 1
CONCORDIA 64020

COOK,THOS,BENTON, GP
802 E MAIN ST
RICHMOND 64085

COPE,JOS,S, GS
1110 1/2 MAIN STREET
LEXINGTON 64067

CRAYTON,BILLY,G, FP
BOX 41
WAVERLY 64096

CROZIER,FRANKLIN,ALFRED, FP
201 S COLLEGE AVE
RICHMOND CLINIC
RICHMOND 64085

DAVAULT,GEO,K, GP
MEDICAL CENTER
RICHMOND 64085

DE MOTTE,JEANNE,MARIE, FP
HWY 13 SOUTH
P O BOX 68
RICHMOND 64085

GEORGE,THEODORE, GS
P O BOX 512
RICHMOND 64085

GOLDBERG,ISADORE,EDWARD, GP
BRAYMER CLINIC
BRAYMER 64624

KELLING,JORDAN,A, GP
KELLING CLINIC-HOSP
WAVERLY 64096

KUANGPARICHAT,MANOCH, IM
RT 1 BOX 165B
LEXINGTON 64067

LA HUE,WILLIAM,CARROLL, GS
1901 SLEEPY HOLLOW DR
LEXINGTON 64067

MC FADDEN,GENE,ALAN, GP
KELLING CLINIC
WAVERLY 64096

MEYER,JERRY,LEE, FP
834 MAIN ST
CONCORDIA 64020

PAVLU,ROBT,RICHARD, GP
KELLING CLINIC HOSP
WAVERLY 64096

RILEY,CHAS,THOS, GP
BOX 68
RICHMOND 64085

VAJARANANT,MANIT, OBG
R 1 BOX 164
MEDICAL CLINIC
LEXINGTON 64067

WARD,JOE,WOODWARD, GP
1028 1/2 MAIN ST
LEXINGTON 64067

WILLIAMS,JOHN,WYLEY, OM
1302 BROADWAY
OAK GROVE 64075

122—LEWIS-CLARK-SCOTLAND

DAVIS,LANDIS,YOUNG, GP
5TH & CLARK STS
CANTON 63435

130—MARION-RALLS-SHELBY

AVILA,ESTRELLA,ZURBANO, IM
110 MAGNOLIA AVE
HANNIBAL 63401

AVILA,PATRICIO,C, GS
110 MAGNOLIA AVE
HANNIBAL 63401

BACH,LYSLE,M, R
4209 W ELY RD
HANNIBAL 63401

BORROMEO,CARLOS,JASON, PD
603 COUNTRY CLUB DR
HANNIBAL 63401

BUBEN,ROBT,WM, GS
2910 ST MARYS AVE
HANNIBAL 63401

BUKSTEIN,MICHAEL,JEROME, GS
711 GRAND AVE
HANNIBAL 63401

BURNS,FRANCIS,R, OBG
TOWER PLAZA
CLINIC RD
HANNIBAL 63401

BURTON,DALE,FORREST, GS
P O BOX 311
HANNIBAL 63401

CLISHAM,JOHN,FRANCIS, U
B AND L BLDG
HANNIBAL 63401

COMER,JULIAN,RUSSELL, DR
RFD 2
NEW LONDON 63459

FLORENDO,FEDERICO,N, PTH
LEVERING HOSP
HANNIBAL 63401

FLORENDO,PURIFICACION,T, OBG
TOWER PLAZA-CLINIC RD
HANNIBAL 63401

FOREMAN,PHILLIP,BEVERLY, GS
P O BOX 311
HANNIBAL 63401

GOTTIPATTI,BHARATHI,B, OBG
711 GRAND
HANNIBAL 63401

GREENE,HARRY,LEMOINE, CD
109 B VIRGINIA
HANNIBAL 63401

HALL,STANLEY,GENE, CLP
SYCAMORE SPRING
RFD #2
HANNIBAL 63401

HAMLIN,WYETH, IM
711 GRAND AVE
HANNIBAL 63401

HINDS,ROY,DAVID, AN
#3 PAULINA
HANNIBAL 63401

JAYANANDAIAH,HIREMATHADA, P
4 BRIARWOOD
HANNIBAL 63401

KRUSE,CARL,RAYMOND, GP
706 S DICKERSON ST
PALMYRA 63461

KWON,YONGSOO, GS
2910 ST MARYS
HANNIBAL 63401

LICHTY,CHAS,ALLEN, GP
SHELBINA 63468

MANN,JAMES,KEITH, PD
4074 HILLSIDE DRIVE
HANNIBAL 63401

MURPHY,BERNARD,LEANDER, ORS
2000 CRESCENT DR
HANNIBAL 63401

PLOWMAN,EDWARD,MORRIS, OPH
B AND L BLDG
HANNIBAL 63401

RAPP,EARL,LA MOINE, GP
BOX 311
HANNIBAL 63401

ROLLER,MERRILL,JOS, GP
2910 ST MARY'S AVE
HANNIBAL 63401

STEELE,JAMES,C, OBG
BOX 311
HANNIBAL 63401

STRANGE,LESLIE,C, OTO
711 GRAND
HANNIBAL 63401

WALTERSCHEID,JOHN,H, GP
1209 BROADWAY
HANNIBAL 63401

WELL,JULIUS,WM, GP
111 E OLIVE ST
PALMYRA 63461

182—MID-MISSOURI (Phelps-Crawford-Dent-Pulaski-Maries-Laclede Counties)

ANDREASSEN,DIMIL,F, EM
BLOCK & RUCKER
ROLLA 65401

BARTLETT,HUGH,C, GP
400 W 10TH ST
ROLLA 65401

BAUMANN,ALBERT,R, GP
STEELVILLE 65565

BEALER,LOUIS,ALAN, GS
HARWOOD AND CHESTNUT
LEBANON 65536

BHATI,DEO,KALYAN, GS
5TH AND N HENDERSON
SALEM 65560

BUTTS,JAMES,DON, GP
100 ADRIAN
ROLLA 65401

CARNELL,BILLY,MAX, GP
BUFFALO MED CENTER-BOX 436
BUFFALO 65622

CARRINGTON,HOWARD,W, GP
288 HARWOOD ST
LEBANON 65536

CASTER,PHILIP,W, GP
HARWOOD CLINIC
HARWOOD AVE
LEBANON 65536

CONE,WM,DRURY, P
707 PINE ST
ROLLA 65401

COURTER,GARY,M, GP
HARWOOD AT CHESTNUT
LEBANON 65536

DRAKE,AVERY,ALA, OPH
4357 N 106TH AVE
PHOENIX AZ 85039

DRAPER,BERNARD,LEE, OBG
700 W 11TH ST
ROLLA 65401

ELDERS,FRANK,ALVIN, GP
RT 1 BOX 69A
CUBA 65453

FEIND,EARL,EVERETT, GP
BOX 13
ROLLA 65401

FORTIN,JORGE,A, OBG
700 W 11TH STREET
ROLLA 65401

FROELICH,RAE,WARREN, FP
HARWOOD CLINICS INC
LEBANON 65536

GAPASIN,ERNESTO,MADAYAG, GS
201 W COMMERCIAL
LEBANON 65536

GARRISON,THEODORE,WAYNE, GP
P O BOX 356
CAMDENTON 65020

GRANNEMANN,H,NEAL, PTH
1000 W 10TH ST
ROLLA 65401

HAMMLER,CHRISTIANA,V, GP
R D 2 BOX 234
ST JAMES 65559

HAYDEN,MELVIN,RAY, FP
CAMDENTON MED CNTR
CAMDENTON 65020

HEILBRUNN,ILSE, OS
1203B FORUM
ROLLA 65401

HITE,DENNIS,E, GP
HARWOOD CLINIC
LEBANON 65536

HOLLEY,DONALD,BURTON, GP
HIGHWAY 5-NORTH
CAMDENTON 65020

LONGO,DOMINICK,VITO, GS
201 W COMMERCIAL
LEBANON 65536

MILLER,CLYDE,S, GP
202 N LYNN
WAYNESVILLE 65583

MITCHELL,ROY,E, GP
104 N MAIN
SALEM 65560

MYERS,JAMES,MARTIN, GP
606 W 12TH ST
ROLLA 65401

PENDELL,PAUL,WINTON, GS
1662 POINT BLANK LOOP
CANNON AIR FORCE BASE
CLOVIS NM 88101

POJANASOMBOON,PICHAT, OPH
1203 FORUM DRIVE
ROLLA 65401

RIFFEL,GORDON,WM, GP
MED ARTS BLDG
BOURBON 65441

RUSSELL,BARBARA,EDMONDS, PD
11TH AND BISHOP
ROLLA 65401

SAUNDERS,CAROL,SPELLMAN, PD
C/O RUSSELL YOUNG CLINIC
11TH AND BISHOP ST
ROLLA 65401

SAUNDERS,JOHN,A, PD
ROLLA REGIONAL DIAGNOSTIC CNTR
105 FAIRGROUNDS ROAD
ROLLA 65401

SHERMAN,PHILIP,ARNOLD, GP
HARWOOD AT CHESTNUT
HARWOOD CLINIC
LEBANON 65536

SHUKLA,JYOTINDRA,D, IM
W 3RD STREET
SALEM 65560

SLAHOREK,GEORGE,J, PTH
GEN LEONARD WOOD ARMY HOSP
PATHOLOGY DEPT
FORT LEONARD WOOD 65473

SMITH,TED,PAULSELL, GP
S&S ACRES ROUTE 2
ROLLA 65401

STRICKER,EAMIL,ADOLPH, ABS
10TH & BISHOP
ROLLA 65401

TANG,THEODORO,C, GS
BOX 437
SALEM 65560

THEOBALD,STERLING, GP
MISSIONARY MED CTR-BOX 368
CAMDENTON 65020

WHITE,EUGENE,FLOYD, OBG
700 W 11TH ST
ROLLA 65401

YOUNG,ROBT,B, FP
700 W 11TH ST
ROLLA 65401

134—MILLER

BUEHLER,CARL,T, GP
6 S MAPLE ST
ELDON 65026

SHELTON,EDWARD,OLNEY, GP
104 W NEWTON
ELDON 65026

138—MINERAL AREA (St. Francois-Iron-Madison-Washington-Reynolds-Bollinger Counties)

APPLEBERRY,CHAS,H, P
43 ST JOE ST
FLAT RIVER 63601

BENTINGANAN,VICTOR,D, GS
703 W MAIN STREET
FREDERICKTOWN 63645

BOONYASAI,BOONFU, GP
W MAPLE ST AT HIGHWAY 21
PILOT KNOB 63663

BURCHAM,TOM,RICHARDSON, GP
RT 1 BOX 168
FARMINGTON 63640

CANCELADA,JUAN,V, OBG
NORTH STREET
FARMINGTON 63640

CARLETON,CHAS,E, GP
MED ARTS CLINIC
FARMINGTON 63640

CHASTAIN,CHAS,WM, FP
2800 HOSPITAL DR
FAMILY PRACTICE CTR
NORTH KANSAS CITY 64116

CROUCH,FRANCIS,R, OS
714 STE GENEVIEVE
FARMINGTON 63640

DATTA,NARENDAR,KUMAR, OBG
30 N ALLEN
BONNE TERRE 63628

DENNIS,WM,PAUL, GP
1000 N MAIN ST
DESLOGE 63601

DENT,GEORGE,WINNETT, OBG
301 W LIBERTY ST
FARMINGTON 63640

OETTMER,ROBT,FRANKLIN, GP
128 W RUSSELL
IRONTON 63650

DIERKER,HARRY,DENNIS, GP
301 W LIBERTY ST
FARMINGTON 63640

FARMER,NORMA,P DUNNING, P
709 WARREN ST
FARMINGTON 63640

HARDY,STANTON,LEE, GP
1000 N MAIN ST
DESLOGE 63601

HOCTOR,EMMETT,F, P
STATE HOSP NO 4
FARMINGTON 63640

HOYE,ROBERT,C, GS
149 M POINTE BASSE PLAZA
STE GENEVIEVE 63670

HUCKSTEP,ROBT,ARNOLD, IM
301 W LIBERTY ST
FARMINGTON 63640

HUNT,JOHN,W, GP
RT BOX 101
FARMINGTON 63640

KARRAKER,ALVAN,G, GP
301 W LIBERTY ST
MEDICAL ARTS CLINIC
FARMINGTON 63640

KIM,HEA,ILL, GS
43 ST JOE
FLAT RIVER 63601

KIYANCLAR,MOHAMED,AMIN,
STATE HOSPITAL
FARMINGTON 63640

MARDINI,EDWARD,ELIAS, GS
30 NORTH ALLEN
BONNE TERRE 63628

MENNE,MARVIN,C, GP
109 N MAIN ST
IRONTON 63650

MULLEN,JACK, IM
30 N ALLEN ST
BONNE TERRE 63628

NEUKOM,GEO,B, P
P O BOX 6
FARMINGTON 63640

NEWCOMB,ARTHUR,DEE, OS
1008 W 10TH ST
LAMAR 64759

NICOLAY,WM,ROBT, R
MADISON MEMORIAL HOSP
FREDERICKTOWN 63645

OLIVER,GEO,A, GS
MEDICAL ARTS CLINIC
FARMINGTON 63640

PICHARDO,JAVIER,A, P
FARMINGTON STATE HOSP-RM 4
FARMINGTON 63640

RAKSAKULTHAI,VINAI, OBG
703 W MAIN ST
FREDERICKTOWN 63645

RAMAMOHANARAO,A, IM
703 W MAIN ST
FREDERICKTOWN 63645

SERMCHIEF,CHAIYARAT, OBG
703 W MAIN
FREDERICKTOWN 63645

SIMPELO,RUSTICO,V, GS
AUSTIN PLAZA
POTOSI 63664

TAN,SIOE,SIEN,
DEACONESS HOSPITAL
6150 OAKLAND AVE
ST LOUIS 63139

TAYLOR,VAN,WM, GS
54 CHURCH ST
BONNE TERRE 63628

TIFFANY,DELBERT,ESSARY, IM
2716 OAKSHIRE CIRCLE
CAPE GIRARDEAU 63701

TUTTLE,JAY,FORRESTER, P
FAMINGTON STATE HOSP
FARMINGTON 63640

VIBULAKAOPUN,PAIRAT, IM
30 N ALLEN ST
BONNE TERRE 63628

WATKINS,GEO,LINN, GS
1105 LA JOLLA RANCHO RD
LA JOLLA CA 92037

142—MONITEAU

FULKS,RICHARD,B, GP
BOX 410
CALIFORNIA 65018

GALLAGHER,LIONEL,M, GP
102-A DAHLER ST
CALIFORNIA 65018

LATHAM,KENYON,STUART, GP
109 N HIGH
CALIFORNIA 65018

146—MONTGOMERY

BYLAND,SAML,J, GP
120 HUDSON ST
WELLSVILLE 63384

150—MORGAN

GUNN,JACK, GP
VERSAILLES 65084

HALL,CHAS,ROBT, FP
GUNN CLINIC
VERSAILLES 65084

KAUFFMAN,RUTH, GP
315 N VAN BUREN
VERSAILLES 65084

LYLE,ROBT,R, GP
GUNN CLINIC
VERSAILLES 65084

WASHBURN,JOHN,LOREN, GP
BOX 109 BANK BLDG
VERSAILLES 65084

162—NORTH CENTRAL (Adair-Schuyler-Knox-Sullivan-Putnam Counties)

ENGLISH,MILTON,TATE, ORS
2902 N BALTIMORE
KIRKSVILLE 63501

TARVYDAS,FRANCIS, GP
EDINA 63537

158—NORTHWEST (Nodaway-Holt-Atchison-Gentry-Worth Counties)

BARE,EDWARD,F, GP
102 S 6TH
TARKIO 64491

BAUMAN,HENRY,C, FP
929 WEST 3RD
MARYVILLE 64468

BYLAND,BENJ,FRANK, GS
P O BOX C
MARYVILLE 64468

CARLIN,ALBERT,LEONARD, GP
PARK AVE
STANBERRY 64489

CARPENTER,WALLACE, GP
100 CASS ST
ROCK PORT 64482

CASTILLO,ISABELO, GS
SOUTH MAIN ST
MARYVILLE 64468

DIZNEY,DESMION,MAGDALENA, GP
NW MO ST UNIV-COLBERT HALL
MARYVILLE 64468

DUNSHEE,ROBT,E, GP
406 1/2 NORTH MAIN STREET
MARYVILLE 64468

HARR,PATRICK,BRIAN, FP
HIGHWAY 71 S
MARYVILLE 64468

HAVALDAR,KANTI,LAL, IM
HWY 71 SPO BOX C
MARYVILLE 64468

HUMPHREY,JAMES,DAVIS, GP
MOUND CITY 64470

IMES,ELVIN,D, FP
119 N MAIN ST
MARYVILLE 64468

KHAN,M,OSMAN, DR
ST FRANCIS HOSP
MARYVILLE 64468

MATTESON,FRANK,BIRDSEY, GP
21 W 3RD ST
GRANT CITY 64456

NIEDERMEYER,EDWARD,L, GP
305 BROAD ST
TARKIO 64491

WANAMAKER,JOHN,MORGAN, GP
110 MILL ST W
ROCK PORT 64482

WEMPE,GEO,RAYMOND, GP
P O BOX C
MARYVILLE 64468

166—OZARKS (Barry-Lawrence-Stone-Christian-Taney-Newton-McDonald Counties)

ANDERSON,PAUL,BERTRAM, GP
113 W HICKORY
NEOSHO 64850

APOSTOL,ANDRES,GALAM, GS
801 LINCOLN ST
MONETT 65708

BETZ,RICHARD,JOSEPH, IM
SALE MEM HOSP
NEOSHO 64850

BETZ,ROBERT,FRANCIS, GS
113 WEST HICKORY
NEOSHO 64850

BIZEK,JOS,LOUIS, GS
500 A PORTER
AURORA 65605

BLANKENSHIP,GEO,WM, GP
ROUTE #6 BOX 385
NEOSHO 64850

BOWMAN,MELVIN,C, GP
DRAWER 10
NEOSHO 64850

BROWN,FREDERICK,BEDFORD, GP
AURORA HOSP
AURORA 65605

CAMPBELL,DANIEL,C, TS
STATE CHEST HOSPITAL
MOUNT VERNON 65712

CARTER,JAMES,ROBT, GS
113 W HICKORY ST
NEOSHO 64850

CHRISTIANSON,CHAS,S, PUD
ROUTE 1
BOX 85
MOUNT VERNON 65712

COWLEY,RAY,GARN, PH
MISSOURI STATE CHEST HOSP
MOUNT VERNON 65712

CRAIN,JAMES,W, ABS
HAMMERS BLDG
BRANSON 65616

CRUZ,SERGIO,GOMEZ, IM
ST VINCENT HOSP
801 LINCOLN
MONETT 65708

DABBS,WILBUR,DUANE, GP
SALE MEM HOSP
NEOSHO 64850

DATTA,JYOTI,SARUP, IM
MISSOURI STATE CHEST HOSP
COTTAGE #5
MOUNT VERNON 65712

DONLEY,ROBT,RAYMOND, GP
617 W CLEVE
MONETT 65708

ESPARRAGO,F,R, GS
801 LINCOLN
MONETT 65708

GALINSKY,LEON,JACOB, PUD
164 PASEO CHUPAROSAS
GREEN VALLEY AZ 85614

GARDNER,JOS,WOODS, GP
8 WALNUT LANE
KIMBERLING CITY 65686

GILLISPIE,ROY, GP
BRANSON HGTS
BRANSON 65616

GLASS,WM,JAMES, GP
315 A BROADWAY
MONETT 65708

GLOVER,WM,ALBERT KENNETH, GP
207 S MARKET ST
MOUNT VERNON 65712

GRAVES,ARTHUR,J, GP
BOX 190
MOUNT VERNON 65712

HAMILTON,WM,PETE, GP
BOX 469
AURORA 65605

HELLWEG,CHAS,EDWARD, PUD
MOUNT VERNON 65712

HUNTINGTON,IONE, PUD
MO STATE CHEST HOSP
MOUNT VERNON 65712

KENNEY,ROY,EVANS, GP
113 HICKORY ST
NEOSHO 64850

KERR,FRANK,TAYLOR, GP
511 W CLEVELAND
MONETT 65708

LENTZ,HAROLD,CALVIN, GP
603 HIGHLAND P
NEOSHO 64850

MAGNESS,WM,CANTRELL, GP
1101 N ELM
NEVADA 64772

MARS,HARTLEY,FARNHAM, CRS
FORSYTH 65653

MC MILLAN,DAVID,L, IM
113 WEST HICKORY
NEOSHO 64850

MERIDETH,MARY,JANE, GP
P O DRAWER H
CASSVILLE 65625

MONTELLANO,ARTURO,H, OBG
808 EUCLID
MONETT 65708

MORRISON,THOS,ARTHUR, GP
203 WASHINGTON
AURORA 65605

OCCENO,VICTOR,G, GS
808 EUCLID
MONETT 65708

OLIVE,GEO,C, A
113 W HICKORY ST
NEOSHO 64850

PARKISON,DONALD,EUGENE, GP
SHELL KNOB MED CLI
SHELL KNOB 65747

REGIER,CARL,MELVIN, R
SKAGGS COMMUNITY HOSP
CAHILL RD
BRANSON 65616

ROPER,STANLEY,DAYTON, GP
OZARK 65721

SPEARS,CHAS,ARVARD, GP
1153 W HWY 76
BRANSON 65616

TAYLOR,LEO,THORESTEIN, AM
BOX 249
NEOSHO 64850

WOMMACK,FRED,LOREN, GP
CRANE 65633

170—PEMISCOT

BENITONE,JERRY,D, GP
BOX 201
CARUTHERSVILLE 63830

BERNARD,JAMES,WALTER, GP
DOCTORS CLINIC BOX 201
CARUTHERSVILLE 63830

BRYANT,W,D, GP
701 E LINCOLN
HAYTI 63851

CAIN,CHAS,F, GP
400 CARLETON AVE
CARUTHERSVILLE 63830

GRABLE,JAMES,D, GP
203 E 3RD ST
PORTAGEVILLE 63873

GUBIN,ALAN,S, PD
106 W 12TH ST
CARUTHERSVILLE 63830

MC COY,WARREN,R, GS
106 W 12TH STREET
CARUTHERSVILLE 63830

MC KASKLE,CLARENCE,W, GS
BOX 201
CARUTHERSVILLE 63830

PAINTER,ANDREW,ERNEST, GP
223 KING STREET
PORTAGEVILLE 63873

PAINTER,LATTIE,B, GP
204 E 3RD ST
PORTAGEVILLE 63873

PATTAROPONG,THEERAWAT, IM
747 MAIN ST
NEW MADRID 63869

SAENGSAMRAN,SANAN, IM
223 S THIRD STREET
HAYTI 63851

SHIREY,ARNOLD,GRADY, GP
200 S 4TH ST
HAYTI 63851

SUPATTANASIRI,GRITTE, GS
1115 WARD
CARUTHERSVILLE 63830

174—PERRY-STE. GENEVIEVE

CARRON,OSCAR,A, OS
P O BOX 266
MEDICAL ARTS BLDG
PERRYVILLE 63775

CHEN,I-HSIUNG, GP
POINTE BASSE PLAZA MALL
STE GENEVIEVE 63670

DE GENOVA,GERARD,H, GP
HOSPITAL LANE
CENTER DRIVE
STE GENEVIEVE 63670

EUGENIO,ROMEO,REYES, PD
PERRY PLAZA
PERRYVILLE 63775

FAIRCHILD,JAMES,FRED, FP
12 S JACKSON
PERRYVILLE 63775

FELTZ,LAWRENCE,WM, GP
PERRY PLAZA MED CENTER
PERRYVILLE 63775

FISCHER,THEODORE, IM
ALTENBURG 63732

GONZALES,JOSE,H, U
PERRY PLAZA MEDICAL CENTER
PERRYVILLE 63775

KEY,MARTIN,LEWIS, GS
840 HAYZELWOOD DR
LINCOLN NE 68510

LAI,GUANG-JENG, GP
PERRY PLAZA MEDICAL CTR
PERRYVILLE 63775

LIMPIPHIPHATN,CHAJPHONG, GS
PERRY PLAZA MED CTR
PERRYVILLE 63775

LIMPIPHIPHATN,ESTER,P, GP
PERRY PLAZA MED CTR
PERRYVILLE 63775

LUTKEWITTE,JOS,FRANCIS, GP
610 ROZIER STREET
STE GENEVIEVE 63670

MC DERMOTT,ALFRED,E, FP
12 S JACKSON ST
PERRYVILLE 63775

PONTILLAS,JOB,BADIOLA, GS
NORTHWEST STREETS
PERRYVILLE 63775

TSAI,WUN-YI, OBG
19 S JACKSON ST
PERRYVILLE 63775

UTTERMAN,WM,FREDERICK, GS
LAKE FOREST ESTATES
STE GENEVIEVE 63670

178—PETTIS

ALLCORN,DONALD,JEAN, GP
807 STADIUM
COLUMBIA 65201

AZAN,KENNETH,NAJEEB,
1718 SOUTH INGRAM
SEDALIA 65301

BLOCK,JEROME,EDWARD, IM
ROUTE 2 BOX 53B
SEDALIA 65301

BOGER,JAMES,W, GP
500 W 16TH ST
SEDALIA 65301

BRAZOS,JOHN,C, U
RR #6
SEDALIA 65301

CAMPBELL,ALBERT,J, GP
625 E 13TH ST
SEDALIA 65301

COLE,WM,R, GS
RT 1
SMITHTON 65350

DAUM,HAROLD,F, R
RTE 1
SEDALIA 65301

EDMONDS,ROBT,WALLACE, PD
1718 S INGRAM
SEDALIA 65301

EDWARDS,DAVID,RUSSELL, FP
700 S LIMIT AVE
SEDALIA 65301

ELDENBURG,DONALD,OTTO, GP
700 S LIMIT
SEDALIA 65301

EMERT,FRANK,LEROY, OPH
1701 S LAFAYETTE ST
SEDALIA 65301

ERICKSON,HARTLEY,JOHN, ORS
171B S INGRAM
SEDALIA 65301

FARKAS,JAMES,ROBT, NM
BOTHWELL MEMORIAL HOSPITAL
RADIOLOGY DEPT
SEDALIA 65301

FISHER,STANLEY,D, GP
500 W 16TH ST
SEDALIA 65301

GLASS,ROBT,LESLIE, GS
403 W BROADWAY
SEDALIA 65301

HOPKINS,SPENCER,T, IM
171B S INGRAM
SEDALIA 65301

HOPKINS,THOS,J, GP
700 S LIMIT ST
SEDALIA 65301

HOROCHOWSKY,ALEJANDRO, GS
171B SOUTH INGRAM
SEDALIA 65301

LACKEY,JOHN,M, OBG
171B S INGRAM
SEDALIA 65301

LAMY,JOHN,E, GS
400 DAL-WHI-MO COURT
SEDALIA 65301

LOWE,ALVIN,L, FP
621 W 16TH
SEDALIA 65301

MADDOX,ALBERT,R,
BOX 907
SEDALIA 65301

OWENS,JOHN,HOWARD, PTH
BOTHWELL MEMORIAL HOSPITAL
SEDALIA 65301

PROCTOR,DONALD,C, GP
700 S LIMIT ST
SEDALIA 65301

ROBERTS,PAUL,A, GP
110 W MARSHALL
SWEET SPRINGS 65351

SNOWE,ROBT,JOEL, PD
171B S INGRAM AVE
SEDALIA 65301

STAUFFACHER,C,GORDON, GP
700 S LIMIT AVE
SEDALIA 65301

STEWART,ROBT,H, R
201 DRIFTWOCD DR
SEDALIA 65301

STOCKWOOD,ROBT,C, OBG
171B S INGRAM
SEDALIA 65301

SULL,WON-JONG, GS
304 N BROADWAY
SEDALIA 65301

VAN DYKE,ELMER,HAROLD, OBG
171B S INGRAM
SEDALIA 65301

WORLEY,CHAS,A, FP
204 RUBY ST
SWEET SPRINGS 65351

186—PIKE

GLENN,EDWARD,A,
14 LAKESHORE DR
BOWLING GREEN 63334

JACKSON,EDWARD,KURZ, FP
215 S 3RD ST
CLARKSVILLE 63336

LEWELLEN,CHAS,HOLLOWAY, GP
120 PROFESSIONAL BLDG
LOUISIANA 63353

MARTIN,WENDELL,JOE, GP
211 S 3RD ST
LOUISIANA 63353

MIDDLETON,JOHN,W, FP
301A GEORGIA ST
LOUISIANA 63353

MILES,GLENN,ERVIN, GP
BOX 36B
TANGERINE FL 32777

NICKELS,MATHEW,LEONARD, R
21B N 5TH ST
LOUISIANA 63353

PITNEY,PHILLIP,WILSON, FP
211 S 3RD
LOUISIANA 63353

STUERMAN,LAWRENCE,GEORGE, FP
211 S 3RD ST
LOUISIANA 63353

WALTER,ARCHIE,L, GP
1000 WEST 7TH STREET
SEDALIA 65301

WILCOXEN,WM,B, OPH
BOWLING GREEN 63334

188—PLATTE

ALLEN,SAML,LLOYD, AN
3809 NW 62ND TERR
KANSAS CITY 64151

KIMBALL,IRELANC,W, FP
2709 HOSPITAL DR
NORTH KANSAS CITY 64116

THURMAN,HILL,COOK, GP
6600 TOWER DR
PARKVILLE 64152

VESCOVO,PAUL,C, IM
4106 VIVION RD
KANSAS CITY 64119

126—ST. CHARLES-LINCOLN

ALTMAN,MARTIN,PERRY, GE
2850 W CLAY ST
ST CHARLES 63301

ALUL,MOHAMMAD-ALI,HAMDI, PD
1650 BOONSLICK
ST CHARLES 63301

BAGWE,RANJIT,MADHARAO, CD
1301 BOONSLICK
ST CHARLES 63301

BAIRD,KEIM,LAUDERDALE, P
2860 W CLAY ST
ST CHARLES 63301

BROWN,RICHARD,JOHN C, PS
1245 GRAHAM RD
FLORISSANT 63031

CABRERA,TOMAS,V,
79 COTTLEVILLE
ST PETERS 63376

CANTY,EUGENE,J, IM
114 N MAIN ST
ST CHARLES 63301

CARPENTER,JAMES,LOUIS, U
2 WESTBURY ROOM 6
ST CHARLES 63301

CLEVER,HENRY,WM, PD
1301 BOONSLICK RD
ST CHARLES 63301

COMMERFORD,JOHN,F, GP
1301 BOONSLICK RD
ST CHARLES 63301

CONNELLY,MICHAEL,WEBBER, OPH
#1B HUNTLEIGH DOWNS
ST LOUIS 63131

COVA,RENO,R, NS
11115 NEW HALLS FERRY
ST LOUIS 63136

CREECH,JOS,C, GP
TROY 63379

CURRY,MICHAEL,JOS, IM
2850 W CLAY ST
ST CHARLES 63301

DAMRON,EDWARD,CSCAR, GP
309 GRIFFIN ST
ELSBERRY 63343

DAVIS,MARLOU,
9327 KOENING CIRCLE DR APT D
BERKELEY 63134

DEL PIZZO,FERDINAND, OBG
1301 BOONSLICK
ST CHARLES 63301

DESAI,RAVINDRA,S, OTO
1301 BOONSTICK
ST CHARLES 63301

DI FILIPPO,EMIL, ORS
110 S KINGSHIGHWAY
ST CHARLES 63301

DIETERICH,RUSSELL, OBG
1301 BOONSLICK
ST CHARLES 63301

DROZDA,JOSEPH, CD
2850 W CLAY
ST CHARLES 63301

DU MONTIER,RENE,J, GP
302 S MAIN
O'FALLON 63366

DULING,GERALD,JAMES, PD
3 SHAWNEE DR
ST CHARLES 63301

DUNCAN,DAVID,TERRY, OBG
2 WESTBURY DR
ST CHARLES 63301

FELDER,JAMES,PARHAM, GS
303 1ST CAPITOL
ST CHARLES 63301

FLEMING,ROBT,J, OPH
120 FIRST CAPITOL DR
ST CHARLES 63301

FLOERCHINGER,JAMES,S, OPH
ST CHARLES CLINIC
ST CHARLES 63301

GOLDKAMP,JOHN,DAVID, PD
2850 W CLAY
ST CHARLES 63301

GORE,GLENN,LELAND, OBG
1650 BUONSLICK RD
ST CHARLES 63301

HAMMES,ROMAN,ELDER, PD
1000 LAKE ST LOUIS BLVD
LAKE SAINT LOUIS 63367

HETLAGE,LOUIS,P, GS
HIGHWAY 47 E
TROY 63379

KAMADA,TSUTOMU, GS
115 W PITMAN
O'FALLON 63366

KELLER,ROBT,MICHAEL, GP
704 W PEARCE BLVD
WENTZVILLE 63385

KEOHANE,MARK, ORS
623 EMERSON RD
CREVE COEUR 63141

KINGSBURY,ROBT,JOHN, GS
222 S 2ND ST
ST CHARLES 63301

KISTER,GEO,E, GP
136 THOMAS AVE
ST CHARLES 63301

LINSENMEYER,CHARLES,M, ORS
110 SOUTH KINGSHIGHWAY
ST CHARLES 63301

C QUEEN,SAML, PTH
11636 ADMINISTRATION DR
ST LOUIS 63141

UENSTER,VINCENT,P, GS
2850 W CLAY ST
ST CHARLES 63301

UHM,HARVARD,YALE, GS
1301 BOONSLICK
ST CHARLES 63301

EUBEISER,BEN,LAWRENCE, GS
1628 N E 6TH CT
FORT LAUDERDALE FL 33301

OBANDO,FRANCISCO,JOSE, GP
TROY 63379

OLSON,RICHARD,OTTO, GS
2850 W CLAY ST
ST CHARLES 63301

ORDOUKHANIAN,TATOOL,A, PD
1301 BOONSLICK RD
ST CHARLES 63301

PERNA,VINCENT,PATRICK, PTH
11636 ADMINISTRATOR DR
CREVE COEUR 63141

POGGEMEIER,WM,H, FP
304 S 2ND ST
ST CHARLES 63301

RAHMAN,MOHAMMAD,HAFEEZUR, PD
2850 W CLAY ST
ST CHARLES 63301

REISA,RONALD,CRAIG, OBG
2 WESTBURY
ST CHARLES 63301

RICE,RONALD,B, IM
2010 WEST 86TH ST
INDIANAPOLIS IN 46260

ROTER,ALEXANDER,M, OBG
2 WESTBURY DR
ST CHARLES 63301

ROTHER,PAUL,H, IM
1301 BOONSLICK RD
ST CHARLES 63301

ROXAS,GENEROSO,P, IM
2 WESTBURY DR
ST CHARLES 63301

RUGGLES,JAMES,G, PTH
11636 ADMINISTRATION DR
CREVE COEUR 63141

SCHNEIDER,THOS,AQUINAS, GS
2850 W CLAY
ST CHARLES 63301

SCHUETZ,ALFRED, IM
1301 BOONSLICK
ST CHARLES 63301

SILL,WILLIAM, FP
235 SHELBURNE DR
ST CHARLES 63301

SMOLLER,MARTIN,BORIS, IM
14 COLONIAL HILL PKWY
ST LOUIS 63141

SOUCY,JOHN,CLOVIS, IM
2850 W CLAY ST
ST CHARLES 63301

STEIMAN,BARRY, OBG
11636 CHIEFTAIN
CREVE COEUR 63141

SUAREZ,PEDRO,LUIS, P
1360 S 5TH ST
ST CHARLES 63301

TASSI,ALBERT,ANTHONY, GS
601 INDIAN HILLS
ST CHARLES 63301

TEJERO,JONAS,S, IM
547 FIRST CAPITOL DR
ST CHARLES 63301

THIELE,OTTO,K, GP
2 WESTBURY
ST CHARLES 63301

TOWERS,ORVILLE,WHITE, OBG
RR 7 BOX 1
ST CHARLES 63301

TURNER,TIMOTHY,T,
862 MARINERS POINT DR
CREVE COEUR 63141

VAFI,HOUSHANG, P
1360 S 5 ST SUTE 270
ST CHARLES 63301

VART,GARY,RICHARD, OBG
1650 BOONSLICK
ST CHARLES 63301

VIGHI,JAMES,RICHARD, OTO
2850 W CLAY
ST CHARLES 63301

WALSH,MARTIN,J, IM
#8 MILL RACE CT
ST PETERS 63376

WESTERFELD,ROY,AUGUST, PD
1301 BOONSHICK
ST CHARLES 63301

WIPFLER,EARL,JOHN, GS
222 S SECOND
ST CHARLES 63301

YAEGER,GERALD,A, GP
2444 W CLAY ST
ST CHARLES 63301

190—ST. LOUIS

AACH,RICHARD,DAVID, GE
BARNES HOSPITAL PLAZA
ST LOUIS 63110

ABEL,CHAS,CASPARI, IM
4511 FOREST PARK
ST LOUIS 63108

ABEL,OLIVER, IM
4511 FOREST PARK BLVD
ST LOUIS 63108

ABELARDO,MIGUEL,LIGON, IM
300 S GRAND
ST LOUIS 63139

ABELL,WALTER,E, PH
6261 REBEN PL
ST LOUIS 63139

ABINOJA,CONRADO,BAMBAO, IM
4909 LINDENWOOD
ST LOUIS 63109

ABODEELY,DANIEL, R
1325 S GRAND
ST LOUIS 63104

ABRAMS,MORRIS, U
4625 LINDELL BLVD STE 319
ST LOUIS 63108

ABRAMSON,CHAS,LOUIS, R
141 N MERAMEC
ST LOUIS 63105

ACKER,HARRY,L, PM
950 FRANCIS
ST LOUIS 63105

ACKERMAN,LAUREN,V, PTH
#8 CHICKADEE WAY
STRANGE NECK SETAUKET
EAST SETAUKET NY 11733

ADELMANN,EUGENE, N
1035 BELLEVUE
ST LOUIS 63117

ADEYEMI-ODRO,HENRY,O, GS
2601 N WHITTIER
ST LOUIS 63113

ADLER,BENARD,C, OTO
4511 FOREST PARK BLVD
ST LOUIS 63108

AFUWAPE,EMMANUEL,A, GS
2601 N WHITTIER
ST LOUIS 63113

AGASINO,ARMELA,M RESUMA, GP
#6 WEST SHORE VILLAGE
CUBA 65453

AGASINO,GAUDENCIO,LIMBO, OBG
#20 HUGHES FORD ROAD
SULLIVAN 63080

AGRESS,HARRY, PTH
8631 DELMAR BLVD
ST LOUIS 63124

AGUINALDO,JAIME,A, IM
9313 MANCHESTER RD
ST LOUIS 63119

AHADI,ABD,UL AHAD, IM
13029 AMBOIS DR
ST LOUIS 63141

AHERN,ARCHIBALD,MARK C, IM
3915 WATSON RD
ST LOUIS 63109

AHLERING,GEO,H, OBG
621 S NEW BALLAS STE 560
ST LOUIS 63141

AHMAD,BASHIR, AN
5900 BOND
EAST ST LOUIS IL 62207

AHUJA,ARJANDAS,L, P
5400 ARSENAL
ST LOUIS 63139

AITKEN,LOUIS,F, DIA
4989 BARNES HOSPITAL PLAZA
5102 QUEENY TOWER BLDG
ST LOUIS 63110

AKER,UMIT,TEKIN, CD
950 FRANCIS
ST LOUIS 63105

AKYOL,SALIM, CD
4 HIGHFIELD
ST LOUIS 63131

ALBERT,INGRID, D
2428 WOODSON
ST LOUIS 63114

ALEGRE,JORGE,MAXIMO, IM
5535 DELMAR BLVD
ST LOUIS 63112

ALEKSANDER,BERNARDO,G, P
1420 GRATTAN
ST LOUIS 63104

ALLEN,HENRY,C, PTH
2821 N BALLAS RD
ST LOUIS 63131

ALLEN,HOLLIS,N, PTH
681 N FARENT
ST LOUIS 63131

ALLEN,MELVIN,A, OBG
3555 SUNSET OFFICE DR
ST LOUIS 63127

ALLEN,WILLARD,M, OBG
UNIV OF MARYLAND HOSP
BALTIMORE MD 21201

ALLEN,WM,E, R
720 N SARAH ST
ST LOUIS 63108

ALMIRON,OSIAS,ABUAN, GS
120 PROGRESS PKWY
MARYLAND HEIGHTS 63043

ALONSO-YAGUE,PASCUAL, IM
330 NORTHLAND MEDICAL BLDG
ST LOUIS 63136

ALONSO,JOSE,MARIO V, GP
10547 KENNERLY DRIVE
ST LOUIS 63128

ALPERN,LOUIS,M, CPH
BARNES HOSPITAL PLAZA
ST LOUIS 63110

ALTHEIDE,JOHN,P, U
4605 LINDELL BLVD
ST LOUIS 63108

ALVAREZ,LUIS,LIBERTO, PTH
1606 GRATTAN
ST LOUIS 63104

ALVIS,BENNETT,Y, OPH
211 N MERAMEC
ST LOUIS 63105

ALVIS,EDMUND,B, OPH
211 N MERAMEC
ST LOUIS 63105

AMADO-LEDO,DAVID,E, IM
300 S GRAND BLVD
ST LOUIS 63103

AMIN,NAVIN,P, OPH
607 N GRAND STE 425
ST LOUIS 63103

AMJAD,MOHAMMAD,TAGHI, PD
1211 BLAIRSHIRE DR
BALLWIN 63011

ANDERSON,CHARLES,BERNARD, GS
14 FREDERICK
ST LOUIS 63122

ANDERSON,JOHN,MAXEY, P
100 N EUCLID
ST LOUIS 63108

ANGLO,LUIS,B, GP
3912 RITZ CTR
ST LOUIS 63125

ANSTEY,GEO,C, OBG
10449 ST CHARLES ROCK RD
ST ANN 63074

ANTHONY,ELWYN,JAMES, CHP
369 N TAYLOR AVE
ST LOUIS 63108

ARCELONA,JESUS, GP
3535 S JEFFERSON
ST LOUIS 63118

ARCHER,CAROL,RUTH, R
1325 S GRAND
ST LOUIS 63104

ARIAS,FERNANDO, OBG
4911 BARNES HOSP PLAZA
ST LOUIS 63110

ARNESON,AXEL,N, GYN
4511 FOREST PARK
ST LOUIS 63108

ARNEY,WM,G, P
16 HAMPTON VILLAGE
ST LOUIS 63109

ARNOLD,KENNETH,JEROME, GS
4960 AUDUBON AVE DEPT SURG
ST LOUIS 63110

ARNOT,JOHN,P, ORS
35 N CENTRAL AVE
CLAYTON 63105

ARRIBAS,NEVA,POBRE, OPH
QUEENY TOWER BLDG STE 5103
ST LOUIS 63110

ASGHAR,MOHAMMAD, OTO
HOMER G PHILLIPS HOSP-OTO DPT
ST LOUIS 63113

ASHBY,RICHARD, NS
621 S NEW BALLAS
ST LOUIS 63141

AUER,ARTHUR,IRWIN, GS
667 LANGTON
ST LOUIS 63105

AUFDER HEIDE,G,RUSSELL, IM
216 NORTHLAND MEDICAL BLDG
ST LOUIS 63136

AUGUSTE,MELEDAIN, PD
4400 LINDELL B-1
ST LOUIS 63108

AUGUSTIN,CESAR, R
17 FRIESE DR
ST LOUIS 63132

AVIOLI,LOUIS,V, IM
216 S KINGSHIGHWAY
ST LOUIS 63110

AYKENT,YAVUZ, CD
950 FRANCIS PL
ST LOUIS 63105

AYLWARD,HOWARD,J, PS
6651 CHIPPEWA
ST LOUIS 63109

AZUMA,NOBUTAKA, GP
3901 THOLOZAN
ST LOUIS 63116

BABKA,JOS,JOHN, GS
29 BELLERIVE COUNTRY CLUB
GROUNDS
ST LOUIS 63141

BACKER,MATTHIAS,H, OB
10345 WATSON RD
ST LOUIS 63127

BADGER,VIRGINIA,MAE, OR
113 STONEYSIDE LN
ST LOUIS 63132

BAHL,OM,P, CD
2650 TELEGRAPHA
ST LOUIS 63125

BAILEY,DRENNAN, GS
6356 CLAYTON RD
ST LOUIS 63117

BAJAJ,ARUNKUMAR,R, EM
4955 D HEINEKEN LN
ST LOUIS 63129

BALDWIN,RICHARD, ORS
3660 VISTA AVE
ST LOUIS 63124

BALLAL,H,SATISHCHANDRA, IM
3915 WATSON RD
ST LOUIS 63109

BALLINGER,WALTER,F, GS
4960 AUDUBON AVE
ST LOUIS 63110

BANDLE,DONALD,F, P
3801 JANUARY AVE
ST LOUIS 63109

BANEZ,COLITA,L REGNER, P
5400 ARSENAL
ST LOUIS 63144

BANNON,ANNE, PD
149 N MERAMEC
ST LOUIS 63105

BANTON,MILAGROS,T R, IM
13634 PEACOCK FARM RD
ST LOUIS 63131

BANTON,THOMAS,J, ORS
115 NORTHLAND MED BLDG
ST LOUIS 63136

BANTON,WM,C, PH
801 S BRENTWOOD
ST LOUIS 63105

BARDSLEY,JOHN,LESTER, R
621 S NEW BALLAS RD
ST LOUIS 63141

BARNER,HENDRICK,BOYER, CD
1325 S GRAND BLVD
ST LOUIS 63104

BARRETT,SCOTT,R, OBG
5505 DELMAR
ST LOUIS 63112

BARRICS,FRANCISCO, PTH
8717 WATSON
ST LOUIS 63119

BARTLETT,ROBT,W, GS
6459 WYDOWN RD
ST LOUIS 63105

BARTNICK,MITCHEL,L, GP
RR 2 BOX 38
DE SOTO 63020

BAUER,EUGENE,ANDREW, D
BARNES HOSPITAL PLAZA
ST LOUIS 63110

BAUER,JOHN,O, PTH
104 NORTHLAND MED BLDG
ST LOUIS 63136

BAUER,MARIA,ANTONI, OBG
3214 PRINCETON
GRANITE CITY IL 62040

BAUER,OTTO,FRANK GEO, IM
3214 PRINCETON
GRANITE CITY IL 62040

BAULA,ARMINDO,GUERRERO, R
609 JEFFERSONIAN DR
ST LOUIS 63125

BAUMGARTEN,WALTER, IM
1034 S BRENTWOOD BLVD STE 958
ST LOUIS 63117

BAUSCHARD,FREDERICK,D, D
7157 PERSHING
ST LOUIS 63130

BAYRAKDAR,AHMAD,KHALDOUN, IM
915 N GRAND BLVD
ST LOUIS 63125

BEARE,J,BYRON, U
777 S NEW BALLAS RD
ST LOUIS 63141

BEATO,DAVID,LEWIS, IM
6305 DEVONSHIRE
ST LOUIS 63109

BEATY,WM,R, OBG
35 MUILFIELD LANE
ST LOUIS 63141

BECKER,BERNARD, OPH
660 S EUCLID
ST LOUIS 63110

BECKER,EDWARD,JENNINGS, U
511 SO WARSON RD
ST LOUIS 63124

BECKER,STANLEY,CLIFFORD, OPH
4401 HAMPTON
ST LOUIS 63109

BECKETTE,EDMUND, OBG
1245 GRAHAM
ST LOUIS 63139

BECKMAN,DONALD,ERWIN, GP
4205 VIRGINIA AVE
ST LOUIS 63111

BEHBAHANI,PARVIZ,MORSHED, AN
ST LOUIS UNIV MED DEPT ANES
ST LOUIS 63104

BEHRENS,DONALD,THEODORE, GS
3654 S GRAND AVE
ST LOUIS 63118

BEHRENS,GERALD,LEE, GS
11271 HERMITAGE HILL PLACE
ST LOUIS 63131

BEIOLE,RAYMOND,JOS, PD
500 NW PLAZA-RM 513
ST ANN 63074

BELANCOURT,DUNET,F, IM
600 UNION
ST LOUIS 63108

BELEW,JOE,EDWARD, OBG
777 S NEW BALLAS RD STE 100-E
ST LOUIS 63141

BELL,MARTIN,JAY, POS
500 S KINGSHIGHWAY
ST LOUIS 63110

BELL,ROBT,MALSEED, P
109 VIRGINIA
HANNIBAL 63401

BENNETT,JOHN, OBG
6150 OAKLAND
ST LOUIS 63139

BENNETT,KENNETH,JOHN, GS
4919 FOREST PARK
ST LOUIS 63108

BENSON,JOHN,F, OBG
3737 N KINGSHIGHWAY
ST LOUIS 63115

BERARD,LOUIS,N, U
812 OLIVE ST
ST LOUIS 63101

BERG,EDWARD,FRANK, OPH
5 CEDARCREST
ST LOUIS 63132

BERG,LEONARD, N
4989 BARNES HOSP PLAZA-RM 510B
ST LOUIS 63110

BERG,RALPH, GP
3203 S GRAND BLVD
ST LOUIS 63118

BERGMAN,HUGO,F, GP
8321 N BROADWAY
ST LOUIS 63147

BERGMANN,DWAYNE,LEROY, U
6500 CHIPPEWA ST
ST LOUIS 63109

BERGNER,GRACE,E, IM
114 N TAYLOR AVE
ST LOUIS 63108

BERLAND,HARRY,ISADORE, R
141 N MERAMEC
CLAYTON 63105

BERMAN,WM, OBG
4910 FOREST PARK BLVD
ST LOUIS 63108

BERNI,ANTHONY,ARTHUR, R
777 S NEW BALLAS ROAD
ST LOUIS 63141

BERRY,JOHN,WALTNER, IM
621 S NEW BALLAS RD-STE 268
ST LOUIS 63141

BETTONVILLE,PAUL,J, IM
6331 PERSHING
ST LOUIS 63130

BIALECKI,LEON, IM
1225 GRAHAM
ST LOUIS 63139

BIDOY,RALPH,LEO, P
965 MASONRIDGE RD
ST LOUIS 63141

BIELLO,DANIEL,R,
510 SOUTH KINGSHIGHWAY
ST LOUIS 63110

BIGGS,JOHN, P
4940 AUDUBON
ST LOUIS 63141

BILLY,LAWRENCE,JOHN, GS
1325 S GRAND
ST LOUIS 63104

BILSKY,NATHAN, IM
2 SOMERSET DOWNS
ST LOUIS 63124

BINOBEUTEL,DONALD,A, GS
25 WILLOW OAK LANE
ST LOUIS 63122

BINDER,MORTON,A, IM
4652 MARYLAND AVE
ST LOUIS 63108

BIRCHER,JOHN,L, R
3932 FEDERER PL
ST LOUIS 63116

BIRD,H,WALDO, P
10287 CLAYTON
ST LOUIS 63124

BIRGE,CLIFFORD,ALLEN, END
12 RIDGETOP
RICHMOND HEIGHTS 63117

BISHOP,MARY,C MC FAYOEN, P
1000 GREEN ST-APT 302
SAN FRANCISCO CA 94133

BISNO,DANL, OPH
8000 BONHOMME AVE
CLAYTON 63105

BLACK,JOSEPH,T, N
4989 BARNES HOSP PLAZA
ST LOUIS 63110

BLAIR,JOHN,DOUGLAS, PTH
1465 S GRAND
ST LOUIS 63104

BLAIR,OLGA,MENDEZ, PTH
1402 S GRAND
ST LOUIS 63104

BLAIR,VILRAY,PAPIN, ORS
9 STONEY BROOK
ST LOUIS 63124

BLATH,RICHARD,ALAN, U
USAF MED CENTER
W-PATTERSON AFB OH 45433

BLOCK,ARNOLD,SYLVAN, P
100 N EUCLID AVE STE 601
ST LOUIS 63108

BLOUNT,LEE, GS
3737 N KINGSHIGHWAY
ST LOUIS 63115

BLYTHE,JAMES,GRANVILLE, OBG
615 S NEW BALLAS RD
ST LOUIS 63141

BOC,INOCENCIO,MAHUSAY, PD
819 UPPER CAHOKIA RD
CAHOKIA IL 62206

BOCKELMAN,CLIFFORD,H, IM
2745 ASHFIELD DRIVE
ST LOUIS 63129

BOEOEKER,ROY,V, OBG
1035 BELLEVUE AVE
ST LOUIS 63117

BOHIGIAN,GEO,MICHAEL, OPH
211 N MERAMEC
ST LOUIS 63105

BOHLING,COREY,A, CD
621 S NEW BALLAS ROAD
ST LOUIS 63141

BOLDIZAR,ALBERT,GEO, OPH
2821 N BALLAS RD
ST LOUIS 63131

BOLDT,THOS,HENRY, IM
3394 MC KELVEY RD
BRIDGETON 63044

BOLLOZOS,GEORGE,D, PTH
3933 S BROADWAY
ST LOUIS 63118

BOLTON,ROBT,LE ROY, GS
P O BOX 197
BALLWIN 63011

BOND,LESLIE,FEE, GS
3400 N KINGS HWY
ST LOUIS 63115

BONDURANT,BRYCE,H, OBG
134 FRONTENAC FOREST
ST LOUIS 63131

BONFANTI,ALBERT,LEWIS, OBG
P O BOX 4148 JENNINGS STATION
ST LOUIS 63136

BONIUK,ISAAC, OPH
4989 BARNES HOSP PLAZA
ST LOUIS 63110

BOONKHAM,CHOTCHAI, IM
3466 BRIDGELAND DR
BRIDGETON 63044

BOROWSKY,BENJ,ARTHUR, IM
4910 FOREST PK
ST LOUIS 63108

BOUHASIN,JOHN,D, HEM
3720 HAMPTON
ST LOUIS 63109

BOURJOLLY,WILSON,P, OPH
106 AMBLESIDE LANE
ST LOUIS 63141

BOURKE,THOS,EDWARD, IM
3394 MC KELVEY RD
BRIDGETON 63044

BOVERI,JOS,CHAS, OBG
1862 POINT OAK DR
ST LOUIS 63131

BOWDERN,EDWARD,H, GS
#2 BERKSHIRE
RICHMOND HEIGHTS 63117

BOWEN,STEPHEN,F, OPH
16 HAMPTON VILLAGE PLAZA
ST LOUIS 63109

BOWERMAN,HAROLD,H, OTO
607 N GRAND BLVD
ST LOUIS 63103

BOWERS,JAMES,EDWARD, PD
12166 BIG BEND BLVD
KIRKWOOD 63122

BOWERSOX,WARREN,A, GS
319 N 1ST ST
PACIFIC 63069

BOWLES,WM,TSCHARNER, U
4989 BARNES HOSP PLAZA
ST LOUIS 63110

BOYARSKY,SAUL, U
4960 AUDUBON AVE
ST LOUIS 63110

BRADLEY,RICHARD,V, GS
1034 S BRENTWOOD BLVD
ST LOUIS 63117

BRADY,HARRY,ROBT, OPH
1609 DUNMRR DR
ST LOUIS 63131

BRANCATO,DONALD,HAYWOOD, ORS
11115 NEW HALLS FERRY RD
FLORISSANT 63033

BRANGLE,ROBT,WM, PTH
765 HIGH HAMPTON RD
ST LOUIS 63124

BREMER,RITA,FRIEDA, IM
3024 ORTON ST
ST CHARLES 63301

BREMSER,HARRY,L, GP
6742 PLAINVIEW AVE
ST LOUIS 63109

BRENNAN,DANL,JOS, PS
777 S NEW BALLAS RD
ST LOUIS 63141

BRENNAN,GEO,A, OBG
3535 S JEFFERSON
ST LOUIS 63118

BRENNAN,ROBT,ALEXIS, OBG
3535 S JEFFERSON
ST LOUIS 63118

BRENNAN,ROBT,V, U
114 N TAYLOR
ST LOUIS 63122

BRERETON,ROBT,LOFTUS, GS
206 N CLAY AVE
KIRKWOOD 63122

BRICKER,EUGENE,M, GS
2410 RIDGEFIELD RD
COLUMBIA 65201

BRIELMAIER,CHARLES, AN
6420 CLAYTON
ST LOUIS 63117

BRIGHAM,DAVID,WM, OPH
1325 S GRAND
ST LOUIS 63104

BRIMMO,A,I, TS
6000 W FLORISSANT
ST LOUIS 63136

BRODEUR,ARMAND,EDWARD, PDR
400 BAMBURY WAY
ST LOUIS 63131

BRONSON,SHAEL,S, P
777 S NEW BALLAS RD
ST LOUIS 63141

BROOKES,ROBT,D, P
5505 DELMAR BLVD
ST LOUIS 63112

BROUN,GORONWY,O, HEM
6359 WATERMAN AVE
ST LOUIS 63105

BROWN,JAMES,M, PH
11936 BETH DR
ST LOUIS 63126

BROWN,SEYMOUR, AN
2421 BAXTON WAY
CHESTERFIELD 63017

BRUCE,HELEN,M LYNCH, PH
3263 HAWTHORNE BLVD
ST LOUIS 63104

BRUCE,ROBT,MICHAEL, PUD
4550 SCOTT
ST LOUIS 63110

BRUNS,KENNETH, AN
SURGICARE INC 7700 FLORISSAN
ST LOUIS 63121

BRYAN,JAMES,H, OPH
950 FRANCIS PLACE
CLAYTON 63105

BRYAN,WM,THOS KIMLIN, OTO
950 FRANCIS PL
CLAYTON 63105

BUCY,JAMES,G, U
1034 S BRENTWOOD
ST LOUIS 63117

BUDD,JOHN,J, IM
9012 MANCHESTER RD
ST LOUIS 63144

BUETTNER,JOHN,BRIGHAM, GS
3106 QUEENY TOWERS
BARNES HOSP PLAZA
ST LOUIS 63110

BURDE,RONALD,MARSHALL, OPH
660 S EUCLID AVE
ST LOUIS 63110

BURDGE,ROBERT,E, ORS
1913 GRASSY RIDGE
KIRKWOOD 63122

BURGESS,DEAN, OPH
9380 ROBYN HILL
ST LOUIS 63127

BURKE,ROBT,JOHN, PD
6379 DEVONSHIRE AVE
ST LOUIS 63109

BURKHART,CHARLES,EDWARD, GP
621 S NEW BALLAS ROAD
ST LOUIS 63141

BURMEISTER,RAY,WM, IM
10834 FOREST CIRCLE DR
ST LOUIS 63128

BURNS,FRANCIS,JOHN, CRS
1035 BELLEVUE AVE
ST LOUIS 63117

BURR,DONALD,CLARENCE, R
601 VERNOR
NASHVILLE IL 62263

BURROWS,STEPHEN,D,
510 S KINGSHIGHWAY
ST LOUIS 63110

BURST,DONALD,O, ORS
6500 CHIPPEWA
ST LOUIS 63109

BUSCH,ANTHONY,K, P
2101 SIDNEY ST
ST LOUIS 63104

BUSSE,PAUL, R
BARNES HOSP PLAZA
ST LOUIS 63110

BUSSMANN,DONALD,W, CD
4 WOOD ACRE RD
ST LOUIS 63124

BUSSMANN,DONALD,W, U
1254 BENTOOK
ST LOUIS 63122

BUTCHER,HARVEY,R, GS
4989 BARNES HOSP PLAZA
ST LOUIS 63110

BYRNE,JOHN,E, U
3720 HAMPTON AVE
ST LOUIS 63109

BYRNE,PAUL,ADAM, PD
4211 BAYLESS AVE
ST LOUIS 63123

BYRUM,FRITZ,ARNOLD, GP
650 MANCHESTER RD
BALLWIN 63011

CABAL,EDITO, R
VA HOSP-J B
ST LOUIS 63125

CABAL,MARIA, PD
1501 E BROADWAY
EAST ST LOUIS IL 62205

CABONCE,AUGUST,L, FP
6829 PARKER RD
FLORISSANT 63033

CACIOLO,CARLO,PAUL, CD
3654 S GRAND BLVD
ST LOUIS 63118

CADICE,JOHN,BENARD, OBG
1245 GRAHAM RD
APT 408
FLORISSANT 63031

CADIZ-ROJOLES,ADORACION, PD
12118 PRESTON PARK LANE
ST LOUIS 63141

CAJILI,ANTONIO,TAGLE, IM
300 S GRAND
ST LOUIS 63103

CALLAGHAN,GERARD,MICHAEL, OBG
1035 BELLEVUE
ST LOUIS 63117

CALLAHAN,JOS,DREW, CHP
22 W BRENTMOOR PARK
ST LOUIS 63105

CALOONEY,MARTIN,M, PD
7247 DELMAR BLVD
ST LOUIS 63130

CAMEL,H,MARVIN, OBG
310 TANGLEWOOD DR
ST LOUIS 63124

CAMPBELL,CECIL,S, OPH
812 OLIVE ST
ST LOUIS 63101

CAMPOS,ANTONIO, GS
DEACONESS HOSP-SURG
ST LOUIS 63139

CAMPOS,FRANCISCO,JOSE, PTH
11636 ADMINISTRATION DR
ST LOUIS 63141

CANAAN,SAML,ADAMS, OPH
607 N GRAND BLVD STE 601
ST LOUIS 63103

CANLAS,ARSENIO,LACSON, GS
7670 SUNRAY LANE
ST LOUIS 63123

CANNON,EDWARD,MICHAU, U
1034 BRENTWOOD BLVD STE 854
ST LOUIS 63117

CANTOR,HARVEY,EDWARD, CHN
11745 OLIVE ST RD
ST LOUIS 63141

CARLIN,M,RICHARD, U
1034 S BRENTWOOD BLVD
ST LOUIS 63117

CARLS,GARRY,LEE, R
6420 CLAYTON RD
ST LOUIS 63117

CARMODY,JOHN,PATRICK, IM
6651 CHIPPEWA STE 202
ST LOUIS 63109

CARR,ARCHIE,O, N
6383 ELLENWOOD
ST LOUIS 63105

CARRANZA,MAURO,JAVIER, FP
P O BOX 10817
ST LOUIS 63129

CARROLL,GEO,A, GS
7831 DELMAR
ST LOUIS 63130

CARROLL,GRAYSON,L, U
1035 BELLEVUE
ST LOUIS 63117

CARTER,JOHN,FAHY, IM
29 BERKSHIRE
ST LOUIS 63117

CARY,JOHN,MILTON, IM
2821 N BALLAS RD
ST LOUIS 63131

CASE,MARY,E SCHMIDT, PTH
13001 DIETERLE LANE
ST LOUIS 63127

CASEY,EDWIN,J, OPH
18 S KINGS HWY
ST LOUIS 63108

CASEY,ELIOT,CHAS, PD
615 S NEW BALLAS
ST LOUIS 63141

CASON,ELBERT,H, GS
1704 S BROADWAY
ST LOUIS 63104

CASSEL,MELVIN,ALFRED, GS
PARK MEDICAL GROUP INC
6550 KNOTT AVE
BUENA PARK CA 90621

CASTASUS,MANUEL,A, GS
600 N UNION BLVD
ST LOUIS 63108

CATALANO,JOHN,DENIS, OPH
522 NO NEW BALLAS RD
BALLWIN 63011

CATANZARO,ANTHONY,F, GP
2705 CLIFTON AVE
ST LOUIS 63139

CATANZARO,FRANCIS,JOS, CD
1235 N HANLEY RD
UNIVERSITY CITY 63130

CAVANAGH,DENIS, OBG
1402 S GRAND BLVD
ST LOUIS 63104

CAYABYAB,PEDRO,C, GP
3610 S BROADWAY
ST LOUIS 63118

CHAOARATANA,PHAOUNG, OTO
12982 NANCY LEE DR
ST LOUIS 63141

CHALLONER,DAVID,REYNOLDS, IM
DEAN-ST LOUIS UNIV SCH MED
ST LOUIS 63104

CHAMNESS,JAMES,THOS, PS
1 ST ANDREWS DR
ST LOUIS 63124

CHAND,SURESH, CHP
11521 GRAVOIS
ST LOUIS 63126

CHAPLIN,HUGH, IM
DEPT OF PREVENTIVE MED
BOX 8113
4566 SCOTT AVE
ST LOUIS 63110

CHARLES,BENJ,H, IM
1034 S BRENTWOOD BLVD STE 958
ST LOUIS 63117

CHARLES,FRANCOIS, CD
600 N UNION
ST LOUIS 63108

CHARNAS,RAYMOND,M, IM
1040 MASON RD N
ST LOUIS 63141

CHAVEZ,SALVADOR, GS
2639 MIAMI
ST LOUIS 63118

CHEHVAL,MICHAEL,JOHN, U
1035 BELLEVUE AVE
ST LOUIS 63117

CHERRE,CHAS,JAMES, R
4511 FOREST PARK BLVD
ST LOUIS 63108

CHESANOW,ROBT,LAWRENCE, N
1515 LAFAYETTE AVE
ST LOUIS 63104

CHEUK,SHU-SUM, GS
5505 DELMAR RM 306
ST LOUIS 63112

CHIEFFI,MARGARET,JACKSON, A
6744 CLAYTON RD
ST LOUIS 63117

CHIPONGIAN,RAUL,ARBILO, GPH
500 NORTHWEST PLAZA
ST ANN 63074

CHISHTI,MUHAMMAD,ISHAQ, OPH
14558 AMSTEL CT
CHESTERFIELD 63017

CHIU,TAI-MAO, AN
6420 CLAYTON RD
ST LOUIS 63117

CHO,KYU,SOP, ORS
4919 FOREST PARK
ST LOUIS 63108

CHOI,SEI YOUNG, P
1420 GRATTAN
ST LOUIS 63104

CHOU,YEN-PING, PUD
ROBT KOCH HOSP
KOCH 63054

CIAPCIAK,STANLEY,JOS, GP
1502 ST LOUIS AVE
ST LOUIS 63106

CLARK,RICHARD,EDWIN, TS
4960 AUDUBON AVE
ST LOUIS 63110

CLASEMAN,WILMA,WINTER, PH
3237 LONGFELLOW BLVD
ST LOUIS 63104

CLAYCOMB,GERALD,K, DR
5535 DELMAR BLVD
ST LOUIS 63112

CLEARY,FRANK, OM
5247 MARDEL
ST LOUIS 63110

CLENOENIN,WILLIAM,W, P
1034 S BRENTWOOD
ST LOUIS 63141

COBB,MILTON,LAWRENCE, AN
BARNES HOSP PLAZA
ST LOUIS 63110

COBEN,LAWRENCE,ALLAN, N
640 S KINGSHIGHWAY
ST LOUIS 63110

COHEN,EDWARD, R
4511 FOREST PARK
ST LOUIS 63108

COHEN,HILLARD,K, IM
500 NORTHWEST PLAZA STE 417
ST ANN 63074

COLE,HARRY,ORSON, NS
5505 DELMAR BLVD
ST LOUIS 63112

COLLINS,EDWARD,J, OPH
FT LEONARD WOOD ARMY HOSP
FORT LEONARD WOOD 65473

COLLINS,JOHN,AUSTIN, GS
4960 AUDUBON AVE
ST LOUIS 63110

COLOSI,NICHOLAS,JOS, PTH
14543 TRAMORE DR
CHESTERFIELD 63017

COMAS,MANUEL,RAMON, OBG
514 TENBY TERR
MANCHESTER 63011

COMENS,PHILLIP, IM
6651 CHIPPEWA
ST LOUIS 63109

COMENS,RUTH,CERF, AN
8826 WOODFOX
ST LOUIS 63127

CONNORS,JOHN,PHILLIP, GP
216 S KINGSHIGHWAY
ST LOUIS 63110

CONRAD,MARSHALL,B, ORS
100 NO EUCLID-SUITE 510
ST LOUIS 63108

COOK,MARVIN, R
10010 KENNERLY RD
ST LOUIS 63128

COOPER,HENRY,T, IM
4401 HAMPTON AVE
ST LOUIS 63109

COOPER,JAMES,FRANKLIN, GS
12255 DEPAUL DR
SUITE 830
BRIDGETON 63044

COOPER,THEODORE, CO
PUB HEALTH SER-PHEW
WASHINGTON DC 20201

COOPER,THOMAS,J, CLP
10010 KENNERLY
ST LOUIS 63128

COOPER,THOS,PERRY, EM
7701 FORSYTH BLVD STE 490
ST LOUIS 63105

COPP,RALPH, IM
4989 BARNES QUEENY TOWER
ST LOUIS 63110

CORDAY,ROBT,J, CHP
1465 S GRAND BLVD
ST LOUIS 63104

CORDONNIER,JUSTIN,J, U
4960 AUDUBON RM 216
ST LOUIS 63110

CORONADO,MARIO,A, OBG
12660 LAMPLIGHTER
ST LOUIS 63128

CORRIGAN,GILBERT,E, PTH
915 N GRAND
ST LOUIS 63106

CORVALAN,JUAN,CARLOS, P
7207 MARYLAND
ST LOUIS 63130

COSTA,DOMINIC,VICTOR, PTH
1212 S GRAND AVE
ST LOUIS 63104

COSTELLO,CYRIL,J, GE
621 S NEW BALLAS RD
ST LOUIS 63141

COSTELLO,JOS,P, IM
950 FRANCIS PL
ST LOUIS 63105

COSTEN,WILLIAM,S, CRS
777 S NEW BALLAS RD
ST LOUIS 63141

COX,MARY,E, P
1034 S BRENTWOOD
ST LOUIS 63117

COXE,WM,S, NS
BARNES HOSP PLAZA
ST LOUIS 63110

CRAFTS,DAVID, NS
1325 S GRAND
ST LOUIS 63104

CRAIG,ALAN,GORDON, P
1035 BELLEVUE STE 202
ST LOUIS 63117

CRALLE,ROBERT,V, GS
315 FOREST PKWY APT 5
MANCHESTER 63011

CRESPIN,STEPHEN,RALPH, IM
4 MC KNIGHT LANE
ST LOUIS 63124

CRISCIONE,JAMES,R, TS
4273 FLORA PLACE
ST LOUIS 63110

CRISCIONE,JAMES,S, AN
652 BAMBURY WAY
ST LOUIS 63122

CROSSMAN,ROBT,W, RHU
1509 HOLLY DR
WEBSTER GROVES 63119

CROTTY,JOHN,P, R
657 E BROADWAY
EAST ST LOUIS IL 62201

CROWELL,HUGH,CURRY, IM
9764 TESSON FERRY RD
ST LOUIS 63123

CRUZ,ELIGIO,CORNEJO, OBG
2821 N BALLAS RD
ST LOUIS 63131

CUBILLO,ENRIQUE, OR
730 MIDDLE PCLO DR
ST LOUIS 63105

CUTLER,GORDON,BUTLER, IM
3032 Q ST NW-APT 4
WASHINGTON DC 20007

CUTLER,HAROLD,MASHA, OTO
141 N MERAMEC
ST LOUIS 63105

CZEBRINSKI,EDWARD,W, IM
3555 SUNSET OFFICE DR
ST LOUIS 63127

DAAKE,JOHN,W,
1325 S GRAND
ST LOUIS 63104

DAAKE,JOHN,WILSON, GS
48 PORTLAND PL
ST LOUIS 63108

DAGARTZIKAS,ANASTASIOS,K, OBG
12902 TUNDRA
TOWN AND COUNTRY 63131

DAHM,CHAS,HENRY, OBG
1009 JULLANA DR
BALLWIN 63011

DALTON,ARTHUR,REX, GS
35 N CENTRAL AVE
CLAYTON 63105

DAMES,RICHARD,J, IM
15 YORK DR
ST LOUIS 63117

DANFORTH,WM,H, OS
WASHINGTON UNIVERSITY
ST LOUIS 63130

DANGANAN,CANDIDO,SANGIL, AN
2206 VIEWROYAL DR
ST LOUIS 63131

DANGANAN,ELEANA,QUINTOS, AN
2206 VIEW ROYAL
ST LOUIS 63131

DANIS,PETER,GODFREY, PD
2821 N BALLAS RD
ST LOUIS 63131

DANIS,RICHARD,KRAMER, PDS
1401 S GRAND
ST LOUIS 63104

DANKNER,ARNOLD, A
1010 COLLINGWOOD
ST LOUIS 63132

DASH,IRA, A
6500 CHIPPEWA
ST LOUIS 63109

DASH,UDAYA,N, ORS
6500 CHIPPEWA ST
ST LOUIS 63109

DATTA,KAPAL,DEV, GER
5400 ARSENAL
ST LOUIS 63139

DATUIN,ALEJANDRO,M, P
1420 GRATTAN
ST LOUIS 63104

DAUM,WAYNE,J,
6461 DEVONSHIRE AVE
ST LOUIS 63109

DAVIDSON,JOHN,C, IM
5505 DELMAR
ST LOUIS 63112

DAVIS,GUSTAVE,LOUIS, PTH
P O BOX 14109
216 S KINGSHIGHWAY
ST LOUIS 63110

DAVIS,MARTIN,WHEATLEY, IM
911 S BRENTWOOD BLVD
CLAYTON 63105

DAVIS,MARY,A, P
777 S NEW BALLAS RD STE 231E
ST LOUIS 63141

DE CASTRO,EDWINC,TOROBIO, GP
BARNES HOSPITAL PLAZA
ST LOUIS 63110

DE CASTRO,FERNANDO, PD
1465 S GRAND
ST LOUIS 63104

DE JESUS CARBONELL,A, AN
615 S NEW BALLAS RD
ST LOUIS 63141

DE UNGRIA,ESTELITA,G, PD
2601 N WHITTIER ST
ST LOUIS 63113

DE UNGRIA,PABLO,C, OBG
6744 CLAYTON ROAD
ST LOUIS 63117

DE VERA,ANSON,E, AN
5085 REYNOSA DR
ST LOUIS 63128

DE VIVO,DARRYL,CLAUDE, N
500 S KINGSHIGHWAY BLVD
ST LOUIS 63110

DEAKIN,V,ROGERS, U
4530 WEST PINE APT 201
ST LOUIS 63108

DEBNAM,JAMES,WALTON, R
391 MADEWOOD LANE
CHESTERFIELD 63017

DEETHS,TONY,MATHIAS, OR
135 LADUEMONT DR
CREVE COEUR 63141

DEHNER,JONATHAN,D, R
26 LORENZO LANE-LA DUE
ST LOUIS 63124

DEL CARMEN,JAIME,JOVER, PTH
46 WORTHINGTON DR
MARYLAND HEIGHTS 63043

DEL VALLE,FERNANDO, P
777 S NEW BALLAS STE W 212
ST LOUIS 63141

DENES,BELA, U
RT 3 BOX 220
HIGH RIDGE 63049

DENK,ALAN,FRANCIS, GS
1035 BELLEVUE AVE
ST LOUIS 63117

DEVGAN,BALDEV,K, OTO
1325 S GRAND BLVD
ST LOUIS 63104

DEVINE,JOHN,BERNARD, PUD
85 WILLMORE
ST LOUIS 63109

DEW,THOS,ALLEN, PUD
114 N TAYLOR
ST LOUIS 63108

DEWALD,PAUL,ADOLPH, P
4524 FOREST PARK BLVD
ST LOUIS 63108

DEWEIN,EDWARD,GEO, P
621 S NEW BALLAS RD RM 664
ST LOUIS 63141

DEZA,PLARIDEL, P
1420 GRATTAN
ST LOUIS 63141

DI LEO,SENATRO,WM, OBG
1245 GRAHAM ROAD
FLORISSANT 63031

DICK,EARL, P
1420 GRATTAN
ST LOUIS 63104

DIEMER,PETER,ANDREW, R
12302 IRONSTONE
ST LOUIS 63131

DILLARD,BURL,MAYES, GS
12166 BIG BEND RD-STE 311
ST LOUIS 63122

DMYTRYK,EUGENE,THOS, GS
621 S NEW BALLAS RD
ST LOUIS 63141

DODGE,PHILIP,ROGERS, CHN
500 S KINGS HIGHWAY
ST LOUIS 63110

DOISY,PHILIP,PEREZ, IM
325 N KIRKWOOD RD
KIRKWOOD 63122

DOLAN,JOHN,THOS, GS
3915 WATSON RD
ST LOUIS 63109

DOMOND,LHERISSON, OBG
3530 LACLENE
ST LOUIS 63103

DONAHOE,JAMES,L, PD
901 CLAYTON
BALLWIN 63011

DONALDSON,ROBT,CLINTON, PS
VET ADMIN HOSP
ST LOUIS 63125

DONATI,ROBT,MARIO, NM
VET ADMIN HOSP NUCL MED
ST LOUIS 63106

DONOVAN,JOHN,F, GS
1035 BELLEVUE
ST LOUIS 63117

DONOVAN,THOS,JOSEPH, OTO
1014 ACCENT DR
ST LOUIS 63141

DOOLEY,JOS,MICHAEL, N
4989 BARNES HOSP PLAZA
ST LOUIS 63110

DORTON,ROBT,KING, IM
911 S BRENTWOOD BLVD
ST LOUIS 63105

DOUCETTE,RAYMOND,CONRAD, OBG
1034 S BRENTWOOD BLVD
ST LOUIS 63117

DOYLE,CHAS,RICHARD, GS
1035 BELLEVUE
ST LOUIS 63117

DRACE,CHAS,C, GS
19 E LOCKWOOD AVE
ST LOUIS 63119

RAKE,DAVID,W, OBG
1325 S GRAND
ST LOUIS 63104

RAKE,WM,LORD, PTH
6150 OAKLAND AVE
ST LOUIS 63139

RESCHER,EMMETT,BURK, GS
35 N CENTRAL
ST LOUIS 63105

REWS,ROBT,CARREL, OPH
211 N MERAMEC
ST LOUIS 63105

REY,NORMAN,WALTER, IM
950 FRANCIS PL STE 205
CLAYTON 63105

REYER,CARL,JOS, OBG
45 GLEN ROAD
WEBSTER GROVES 63119

DUBUQUE,THEODORE,J, GS
1035 BELLEVUE
ST LOUIS 63117

DUEMLER,ROBT,HUGH, OBG
12166 BIG BEND BLVD
KIRKWOOD 63122

DUFFY,FRANCIS,GERARD, AN
8116 UNIVERSITY DR
ST LOUIS 63105

DUNLANY,SAM,C, IM
10052 PUTTINGTON DR
ST LOUIS 63123

DURKIN,JOHN,W, OBG
7739 BROOKLINE TERR
ST LOUIS 63117

DWORKIN,SAUL, OBG
4632 S GRAND
ST LOUIS 63111

DYER,DALLAS,JOS, IM
3915 WATSON RD
ST LOUIS 63109

DZUNDZEV,PENCO,TODOR, GP
3601 S JEFFERSON AVE
ST LOUIS 63118

EACHEMPATI,RAMA,G, IM
14377 WOODLAKE DR SUITE 315
CHESTERFIELD 63017

EACHEMPATI,UMA,RAMAGOPAL, OBG
14377 WOODLAKE DR
SUITE 315
CHESTERFIELD 63017

EADES,DEE,WM, GP
7602 S BROADWAY
ST LOUIS 63111

EADES,JOS,WM, PS
4910 FOREST PARK
ST LOUIS 63108

EAGLETON,MARK,D, R
777 S NEW BALLAS RD-RM 121E
ST LOUIS 63141

EARP,RALPH,K, ORS
P O BOX 614
MEXICO 65265

EBERLE,JOHN,P, AN
504 SHERWOOD DR
ST LOUIS 63119

EBERLE,VINCENT,LOUIS, OBG
141 N MERAMEC AVE
ST LOUIS 63105

ECK,BIRKLE, IM
1819 CAMBERLY ROAD
ST LOUIS 63131

ECKERT,CLARENCE,T, GS
2295 GULF OF MEXICO DR
SARASOTA FL 33577

EDELE,EUGENE,HARRY, GP
4971 CHIPPEWA ST
ST LOUIS 63109

EDELMAN,ALAN,HARVEY, DR
2821 N BALLAS RD
ST LOUIS 63131

EDWARDS,JAMES,EARL, CHP
522 N NEW BALLAS RD
ST LOUIS 63141

EDWARDS,JOS,CASTRO, CD
4989 BARNES HOSP PLAZA
ST LOUIS 63110

EGAN,ROBT,CLARENCE, GS
7820 CARONDELET AVE
ST LOUIS 63105

EGAN,THOS,FRANCIS, R
9852 NORTHBRIDGE
ST LOUIS 63124

EIMER,CHAS,EUGENE, OTO
6 BEL AIR DRIVE
SIKESTON 63801

EISEN,ARTHUR,Z, D
BARNES HOSP PLAZA
ST LOUIS 63110

ELIASSON,SVEN,GUSTAV, N
660 S EUCLID
ST LOUIS 63110

ELLERSIECK,DOROTHY,M, GP
10437 EWELL
ST LOUIS 63137

ELLIS,JEFFREY,JAMES, OR
8133 BRIARHAVEN TR APT 303
ST LOUIS 63123

ELLSASSER,JAMES,C, ORS
1034 SOUTH BRENTWOOD BLVD
SUITE 294
ST LOUIS 63117

EMERAN,GEORGES,J, U
600 NORTH UNION
ST LOUIS 63108

EPSTEIN,JAMES,MICHAEL, IM
114 N TAYLOR AVE
ST LOUIS 63108

ERENMEMIS,RIFAT, TRS
1501 E BROADWAY
EAST ST LOUIS IL 62205

ERNST,EDWIN,CHAS, R
100 BEAUMONT BLDG
ST LOUIS 63108

ERNST,RICHARD,E, R
100 BEAUMONT MEDICAL BLDG
ST LOUIS 63108

ERNST,ROLAND,P, R
12327 CREEKHAVEN
ST LOUIS 63131

ESCOFFERY,RICHARD,FRASER, OPH
5103 QUEENY TOWERS
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

ESSLINGER,ARTHUR,T J, OBG
2824 N BALLAS ROAD
ST LOUIS 63131

ESTRADA,CORAZON,DE LEON, IM
110 NORTHLAND SHOPPING CENTER
ST LOUIS 63136

ESTRADA,JESUS,ISTURIS, GP
1610 MASON VALLEY RD
ST LOUIS 63131

ETHEREDGE,EDWARD,EZEKIEL, GS
WASH UNIV DEPT SURG
ST LOUIS 63110

ETIENNE,ROBT,BELIZAIRE, IM
6000 WESTMINSTER
ST LOUIS 63112

ETO,JACKSON,KAZUO, PD
6651 CHIPPEWA ST
ST LOUIS 63109

EVANS,LAWRENCE,G, ORS
1325 S GRAND
ST LOUIS 63104

EVENS,RONALD,GENE, R
510 S KINGSHIGHWAY
ST LOUIS 63110

EYERMAN,EDWARD,LOUIS, N
1035 BELLEVUE AVE
ST LOUIS 63117

EZZATI,MASHALLAH, PD
1515 LAFAYETTE
ST LOUIS 63104

FABIAN,LEONARD,W, AN
660 S EUCLID
ST LOUIS 63110

FAIR,WM,ROBT, U
4960 AUDUBON
ST LOUIS 63110

FAJATIN,ROMULO, IM
600 N UNION
ST LOUIS 63108

FALLON,RICHARD,HENRY, GS
4989 BARNES HOSP PLAZA
ST LOUIS 63110

FARBERMAN,ELLIOTT, PD
437 FALAISE DR
CREVE COEUR 63141

FARRELL,FRANK,WILSON, OR
105 NORTHLAND MED BLDG
ST LOUIS 63136

FARRELL,JOHN,SYLVESTER, IM
1448 ASTOR DRIVE
ANN ARBOR MI 48104

FARRELL,ROBT,JOS, IM
141 N MERAMEC
CLAYTON 63105

FARZANA,FARIDA, P
6 WEDGEWOOD LN
ST LOUIS 63141

FEELEY,DONALD,RALPH, OM
1111 WOODS MILL RD
BALLWIN 63011

FEHLMAN,BERNARD,F, AN
6420 CLAYTON ROAD
ST LOUIS 63117

FEIGIN,RALPH,D, ID
500 S KINGSHIGHWAY
ST LOUIS 63110

FELIX,ROBT,H, P
10501 INDIAN WELLS DR
SUN CITY AZ 85351

FELLER,HAROLD,HENRY, GP
NORTHLAND MED BLDG STE 201
ST LOUIS 63136

FELLHAUER,CARL,M, ORS
1035 BELLEVUE
RICHMOND HEIGHTS 63117

FELTS,JAMES,A, AN
660 S EUCLID
ST LOUIS 63110

FERGUSON,THOS,B, TS
4989 BARNES HOSP PLAZA ST 6106
ST LOUIS 63110

FERRENDELLI,JAMES,A, PA
660 S EUCLID
ST LOUIS 63110

FERRO,ANTHONY,LOPEZ, P
6744 CLAYTON RD STE 210
ST LOUIS 63117

FERRY,RICHARD,JOSEPH, N
141 MERAMEC ST
CLAYTON 63105

FETICK,PAUL,G, GP
12660 LAMPLIGHTER SQUARE
ST LOUIS 63128

FINGER,DONALD,H, IM
522 N NEW BALLAS RD
ST LOUIS 63141

FINK,LE,ROY LOUIS, GS
11155 DUNN RD STE 206
ST LOUIS 63136

FINN,MURRAY,E, P
1035 BELLEVUE STE 202
ST LOUIS 63117

FINNEGAN,JOS,VINCENT, IM
1035 BELLEVUE ST
ST LOUIS 63117

FIORDELISI,ROCCO,JOS, GS
700 HAVERFORD RD
ST LOUIS 63124

FISCHER,ERICH, OTO
7448 AHERN AVE
ST LOUIS 63130

FISH,VIRGIL,OTTO, GS
2500 TOWN & COUNTRY LANE
ST LOUIS 63131

FISHMAN,MARVIN,ALLEN, N
500 S KINGSHIGHWAY
ST LOUIS 63110

FITCH,COY,DEAN, IM
1325 S GRAND BLVD
ST LOUIS 63104

FITZGERALD,LEO,PETER T, OBG
7219 CORNELL AVE
ST LOUIS 63130

FITZGERALD,WM,T,
3915 WATSON RD
ST LOUIS 63109

FIVIAN,GERALD,JOS, OPH
2821 N BALLAS RD
ST LOUIS 63131

FLANCE,ISRAEL,JEROME, PUD
4652 MARYLAND
ST LOUIS 63108

FLANIGAN,GEO,DALTON, OBG
2827 LACLEDE PROMEADE
ST LOUIS 63103

FLAVAN,DAVID,B, CD
4400 LINDELL
ST LOUIS 63108

FLEISHMAN,ALFRED, IM
2428 WOODSON RD
ST LOUIS 63114

FLORES-VEGA,CARLOS,H, IM
3915 WATSON RD
ST LOUIS 63109

FLOTTE,BERNARD,HENRY, IM
6 LILA LANE
FLORISSANT 63033

FLOTTE,SYLVESTER,A, IM
11115 NEW HALLS FERRY
FLORISSANT 63033

FLYNN,EDWARD,P, IM
9730 E WATSON RD
ST LOUIS 63126

FLYNN,JOHN,TIMOTHY, CD
3211 S GRAND BLVD
ST LOUIS 63118

FLYNN,JOS,EDWARD, GS
621 S NEW BALLAS
ST LOUIS 63141

FOGARTY,WM,MARTIN, IM
3915 WATSON RD
ST LOUIS 63109

FORD,LEE,T, ORS
4910 FOREST PARK
ST LOUIS 63108

FORD,THOMAS,E, OPH
807 STADIUM
COLUMBIA 65201

FORREST,JOHN,VINCENT, OR
6150 OAKLAND
ST LOUIS 63139

FORSEN,JAMES,ALBERT, OS
GOWER 64454

FORTI,JOHN,J, GP
1434 CHAMBERS
ST LOUIS 63135

FOX,ROBT,EDWARD, IM
6744 CLAYTON RD
ST LOUIS 63117

FRANCISCO,DOMINIC,S, R
777 S NEW BALLAS RD
ST LOUIS 63141

FRANK,ALVIN,R, PYA
7457 CROMWELL DR
ST LOUIS 63105

FRANKLIN,MAX,SCHWAB, CD
585 COEUR DE ROYALE APT 401
ST LOUIS 63136

FRASER,DANL,MC KENZIE, TS
1035 BELLEVUE AVE
ST LOUIS 63117

FRAWLEY,THOS,F, END
12255 DE PAUL DR
SUITE B65
BRIDGETON 63044

FREDERICK,RAYMOND,D, GS
55 RIDGEMOOR DR
CLAYTON 63105

FREEDMAN,RUTH,SCHREIBER, OPH
10287 CLAYTON ROAD
ST LOUIS 63124

FREEMAN,DAVID,MERRILL, OPH
7316 KINGSBURY
ST LOUIS 63105

FREIMAN,SEYMOUR,MICHAEL, OBG
777 S NEW BALLAS RD
ST LOUIS 63141

FREUND,SAML,JACQUES, CRS
8515 DELMAR
ST LOUIS 63124

FRIEDMAN,PAUL,LAWRENCE, AN
7332 CORNELL
ST LOUIS 63130

FRIEDRICH,ANTHONY,P, EM
12354 BOOTH BAY COURT
CREVE COEUR 63141

FRIEDRICH,ERNST,RUDOLF, OBG
4911 BARNES HOSP PLAZA
ST LOUIS 63110

FRIES,ARMAND,D, OTO
11 W GEYER LN
ST LOUIS 63131

FRIES,JOHN,WM, R
10010 KENNERLY ROAD
ST LOUIS 63128

FRISKEL,ARTHUR,K, IM
7500 DEVONSHIRE
ST LOUIS 63119

FRUMSON,GUY,H, ORS
114 NORTHLAND MED BLDG
ST LOUIS 63136

FRYER,MINOT,P, PS
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

FUJITA,MILTON,TAKASHI, CHP
12161 POINT OAK RD
ST LOUIS 63131

FULEIHAN,FARID,MUFADI, U
621 S NEW BALLAS
ST LOUIS 63141

FUNSCH,ROBERT,E, ORS
6744 CLAYTON RD
ST LOUIS 63117

FURLA,GUS,JOHN, GP
57 BROADVIEW DR
ST LOUIS 63105

FURLOW,LEONARD,T, NS
RTE 1-BOX 1240
CRYSTAL RIVER FL 32629

GABILONDO,JORGE,C, IM
6857 CULPEPER DR
FLORISSANT 63033

GAFFNEY,CALDWELL,JAMES, GS
4959 NORTHLAND PLACE
ST LOUIS 63131

GAFNEY,GEO,THOS, GS
ST AGNES HOME
MANCHESTER & WOODLAWN RD
ST LOUIS 63122

GAGLIARDO,JOSEPH, P
141 N MERAMEC RM 303
CLAYTON 63105

GALAKATOS,ANDREW,E, OBG
777 S NEW BALLAS ROAD
ST LOUIS 63141

GALAN,ALEJANDRO,ALFREDO, GS
525 COUCH
ST LOUIS 63122

GANDLMAYR,JACOB,MATHIAS, GP
1040 N MASON RD
ST LOUIS 63141

GANSLOSER,WILBERT,MAX, P
950 FRANCIS PL
CLAYTON 63105

GANTNER,GEO,E, FOP
1325 S GRAND BLVD
ST LOUIS 63104

GANTZ,JOHN,AUGUST, NM
10 MUIRFIELD LANE
ST LOUIS 63141

GARCIA-FERRER,EDUARDO,A, P
1420 GRATTAN
ST LOUIS 63104

GARCIA,FLORENTINA,U, PD
2601 NORTH WHITTIER ST
ST LOUIS 63113

GARFINKEL,BERNARD,T, IM
522 N NEW BALLAS RD
ST LOUIS 63141

GARRIGA,FRANCISCO,JAVIER, IM
11115 NEW HALLS FERRY RD
FLORISSANT 63033

GAVINI,RAJENDRA,RAO, GS
2838 S GRAND
ST LOUIS 63118

GEARHART,DAVID,LE MOINE, OBG
456 NO NEW BALLAS RD
ST LOUIS 63141

GEDNEY,WM,BURTON, IM
806 MERAMEC STATION RD
VALLEY PARK 63088

GEIB,PHILIP,J, GS
1321 WHISPERING PINES DR
ST LOUIS 63141

GEISE,AUGUST,WM, NS
5505 DELMAR
ST LOUIS 63112

GEISSE,GUILLERMO, R
DEPT OF RADIOLOGY
6150 OAKLAND
ST LOUIS 63139

GENTSCH,KENNETH,WALTER, IM
65 FREDRICK LANE
GLENDALE 63122

GERMUTH,FREDERICK,G, PTH
615 S NEW BALLAS RD
ST LOUIS 63141

GEROWIN,LANCE, GS
9408 W MILTON
ST LOUIS 63114

GERST,ALOYSIUS,CHAS, PD
11115 NEW HALLS FERRY RD
FLORISSANT 63033

GILDEA,EDWIN,FRANCIS, P
4940 AUDUBON BLVD
ST LOUIS 63110

GILDEA,MARGARET,C L, P
96 GARDINER RD
WOODS HOLE MA 02543

GILOEN,JEROME,J, ORS
4919 FOREST PARK BLVD
ST LOUIS 63108

GILPIN,DORIS,C WEISER, CHP
7452 AMHERST AVE
ST LOUIS 63130

GILULA,LOUIS,ARNOLD, DR
250 DIELMAN RD
ST LOUIS 63124

GIRAPARNONT,BANG-ORN, OBG
CHRISTIAN HOSP NORTHWEST
1225 GRAHAM RD
FLORISSANT 63031

GLADNEY,JOHN,HERSEL, OTO
100 N EUCLID AVE-STE 700
ST LOUIS 63108

GLINES,MICHAEL,H, PD
12660 LAMPLIGHTER SQ
ST LOUIS 63128

GNADE,ALBERT,JOS, GS
3606 GRAVOIS AVE
ST LOUIS 63116

GODINEZ,MARYE,HILDA D D, AN
BARNES HOSPITAL PLAZA
ST LOUIS 63110

GOEBEL,JOAN,MARY, AN
5128 JAMIESON
ST LOUIS 63119

GOELL,ROBT,S, OBG
100 N EUCLID
ST LOUIS 63108

GOLD,JONATHAN,ALAN, NS
11115 NEW HALLS FERRY ROAD
FLORISSANT 63033

GOLDFARB,ALVIN, GS
212 RONDELAY COURT
ST LOUIS 63141

GOLDGABER,ALBERTO, IM
1034 S BRENTWOOD
ST LOUIS 63117

GOLDMAN,ARNOLD,MILTON, IM
522 N NEW BALLAS RD
ST LOUIS 63141

GOLDMAN,MELVIN,LEONARD, IM
8631 DELMAR
ST LOUIS 63124

GOLDRING,DAVID, PDC
500 S KINGSHIGHWAY
ST LOUIS 63110

GOLDRING,SIDNEY, NS
660 S EUCLID
ST LOUIS 63110

GOLDSTEIN,MARCY,ALLEN, PS
P O BOX 1363
ROSS CA 94957

GORDON,JAMES,M, OPH
11155 DUNN RD
ST LOUIS 63136

GORLA,WAYNE,OLIVER, IM
330 NORTHLAND MED BLDG
ST LOUIS 63136

GOWLER,DOUGLAS,ROBT, CHP
3394 MC KELVEY RD STE 114
BRIDGETON 63044

GRAFF,RALPH,JOS, OS
P O BOX 14109
ST LOUIS 63177

GRANETO,JOS,ANTHONY, GP
5521 S BROADWAY
ST LOUIS 63111

GRANT,JOHN,MOSBY, IM
114 N TAYLOR AVE
ST LOUIS 63108

GRANT,NEVILLE, IM
114 N TAYLOR
ST LOUIS 63108

GRANT,SAML,BECKER, OS
114 N TAYLOR AVE
ST LOUIS 63108

GRAUL,WALTER,P, ORS
NORTHLAND MED BLDG
ST LOUIS 63136

GRAY,MARY,L, OBG
1310 S GRAND
ST LOUIS 63104

GREBEL,CLEMENT,BOVARD, IM
16 HAMPTON VILLAGE
ST LOUIS 63109

GREEN,MORTON,ROBT, OPH
301 W LINCOLN
BELLEVILLE IL 62220

GREEN,WM,RADFORD, FP
7200 MANCHESTER
ST LOUIS 63143

GREGORY,JOHN,GEARY, U
1325 S GRAND
ST LOUIS 63104

GRESICK,ROBT,JOS, PTH
11 COACH-N-FOUR
ST LOUIS 63131

GRIEGE,CHAS,WM, CD
493 ST FRANCOIS
FLORISSANT 63031

GRIGGS,JAMES,YOUNG, GS
7820 CARONDELET
ST LOUIS 63105

GRINDON,JOS,B, D
1035 BELLEVUE AVE
RICHMOND HEIGHTS 63117

GRUBB,ROBT,LEE, NS
BARNES HOSP NEUROSURGERY DEPT
ST LOUIS 63110

GUALBERTO,CRISANTO, GS
2601 N WHITTIER
ST LOUIS 63113

GUILLEN,DIOSDADA,T, PD
1421 N JEFFERSON
ST LOUIS 63113

GULICK, CHARLES R. OBG

GULICK,C,RICHARD, OBG
1034 S BRENTWOOD
ST LOUIS 63117

GUMMELS,BELMONT,B, GP
718 FLORENCE AVE
ST LOUIS 63119

GUNAWARDHANA,HEMACHANDRA,P, P
2100 MADISON
GRANITE CITY IL 62040

GUNN,WALTER,THOS, GP
4617 DAHLIA AVE
ST LOUIS 63116

GUZE,SAML,BARRY, P
4940 AUDUBON AVE
ST LOUIS 63110

HADDOCK,JAMES,NELSON, P
777 S NEW BALLAS RD
ST LOUIS 63141

HAFFNER,HEINZ,EMIL, GS
4989 BARNES HOSP PLAZA
ST LOUIS 63110

HAGAN,DANL,J, R
621 S NEW BALLAS RD
ST LOUIS 63141

HAGEBUSCH,OMER,ERNST, PTH
15201 OLIVE ST RD APT 370
CHESTERFIELD 63017

HALFORD,RICHARD, PS
1040 N MASON RD STE 109
ST LOUIS 63141

HALL,LEE,AKER, OBG
35 N CENTRAL AVE
CLAYTON 63105

HALL,PRESTON,CALDWELL, GP
1827 39TH ST
ST LOUIS 63110

HALL,ROBT,ANTOINE, FP
43 WASHINGTON TR
ST LOUIS 63112

HALL,WM,K, D
P O BOX 661
ST CHARLES 63301

HALLEY,R,HALIKIOPOULOS, U
11155 DUNN RD STE 203
ST LOUIS 63136

HALLORAN,MARK,JOS, IM
621 S NEW BALLAS RD STE 419
ST LOUIS 63141

HALVERSON,JOHN,DAVID, GS
4960 AUDUBON
ST LOUIS 63110

HAMILTON,CALDWELL,K, PD
11745 OLIVE ST RD
CREVE COEUR 63141

HAMILTON,EUGENE,GREEN, OBG
BELLEVUE BLDG-1035 BELLEVUE
ST LOUIS 63117

HAMILTON,WILLIAM,PATRICK, CD
615 S NEW BALLAS ROAD
ST LOUIS 63141

HAMMOND,DAVID,TODD, IM
114 N TAYLOR AVENUE
ST LOUIS 63108

HAMPTON,HENRY,EUGENE, GP
2345 PINE ST
ST LOUIS 63103

HAMPTON,STANLEY,F, A
6744 CLAYTON ROAD
ST LOUIS 63117

HANAWAY,JOS, N
BARNES HOSPITAL PLAZA
ST LOUIS 63110

HANES,LILY,A FARLEY P, TR
615 SOUTH NEW BALLAS ROAD
ST LOUIS 63141

HANKIN,NORMAN,MERLIN, PD
4233 SULPHUR AVE
ST LOUIS 63109

HANSEL,FRENCH,KELLER, A
515 TIMBERWYCK
ST LOUIS 63131

HANSER,THEODORE,H,
3555 SUNSET OFFICE DR
ST LOUIS 63127

HARDY,DAVID,ALMSTEDT, U
1035 BELLEVUE AVE
ST LOUIS 63117

HARDY,SAMUEL,W, IM
2821 N BALLAS
ST LOUIS 63131

HARELL,ALEX, ORS
8 MEDIC CTR 1040 MASON RD N
ST LOUIS 63141

HARFORD,CARL,G, OS
WASH U SCH MED-INT MED-BX 8051
ST LOUIS 63110

HARKINS,WM,BLAKE, OTO
1035 BELLEVUE AVE APT 417
ST LOUIS 63117

HARPER,FLEMING,BATES, GS
4989 BARNES HOSP PLAZA
ST LOUIS 63110

HARRISON,LEE,BULLEN, IM
44 RIDGEMOOR DR
CLAYTON 63105

HARRISON,RICHARD,L, P
9705 WATSON RD
CRESTWOOD 63126

HART,WILLIAM, OPH
660 SOUTH EUCLID
ST LOUIS 63110

HART,WILLIAM,G,
7559 FLETA
ST LOUIS 63123

HARTMAN,PAUL,TUPPER, P
1034 S BRENTWOOD BLVD
ST LOUIS 63117

HARTSTEIN,JACK, OPH
8631 DELMAR BLVD
ST LOUIS 63124

HARTWIG,JOHN,ADAM, GP
607 N GRAND BLVD
ST LOUIS 63103

HATFALVI,BELA,ISTVAN, AN
15 MIDDLESEX DR
ST LOUIS 63144

HAUN,RONALD,L, PD
1465 S GRAND
ST LOUIS 63104

HAWK,BRAY,ORA, GS
16 HAMPTON VILLAGE
ST LOUIS 63109

HAWKER,WM,DAVIS, OBG
77 WILLMORE RD
ST LOUIS 63109

HAWKINS,GEO,L, NS
5505 DELMAR AVE
ST LOUIS 63112

HAYEK,WESLEY,E, GS
11115 NEW HALLS FERRY RD
FLORISSANT 63033

HAYNES,JAMES,WM, PTH
135 W ADAMS
KIRKWOOD 63122

HAZAN,JOSEPH, OBG
2428 WOODSON
ST LOUIS 63114

HEADRICK,JOHN,ANDERSON, IM
11133 DUNN RD
ST LOUIS 63136

HEIN,PAUL,A, OPH
325 N KIRKWOOD
ST LOUIS 63122

HEINS,JAMES,NEIL, IM
631 E MONROE
ST LOUIS 63122

HELLWEG,RAYMOND,W, PD
3220 PARKER RD
FLORISSANT 63033

HENARES-LEVY,LOURDES, CHP
369 NORTH TAYLOR
ST LOUIS 63108

HENDERLITE,JOHN,WARREN, IM
5216 SALINAS VALLY RD
ST LOUIS 63126

HENGEN,H,E, GP
11223 ST CHARLES ROCK ROAD
BRIDGETON 63044

HENSCHEL,EUGENE,VICTOR, IM
55 BROADVIEW DR
ST LOUIS 63105

HER,KYU,SOOK, PO
1601 BEAUCAIRE DR
ST LOUIS 63122

HERMAN,MORRIS, ABS
3555 SUNSET OFFICE DR
ST LOUIS 63127

HERNANDEZ,SALVADOR,R, ORS
6500 CHIPPEWA AVE
ST LOUIS 63109

HERRON,ROBERT,T, IM
1325 S GRAND
ST LOUIS 63104

HERTEL,RONALD,C, ORS
35 N CENTRAL AVE
ST LOUIS 63105

HERZEN,ALEXANDER,TAYLOR, OPH
18 GIORGETTI BLVD
RUTLAND VT 05701

HESKER,ALBERT,ERWIN, R
2821 N BALLAS RD STE C-65
ST LOUIS 63131

HEUSLER,ANTON,FREDERICK, P
317 NORTHLAND MED BLDG
ST LOUIS 63136

HEUTEL,LEE,BEN, OM
7200 MANCHESTER
ST LOUIS 63143

HIATT,BARRY,ALAN, P
111 SOUTH MERAMEC AVE
ST LOUIS 63105

HICKEY,JAMES,LAMBERT, OBG
621 S NEW BALLAS RD
ST LOUIS 63141

HICKS,ROBT,STANLEY, P
777 S NEW BALLAS RD STE 234E
ST LOUIS 63141

HIGGINS,PHILIP,CORNELIUS, OBG
1 CLAYCHESTER
ST LOUIS 63131

HIGHTOWER,HARRY,GRAY, P
4524 FOREST PARK AVE
ST LOUIS 63108

HILBERT,PAUL,HERBERT, GP
2905 CHEROKEE ST
ST LOUIS 63118

HILDRETH,HOWARD,ROMMEL, OPH
1034 S BRENTWOOD STE 850
ST LOUIS 63117

HILGERS,THOS,WM, OBG
6420 CLAYTON RD
ST LOUIS 63117

HILL,XA,CADENE AVERYLLIS, GP
4067 DR MARTIN LUTHER KING DR
ST LOUIS 63113

HILLIARD,ALPHONSO,WM, GP
6826 NATURAL BRIDGE
ST LOUIS 63121

HILLMAN,RICHARD,EPHRAIM, PO
500 S KINGSHIGHWAY
ST LOUIS 63110

HIRONIMUS,JOHN,EDWARD, D
6651 CHIPPEWA ST-STE 207
ST LOUIS 63109

HIRSCH,JOHN,D, GS
216 S KINGSHIGHWAY
ST LOUIS 63110

HOEHN,JOHN,P, GS
12255 DE PAUL DR SUITE 730
BRIDGETON 63044

HOFFMANN,AUGUSTIN,D, IM
6222 DELOR
ST LOUIS 63109

HOFFMANN,RONALD,E, ORS
NORTHLAND MED BLDG
ST LOUIS 63136

HOFLING,CHAS,K, P
1221 S GRAND BLVD
ST LOUIS 63104

HOFSTATTER,LEOPOLD, P
768 GLEN VISTA DR
ST LOUIS 63122

HOGAN,CORNELIUS,EMMETT, IM
1615 S GRAND AVE
ST LOUIS 63104

HOGAN,JOHN,ROBT, IM
67 BERRY PARK RD
ST LOUIS 63122

HOGAN,PATRICK,A, N
1034 S BRENTWOOD
ST LOUIS 63117

HOGAN,PATRICK,COLM, OBG
10004 KENNERLY RD
ST LOUIS 63128

HOLBROOK,CHAS,K, OM
9901 DIAMOND DR
ST LOUIS 63137

HOLEKAMP,TIMOTHY, OPH
660 S EUCLID
ST LOUIS 63110

HOLEMON,R,EUGENE, P
2821 N BALLAS RD
ST LOUIS 63131

HOLLIDAY,CRAIG,
5210 A SALINAS VALLEY DR
ST LOUIS 63128

HOLLO,VENCEL,WM, GS
911 SOUTH BRENTWOOD
ST LOUIS 63105

HOLLOCHER,RICHARD,J, ORS
777 S NEW BALLAS RD
CREVE COEUR 63141

HOLSCHER,EDWARD,CHARLES, ORS
234 W JACKSON ROAD
WEBSTER GROVES 63119

HOLT,EARL,P, ORS
5505 DELMAR
ST LOUIS 63112

HOLT,WILLIAM,J, ORS
7137 CAMBRIDGE
ST LOUIS 63130

HOLT,WM,EDWARD, PYA
4524 FOREST PARK BLVD
ST LOUIS 63108

HOLTMANN,BARBEL, PS
4960 AUDUBON
ST LOUIS 63110

HOLTZ,ALAN,S, GS
12166 BIG BEND RD
KIRKWOOD 63122

HOOVER,BERNARD,LAURENCE, IM
3915 WATSON RD
ST LOUIS 63109

HORENSTEIN,SIMON, N
1221 S GRAND BLVD DEPT NEURO
ST LOUIS 63104

HORNER,JOHN,LINSCOTT, IM
615 GARLAND PL
ST LOUIS 63122

HORWITZ,IRWIN,B, ORS
4919 FOREST PARK AVE
ST LOUIS 63108

HOUSTON,VINCENT,T, GS
7820 CARONDELET AVE
ST LOUIS 63105

HOVADHANAKUL,PRAPHAT, OBG
1325 S GRAND
ST LOUIS 63104

HUANG,GEO, ORS
2940 SPRINGVALE WAY
CONCORD CA 94518

HUANG,SHIH, PD
660 SOUTH EUCLID
ST LOUIS 63110

HUCK,RICHARD,FELIX, IM
2821 N BALLAS
ST LOUIS 63131

HUGGINS,ALBERT,MATHEW, IM
6651 CHIPPEWA ST
ST LOUIS 63109

HUGHES,CHAS,PAUL, N
WASHINGTON UNIV DEPT-NEUR
ST LOUIS 63130

HULBERT,BERNARD, IM
8112 DELMAR BLVD
ST LOUIS 63130

HUMMEL,ANTON,J, OPH
5203 CHIPPEWA ST
ST LOUIS 63109

HUMMEL,WM,CARL, R
1924 MUIR WOODS
ST LOUIS 63131

HUNLETH,FRANK,EUGENE, OBG
6744 CLAYTON RD & BIG BEND
ST LOUIS 63117

HUTCHINSON,JAMES,H, IM
114 N TAYLOR AVE
ST LOUIS 63108

HUTCHINSON,WILLIAM, R
2821 N BALLAS RD
ST LOUIS 63131

HUTTO,HERMAN, OBG
100 N EUCLID AVE
ST LOUIS 63108

HWANG,KIU-WON, AN
1325 S GRAND
ST LOUIS 63104

HYMAN,ANNA, P
945 GLENWAY DR
ST LOUIS 63122

IKEDA,SHIGEMASA, AN
1325 S GRAND
ST LOUIS 63104

INMAN,MAX,MURRAY, IM
3915 WATSON RD
ST LOUIS 63109

IRVIN,WM,MARTIN, P
1035 BELLEVUE STE 202
ST LOUIS 63117

ISHIDA,YASUO, OBG
6744 CLAYTON RD
ST LOUIS 63117

ISHIZAWAR,YORCKAY,C, GS
2601 N WHITTIER
ST LOUIS 63113

ITTNER,GEO,W, IM
5505 DELMAR SUITE 310
ST LOUIS 63112

IWANE,AKIRA, AN
4989 BARNES HOSP PL
ST LOUIS 63110

JABLONSKI,RAYMOND,CHAS, R
3RD & 1ST CAPITOL
ST CHARLES 63301

JACOB,KARL,ADOLPH, NS
621 S NEW BALLAS RD
ST LOUIS 63141

JACOBS,CHAS,C, OTO
43 MUIRFIELD LN
ST LOUIS 63141

JAECKLE,RICHARD,GILBERT, CHP
777 S NEW BALLAS RD
ST LOUIS 63141

JAFFE,BERNARD,M, GS
4960 AUDUBON
ST LOUIS 63110

JANNEY,JAMES,G, IM
950 FRANCIS PL
CLAYTON 63105

JAROSEWYCZ,DEMETRIUS, P
VET ADMIN HOSP JEFFERSON BARR
ST LOUIS 63125

JAUDON,JOS,CABELL, PD
55 S GORE
ST LOUIS 63119

JEAN,J,TEO, IM
4989 BARNES HOSP PLAZA
ST LOUIS 63110

JEDD,JAMES,JERRY, AN
621 S NEW BALLAS
ST LOUIS 63141

JENNY,ARTHUR,B,
344 JEFFERSON RD
ST LOUIS 63119

JENSEN,JOSHUA,ERNEST, GS
11155 DUNN RD STE 208
ST LOUIS 63136

JHAM,MOHAN,N, DR
LAKE VIEW MEDICAL CENTER
812 N LOGAN ST
DANVILLE IL 61832

JOFFE,WM,STEVEN, OPH
211 N MERAMEC AVE
CLAYTON 63105

JOFTUS,MORRIS, RHU
4652 MARYLAND
ST LOUIS 63108

JOHNSON,CHAS,JULIUS, PS
1035 BELLEVUE
ST LOUIS 63117

JOHNSON,MITCHELL,O, GS
40 N FLORISSANT RD
FERGUSON 63135

JOHNSTON,GLEN,PAUL, OPH
QUEENY TOWER BLDG STE 5103
ST LOUIS 63110

JOHNSTONE,JOHN,T, IM
206 W ARGONNE
KIRKWOOD 63122

JONES,ANDREW,BLUCHER, N
RT 1
SODDY TN 37379

JONES,AUGUSTIN,
100 N EUCLID
ST LOUIS 63108

JONES,GREY, OBG
SAN PEDRO MONTES DE OCA A 346
SAN JOSE COSTA RICA 00100

JONES,JAMES,DAVID, BARNES HOSPITAL PLAZA ST LOUIS 63110	AN
JONES,JAMES,HENNESSY, 1035 BELLEVUE AVE ST LOUIS 63117	OPH
JONES,OTEY,SHERMAN, 3616 S BROADWAY ST LOUIS 63118	GP
JONES,RICHARD,ARTHUR, 777 S NEW BALLAS RD STE 223 ST LOUIS 63141	IM E
JORDAN,WALTER,ROBT, 112 REANIE DR CAMERON TX 76520	GP
JOSEPH,HAROLD,J, 828 CELLA RD ST LOUIS 63124	IM
JOSLYN,HAROLD,LEES, 634 N GRAND BLVD ST LOUIS 63103	GE
JOST,CHAS,AURELIUS, 11115 NEW HALLS FERRY RD FLORISSANT 63033	GP
JUDD,DONALD,RICHARD, 950 FRANCIS PL ST LOUIS 63105	TS
JUDY,JOS,DAVID, 11115 NEW WALLS FERRY RD FLORISSANT 63033	IM
JUERGENS,WM,GEO, 1034 S BRENTWOOD BLVD ST LOUIS 63117	IM
JULIEN,RENE, 7401 STATE EAST ST LOUIS IL 62203	GS
KAIRUZ,BARTOLOME,C, 3533 RITZ CENTER ST LOUIS 63125	GP
KAISER,GEO,CHAS, 1325 S GRAND BLVD ST LOUIS 63104	TS
KAMAKAS,NICHOLAS,C, 1245 GRAHAM RD FLORISSANT 63031	PD
KAMENETZKY,STEPHEN,ALLEN, 10945 PEM RD ST LOUIS 63141	OPH
KAMINSKI,DONALD,LEON, 1325 S GRAND BLVD ST LOUIS 63104	ABS
KAMINSKY,WATSON,WALTER, ST MARY'S HEALTH CENTER 6420 CLAYTON RD ST LOUIS 63117	GS
KANE,CLYDE,ERNEST, 6046 CLEMENS ST LOUIS 63112	GP
KANG,JUAN, ALLEN MEDICAL LABORATORIES TOWN & COUNTRY MEDICAL BLDG 2821 NORTH BALLAS RD ST LOUIS 63131	PTH
KANG,YOUNG,MOO, P O BOX 725 214 MAIN ST WEST PLAINS 65775	GS
KAO,MING-SHIAN, 4911 BARNES HOSP PLAZA ST LOUIS 63110	OBG
KAPLAN,ALEX,H, 4524 FOREST PARK BLVD ST LOUIS 63108	PYA
KAPPESSER,NETAJEAN,GRACE, 55 FAIR OAKS DR ST LOUIS 63124	GP
KAPPESSER,ROLAND,C, 55 FAIR OAKS ST LOUIS 63124	AN
KARANDJEFF,APOSTLE,D, 1035 BELLEVUE AVE RM 313 ST LOUIS 63117	OTO
KARIS,ROBT,GEO, 601 S BRENTWOOD ST LOUIS 63105	N
KARL,MICHAEL,MEYER, 4652 MARYLAND AVE ST LOUIS 63108	IM
KASKIE,CLIFFORD,R, 621 S NEW BALLAS RD ST LOUIS 63141	OBG
KASS,MICHAEL,ALLEN, 660 S EUCLID ST LOUIS 63110	OPH
KAUFMAN,KENNETH,ROLAND, 4940 AUDUBON ST LOUIS 63110	P
KAUFMAN,ROBT,LIONEL, 100 N EUCLID STE 808 ST LOUIS 63108	OS
KAYES,JACK, 211 N MERAMEC ST LOUIS 63105	OPH
KEATING,JAMES,PETER, 500 S KINGSHIGHWAY ST LOUIS 63110	GE
KEENOY,JOHN,J, 6405 DEVONSHIRE ST LOUIS 63109	GS
KEFFLER,KARL,LEOPOLD, 7306 WISE AVE ST LOUIS 63117	GP
KELLER,DAVID,WALTER, 4911 BARNES HOSP PLAZA ST LOUIS 63110	OBG
KELLER,LOUIS, 950 FRANCIS PL RM 305 CLAYTON 63105	D
KELLER,MAURICE,JOS, 9049 CLAYTON RD ST LOUIS 63117	PD
KELLETT,JOHN,GRAMANN, 243 KENORA CT WEBSTER GROVES 63119	GP
KELLEY,ROBT,WILSON, 1034 S BRENTWOOD ST LOUIS 63117	IM
KELLY,JOHN,JOS, 114 N TAYLOR ST LOUIS 63108	IM
KELLY,R,EMMET, 819 LOCUST ST ST LOUIS 63101	OM
KELLY,WILLIAM,A, 1221 S GRAND ST LOUIS 63104	P
KELTNER,RAYMOND,MARION, 1325 S GRAND ST LOUIS 63104	GS
KENDIG,JOHN,HOWARD, 5505 DELMAR BLVD-RM 509 ST LOUIS 63112	NS
KERR,DAVID,NAFE, 1755 S GRAND BLVD ST LOUIS 63104	IM
KEYES,E,LAWRENCE, 900 S HANLEY RD ST LOUIS 63105	GS
KHAN,ABDUL,RAOOF, 9730 E WATSON RD ST LOUIS 63126	PD
KHODADOUST,KAVOUS, 1606 GRATTAN ST LOUIS 63104	PTH
KIEFFER,VICTOR,B, 325 N KIRKWOOD RD KIRKWOOD 63122	GS
KIENZLE,EDWARD, 4075 S GRAND ST LOUIS 63118	FP
KILLEBREW,DAVID,S, BARNES HOSP PLAZA ST LOUIS 63110	OTO
KILO,CHAS, 777 S NEW BALLAS RD ST LOUIS 63141	IM
KIM,CHUNG,KI, 451 HAMMERSMITH ST LOUIS 63141	OBG
KIM,JONG,KU, 1755 S GRAND ST LOUIS 63104	GS
KIM,STANLEY,W, 777 S NEW BALLAS ST LOUIS 63141	R
KING,FRANCIS,C, 9929 MANCHESTER RD KIRKWOOD 63122	GP
KING,JAMES,PATRICK, 4211 BAYLESS RD AFFTON 63123	PD
KING,JOHN,VINCENT, 615 S NEW BALLAS RD ST LOUIS 63131	FP
KING,JOHN,VINCENT, 1207 FOXVIEW TERR MANCHESTER 63011	IM
KING,LARRY,P, 6420 CLAYTON ST LOUIS 63117	IM
KING,MORRIS,K, 660 S EUCLID ST LOUIS 63110	IM
KINSELLA,EDWARD,DOWNEY, 1035 BELLEVUE RICHMOND HEIGHTS 63117	GE
KINSELLA,PETER,W, 1035 BELLEVUE ST LOUIS 63117	IM
KINSELLA,RALPH,A, 6305 WESTMINSTER PL ST LOUIS 63130	IM
KIRSTEIN,MELVIN,B, 4910 FOREST PARK BLVD RM 320 ST LOUIS 63108	IM
KISSANE,JOHN,M, WASHINGTON U SCH MED ST LOUIS 63110	PTH
KISTLER,WALTER,D, SUITE 113 MED W BLDG 950 FRANCIS PLACE CLAYTON 63105	CD
KISTNER,WM,F, 621 S NEW BALLAS RD ST LOUIS 63141	PUD
KLEIN,ADELBERT,H, 8 DEACON DR ST LOUIS 63131	GP

KLEIN,ARNOLD,GEO, GP
2632 S KINGSHIGHWAY BLVD
ST LOUIS 63139

KLEIN,SAUL,JOSHUA, U
456 N NEW BALLAS RD STE 348
ST LOUIS 63141

KLEINSCHMIDT,CLINTON,C, PM
7624 MARYLAND
ST LOUIS 63105

KLENK,CHAS,LEONARD, PTH
5927 SUSON PL
ST LOUIS 63139

KLINGE,FREDERICK,W, GS
6651 CHIPPEWA ST
ST LOUIS 63109

KLIPPEL,BERNHARDT,WM, GS
6651 CHIPPEWA
ST LOUIS 63109

KLOECKER,RICHARD,JOS, GS
SUITE 512 500 NORTHWEST PLAZA
ST ANN 63074

KLOECKER,ROBT,PIERCE, OBG
9616 LACKLAND RD
ST LOUIS 63114

KLUZAK,THOMAS,R, OBG
615 S NEW BALLAS
ST LOUIS 63141

KNEAL,ELLSWORTH, PD
725 S SKINKER BLVD
ST LOUIS 63105

KNIGHT,WM,ALLEN, GE
1035 BELLEVUE
ST LOUIS 63117

KNOPF,HARRY,LOUIS SAFIR, OPH
211 N MERAMEC ST
CLAYTON 63105

KNOTTS,DONALD,R, IM
3276 JANUARY
ST LOUIS 63139

KNOWLES,ROBT,RAYMOND, P
1034 SOUTH BRENTWOOD BLVD
ST LOUIS 63117

KNOWLTON,NORMAN,P, IM
14 OAKLEIGH LN
ST LOUIS 63124

KODNER,IRA,JOE, CRS
4919 FOREST PARK
ST LOUIS 63108

KOEHLER,GEO,ALVIN, IM
777 S NEW BALLAS RD
ST LOUIS 63141

KOENIG,MARVIN,IRWIN, OPH
11115 NEW HALLS FERRY RD
FLORISSANT 63033

KOHLER,LOUIS,HIRSH, P
100 N EUCLID AVE
ST LOUIS 63108

KOLKER,ALLAN,ERWIN, OPH
660 S EUCLID AVE
ST LOUIS 63110

KOLODNY,ROBT,CHAS, END
4910 FOREST PARK BLVD
ST LOUIS 63108

KOPMAN,ERCUMENT,AHMET, AN
BARNES HOSP
ST LOUIS 63110

KOPP,LEONARD,JOS, GP
360 LADUEMONT DR
ST LOUIS 63141

KORN,ROBT,L, PD
522 N NEW BALLAS
ST LOUIS 63141

KOTNER,LAWRENCE,MELVIN, IM
10358 CHIMNEY ROCK
ST LOUIS 63141

KOVAC,S,ROBT, OBG
777 S NEW BALLAS RD
ST LOUIS 63141

KOWERT,EDWARD,HARRY, P
100 N EUCLID ST
ST LOUIS 63108

KRAEGER,RUSSELL,R, TS
950 FRANCIS PL
ST LOUIS 63105

KRAETSCH,ROBERT,E, HEM
1034 S BRENTWOOD
ST LOUIS 63117

KRAMER,FRED, IM
1035 BELLEVUE
ST LOUIS 63117

KRANER,JUSTIN,F, OBG
8515 DELMAR
ST LOUIS 63124

KRAUS,FREDERICK,THIER, PTH
ST JOHN'S MERCY MED CTR-PATH
ST LOUIS 63141

KRAUSE,GEO,LYNN, GS
9740 LITZSINGER RD
ST LOUIS 63124

KREBS,JOS,MARTIN, OBG
2821 N BALLAS RD
ST LOUIS 63131

KRISHNASAMY,BHARATH, R
2041 GEORGIA NW
WASHINGTON DC 20006

KROEGER,GEO,BALDWIN, OTO
621 S NEW BALLAS RD
ST LOUIS 63141

KROJANKER,ROLF,J, P
6651 CHIPPEWA
ST LOUIS 63109

KROMER,CHAS,JOS, IM
9101 APPOMATTOX CT
ST LOUIS 63123

KRONEMER,NORTON,STANLEY, PD
12660 LAMPLIGHTER SQUARE
ST LOUIS 63128

KRUPIN,BARBARA,ARNOLD, AN
JEWISH HOSP OF ST LOUIS
216 S KINGSHIGHWAY
ST LOUIS 63110

KRUPIN,THEODORE, OPH
660 S EUCLID
ST LOUIS 63110

KUCZER,ARNOLDO, OTO
4511 FOREST PARK
ST LOUIS 63108

KUEBRICH,THOS,C, GP
111 CHURCH ST
FERGUSON 63135

KUHLMAN,RALPH,FREDRICK, IM
1034 S BRENTWOOD BLVD
ST LOUIS 63117

KUHLMAN,ROBERT,E, ORS
4989 BARNES HOSP PLAZA
ST LOUIS 63110

KUHN,NOBUKO,OBAYASHI, IM
6951 DELMAR BLVD
ST LOUIS 63130

KULAK,GARY, P
621 S NEW BALLAS
ST LOUIS 63141

KULKAMTHORN,SIRIPORN, PM
VA HOSPITAL
ST LOUIS 63125

KULKAMTHORN,SRIPATT, GS
1225 GRAHAM
FLORISSANT 63031

KUMAR,HANUMANTHU, OPH
2601 N WHITTIER
ST LOUIS 63113

KUNAWONGSA,NIT, PD
1515 LAFAYETTE AVE
ST LOUIS 63104

KUNZ,HAROLD,GEO, R
100 N EUCLID
ST LOUIS 63108

KUSAMA,HARUO, CHP
1420 GRATTAN
ST LOUIS 63104

KUTRYB,WALTER,J, IM
11115 NEW HALLS FERRY RD
FLORISSANT 63033

KUYAKANON,WEERAPAN, OBG
216 S KINGSHIGHWAY
ST LOUIS 63110

L'ECUYER,JEROME,LYNN, PD
9313 MANCHESTER RD
ST LOUIS 63119

LA DRIERE,RAYMOND,JOS, PD
450 CHESTERFIELD CENTER
CHESTERFIELD 63017

LA FERRIERE,KEITH, OTO
517 S EUCLID
ST LOUIS 63110

LACSON,LETICIA,DIMALANTA, P
254 PENWOOD CT
CHESTERFIELD 63017

LACY,PAUL,ESTON, PTH
WASHINGTON U SCH MED
ST LOUIS 63110

LADD,CHAS,B, GP
1501 LOCUST
ST LOUIS 63108

LAKS,HILLEL, GS
YALE U MED SCH DEPT SURG
NEW HAVEN CT 06510

LAM,ERNESTO,S, GS
142 E LOCKWOOD
ST LOUIS 63119

LAMB,WANDA, P
777 SOUTH NEW BALLAS RD
ST LOUIS 63141

LAMPROS,WM,PETER, OTO
1035 BELLEVUE
ST LOUIS 63117

LANDAU,WM,MILTON, N
640 S KINGSHIGHWAY
ST LOUIS 63110

LANDRY,J,HUBERT, R
2821 N BALLAS RD
ST LOUIS 63131

LANDY,RICHARD, PTH
6150 OAKLAND
ST LOUIS 63139

LANE,CLINTON,WELSH, D
950 FRANCIS PL
ST LOUIS 63105

LANE,DANL,KERNS, D
950 FRANCIS PL
ST LOUIS 63105

LANG,JOHN,JOS, R
507 FAIRWAYS CIRCLE
ST LOUIS 63141

LANGE,ADOLPH,CHAS, OPH
607 N GRAND BLVD
ST LOUIS 63103

LANGENBACH,ALFRED,M, GP
10012 WOODLAWN
ST LOUIS 63124

LANGLOIS,PAUL,JOS, U
10007 KENNERLY RD
ST LOUIS 63128

LANIER,EARL,W, GP
2386 NORTH HWY 67
FLORISSANT 63033

LANSANGAN,ISAIAS,PENA, IM
BOX 796 E
ARNOLD 63010

LAROCCA,FELIX,FRANCISCO,
18 WEST POINT LANE
ST LOUIS 63131

LARSEN,KENNETH,V, OBG
220 NORTHLAND MED BLDG
ST LOUIS 63136

LARSEN,VIRGINIA,LAWRENCE, PD
5700 ARSENAL ST
ST LOUIS 63139

LARSON,PAUL,U, IM
3654 S GRAND BLVD
ST LOUIS 63118

LATTINVILLE,HENRY,ELMER, NS
12255 DEL PAUL DR SUITE 830
BRIDGETON 63044

LAU,LUIS, P
1467 REAUVILLE DR-WARSON WOODS
ST LOUIS 63122

LAUER,JOHN,DONALD, R
555 HIGH MEADOW RD
ST LOUIS 63131

LAUX,FRANCE,ALBERT, PTH
2821 NORTH NEW BALLAS
ST LOUIS 63131

LAWRENCE,GEO,H, N
7301 ST CHARLES ROCK RD
ST LOUIS 63133

LAWTON,JOHN,T, IM
522 NORTH NEW BALLAS RD
ST LOUIS 63141

LE BLANC,LEO,J, CRS
621 S NEW BALLAS RD
ST LOUIS 63141

LEACH,WILFRED, OTO
3644 VISTA AVE
ST LOUIS 63110

LEAHY,JOHN,G, GS
621 SOUTH NEW BALLAS
ST LOUIS 63141

LEARY,DANL,JOS, R
615 S NEW BALLAS RD
ST LOUIS 63141

LEE,DUK,SUNG, AN
287 GLEN VALLEY DR
CHESTERFIELD 63017

LEE,FRANSISKA,ANN, TR
510 S KINGSHIGHWAY
ST LOUIS 63110

LEE,JONG,DOO,
511 NORTH PROMENADE
HAVANA IL 62644

LEIGHTNER,WM,FRED, IM
550 BEDFORD AVE
ST LOUIS 63130

LENOBEL,MILTON,I, ORS
16 GRANADA WAY
ST LOUIS 63124

LENOBEL,ROBERT,S, R
140 GAY AVE
ST LOUIS 63105

LEONE,CHERYL, PTH
3015 N BALLAS
ST LOUIS 63131

LEONE,PHILIP,GEO, PTH
601 S BRENTWOOD
ST LOUIS 63105

LEPLEY,CHARLES, IM
P O BOX 8010
ST LOUIS 63156

LEPLEY,ROSALYN, FP
1322 NIEDERINGHAUS
GRANITE CITY IL 62040

LERWICK,EVERETT,ROGER, GS
2821 BALLAS RD N
ST LOUIS 63131

LEVITT,JOS, CD
8515 DELMAR BLVD
ST LOUIS 63124

LEVITT,ROBT,GORDON, DR
510 S KINGSHIGHWAY
ST LOUIS 63110

LEVY,IRWIN, N
BARNES HOSP PLAZA STE 5108
ST LOUIS 63110

LEVY,JEROME,FRED, GS
4989 BARNES HOSP PLAZA
ST LOUIS 63110

LEVY,MORTON,ALLAN, HEM
522 N NEW BALLAS RD
CREVE COEUR 63141

LEWIS,CHAS,RICHARD, FP
11155 DUNN RD-STE 213
ST LOUIS 63136

LEWIS,DAVID, OBG
522 NORTH NEW BALLAS
ST LOUIS 63141

LEWIS,JAMES,E, PDS
1401 S GRAND BLVD GLENNON HALL
ST LOUIS 63104

LEYDIG,STANLEY,M, ORS
16 HAMPTON VILLAGE PLAZA
ST LOUIS 63109

LIANG,HOWARD,S, AN
1429 REAUVILLE DR
ST LOUIS 63122

LIAO,KUN,TWU, PTH
11636 ADMINISTRATION DR
ST LOUIS 63141

LIEB,FRANCIS,XAVIER, PD
621 S NEW BALLAS RD
ST LOUIS 63141

LIEBERMAN,DAVID,M, IM
4989 BARNES HOSP PLAZA
ST LOUIS 63110

LILLY,DOUGLAS,R, NM
621 SOUTH NEW BALLAS RD
ST LOUIS 63141

LIM,IL,TAIK, AN
1325 S GRAND
ST LOUIS 63104

LIMPATARMONKOL,PIEMSAKDI, CBG
216 S KINGHSIHGWAY BLVD
ST LOUIS 63110

LIN,TAI,SUN, OBG
3100 STATE ST APT G-38
QUINCY IL 62301

LINDEMAN,CARL,HENRY, GP
52 MARYLAND PLAZA
ST LOUIS 63108

LINDEMAN,JOHN,FRANCIS, NM
402 CLAYMONT
BALLWIN 63011

LINK,ALEXANDER,J, R
2821 N BALLAS ROAD
ST LOUIS 63131

LIPSITZ,ELLIS,SIGMUND, IM
4511 FOREST PARK
ST LOUIS 63108

LISCHER,CARL,E, GS
27 BRIARCLIFF ST
ST LOUIS 63124

LITTLE,MONROE,HENRY, GP
7830 BLACKBERRY AVE
ST LOUIS 63130

LITTMANN,LEWIS,E, IM
665 S SKINKER BLVD
ST LOUIS 63105

LOEB,VIRGIL, ND
4989 BARNES HOSP PLAZA
ST LOUIS 63110

LOEFFEL,ELLEN,SHATTUCK, GYN
3654 SO GRAND
ST LOUIS 63118

LOGIE,MAC,DONALD BRUCE, R
100 N EUCLID AVE
ST LOUIS 63108

LOITMAN,BERNARD,S, R
10 WASHINGTON TERR
ST LOUIS 63112

LONDE,ALAN,MERLE, GS
1040 N MASON RD
ST LOUIS 63141

LONDE,SOL, PD
4400 LINDELL APT 48
ST LOUIS 63108

LONDON,STANLEY,L, GS
4919 FOREST PARK AVE
ST LOUIS 63108

LONERGAN,WARREN,M, IM
4910 FOREST PARK AVE
ST LOUIS 63108

LONG,FRANK,BARNES, OBG
1034 S BRENTWOOD BLVD
ST LOUIS 63117

LONSWAY,MAURICE,J, PD
8025 DALE AVE
ST LOUIS 63117

LONSWAY,MAURICE,JULIUS, PD
8025 DALE AVE
ST LOUIS 63117

LOPPICCOLO,VINCENT,J, IM
1913 MARCONI AVE
ST LOUIS 63110

LOPPICCOLO,VINCENT,J, PD
2821 N BALLAS RD
ST LOUIS 63131

LOTTES,J,OTTO, ORS
6434 CHIPPEWA ST
ST LOUIS 63109

LOWENSTEIN,PAUL,S, GS
18 S KINGSHIGHWAY BLVD
ST LOUIS 63108

LOYND,ROBT,CHRISTOPHER, OTO
950 FRANCIS PLACE
CLAYTON 63105

LUCAS,GEORGE,E, AN
6420 CLAYTON ROAD
ST LOUIS 63117

LUCIDO,JOSEPH,L, CD
1035 BELLEVUE AVE
ST LOUIS 63117

LUEDDE,PHILIP,S, OPH
4424 HAMPTON AVE
ST LOUIS 63109

LUGO,SAML, GS
3125 LEMAY FERRY RD
ST LOUIS 63125

LUH,ANDREW,M, ORS
4110 VON TALGE RD
ST LOUIS 63128

LUM,JON,TEK, P
9378 OLIVE BLVD STE 215
ST LOUIS 63132

LUTZ,MARTIN,HENRY, OM
31 AYLESBURY DR
ST LOUIS 63132

LYMAN,EDWARD,H, OTO
950 FRANCIS PL
ST LOUIS 63105

LYNXWILER,CHESTER,PAUL, PD
3880 FEDERER PLACE
ST LOUIS 63116

LYTTLE,GARNET,CRAWFORD, OS
665 S SKINKER BLVD
ST LOUIS 63105

MAC DONALD,ROBT,R, R
621 S NEW BALLAS RD
ST LOUIS 63141

MACDONALD,WM,CHAS, IM
6744 CLAYTON RD
ST LOUIS 63117

MACHEK,OTAKAR, PM
6744 CLAYTON RD
ST LOUIS 63117

MACNISH,JAMES,MARTIN, U
4919 FOREST PARK
ST LOUIS 63108

MADDIPATI,SREEDEZI, AN
1325 SOTH GRAND
ST LOUIS 63104

MADRID,DOMINADOR,O, GS
11727 DOVER HILL DR
ST LOUIS 63128

MAGINN,R,REILLY, GS
911 S BRENTWOOD
ST LOUIS 63105

MAHER,THOS,FRANCIS, R
621 S NEW BALLAS RD
ST LOUIS 63141

MALIK,SARFRAZ,A, IM
7434 GRANT VILLAGE DRIVE
ST LOUIS 63123

MALONEY,ROBT,MICHAEL, U
12 BRIDLE LANE
ST LOUIS 63131

MAMINTA,NAPOLEON,SIM, PTH
2284 WHITBEY RD
CHESTERFIELD 63017

MANANSALA,ANTONIO,QUITO, GP
13335 CONWAY RD
ST LOUIS 63141

MANES-MARTINEZ,JOSE, PTH
5505 DELMAR
ST LOUIS 63112

MANGANARO,FRANK,JOS, IM
1520 S BRENTWOOD
ST LOUIS 63144

MANION,MARIA,ELENA, CHP
1000 WATSON ROAD
CRESTWOOD 63126

MANION,PETER,JOHN, PD
3917 BRANNON AVE
ST LOUIS 63109

MANLEY,CHAS,BENTON, U
449 SHERWOOD DR
ST LOUIS 63119

MANN,ELIZABETH,M DANKER, P
11 SOUTH MERAMEC
ST LOUIS 63105

MANSKE,PAUL,R, ORS
4960 AUDUBON
ST LOUIS 63110

MANTOVANI,JOHN,F, PD
6104 HEEGE RD
ST LOUIS 63123

MARANAN,DIOSDADO,L, EM
4792 VERMILLION DR
ST LOUIS 63128

MARCHOSKY-KOGAN,JOSE,A, NS
1507 CERULEAN DRIVE
ST LOUIS 63141

MARTEL,DOMINIQUE,J A, AN
7344 PRINCETON AVE
ST LOUIS 63130

MARTIN,DANL,JOS, OBG
500 NORTHWEST PLAZA
ST ANN 63074

MARTIN,DAVID,STUART, R
2040 YALE
ST LOUIS 63143

MARTIN,JAMES,MAURICE, R
RT #4 COVE LANE
LAKE SERENE
HATTIESBURG MS 39401

MARTIN,JOHN,BARLOW, OBG
9918 WARSHIRE DR
ST LOUIS 63132

MARTIN,THOS,FRANCIS, IM
ST ELIZABETH HOSP
GRANITE CITY IL 62040

MARTINEZ,ARMANDO,IVAN, ORS
2601 NORTH WHITTIER
ST LOUIS 63113

MARTIREZ,EMMANUEL, R
616 GARDEN LEAF
BALLWIN 63011

MASSIE,EDWARD, CD
9806 LITZSINGER ROAD
ST LOUIS 63124

MASTERS,WM,HOWELL, OS
4910 FOREST PARK BLDG
ST LOUIS 63108

MATHEW,MALEAKAL,S, CHP
1274 ROGUE RIVER CT
CHESTERFIELD 63017

MATTHEWS,JOHN,GERARD, IM
3707 WATSON RD
ST LOUIS 63109

MAUGHS,SYDNEY,BROWN, P
1034 S BRENTWOOD BLVD STE 1160
ST LOUIS 63117

MAX,PAUL,FRANKLIN, OBG
950 FRANCIS PL
CLAYTON 63105

MAYFIELD,WM,ROSS, IM
621 S NEW BALLAS RD
ST LOUIS 63141

MAYUGA,EDGARDO,G, AN
10010 KENNERLY RD
ST LOUIS 63128

MC ADAM,CHAS,RUSH, GP
7516 FLORISSANT RD
ST LOUIS 63121

MC AFEE,CHESTER,ALAN, GS
5505 DELMAR BLVD RM 300
ST LOUIS 63112

MC ALISTER,WM,HERBERT, DR
510 S KINGSHIGHWAY
ST LOUIS 63110

MC CARTHY,JOHN,M, IM
1035 BELLEVUE AVE
ST LOUIS 63117

MC CARTY,MICHAEL, PTH
216 SOUTH KINGSHIGHWAY
ST LOUIS 63110

MC CAUGHAN,JOHN,MILTON, GS
4605 LINDELL BLVD
ST LOUIS 63108

MC CLOSKEY,ROBT,B, OTO
6651 CHIPPEWA
ST LOUIS 63109

MC CLURE,JAMES,N, P
6327 WESTMINSTER PL
UNIVERSITY CITY 63130

MC CONNELL,ROBT,GERALD, ORS
2019 FAIRVIEW E #1
SEATTLE WA 98102

MC COOL,JAMES,FRANCIS, IM
3915 WATSON RD
ST LOUIS 63109

MC COOL,STANLEY, IM
VETERANS ADMINISTRATION HOSP
JEFFERSON BARRACKS
ST LOUIS 63125

MC CORMICK,JOHN,ROBT, CDS
UNIV HOS 75 E NEWTON ST
BOSTON MA 02118

MC COWN,ALLAN,HARDY, R
9801 LOG CABIN CT
ST LOUIS 63124

MC DONOUGH,JOHN, IM
5203 CHIPPEWA
ST LOUIS 63109

MC ELFRESH,ARTHUR, PD
1465 S GRAND BLVD
ST LOUIS 63104

MC FADDEN,JAMES, GS
141 N MERAMEC AVE
ST LOUIS 63105

MC GINNIS,BYRON,JAMES, CD
1140 FORDER RD
ST LOUIS 63129

MC GOWAN,MARK, IM
216 S KINGSHIGHWAY BLVD
ST LOUIS 63110

MC KINNEY,JOE,KENT, P
777 S NEW BALLAS RD-STE 234E
ST LOUIS 63141

MC LAUGHLIN,KATHLEEN,S W, PTH
1824 TOPPING RD
ST LOUIS 63131

MC NAMARA,JOHN,J, R
21 BERKSHIRE
RICHMOND HEIGHTS 63117

MC SWINEY,JOHN,GILBERT, GP
10 ADAMS ST
FERGUSON 63135

MEHAN,DONALD,J, U
1035 BELLEVUE
ST LOUIS 63117

MEHRA,RAVINDER,BAIJNATH, CD
10000 WASTOSN STE P
CRESTWOOD 63126

MEHRA,USHA, OBG
10000 HIGHWAY 366
CRESTWOOD 63126

MEINBERG,WM,HENRY, OPH
906 OLIVE ST
ST LOUIS 63101

MEINERS,PAUL,NEWELL, GS
12255 DE PAUL DR
SUITE 240
BRIDGETON 63044

MEINERS,THEODORE,M, OBG
6235 WATERMEN
ST LOUIS 63130

MELICK,WM,FRANK, U
1035 BELLEVUE AVE
ST LOUIS 63117

MELL,ROGER,LEE, ORS
35 NO CENTRAL
ST LOUIS 63105

MELSON,GLENN,LELAND, DR
510 S KINGSHIGHWAY
ST LOUIS 63110

MENDELSOHN,GEORGE, NS
5505 DELMAR
ST LOUIS 63112

MENDELSOHN,ROBT,SIMON, IM
522 NORTH NEW BALLAS
ST LOUIS 63141

MENDEZ,MANUEL, P
6424 SOUTHLAND AVE
ST LOUIS 63109

MENDONSA,LAWRENCE,E, OBG
9811 W FLORISSANT BLVD
ST LOUIS 63136

MENENDEZ,MANUEL, PTH
15189 ISLEVIEW DR
BALLWIN 63011

MERCADO,RAUL, TR
1325 S GRAND
ST LOUIS 63104

MERENDA,SAM,JOHN, R
6651 CHIPPEWA
ST LOUIS 63109

MESTRES,HUGH,MICHAEL, PD
12660 LAMPLIGHTER SQ
ST LOUIS 63128

METZ,CHAS,OLIVER, GP
6459 DEVONSHIRE AVE
ST LOUIS 63109

MEYER,HERMAN,M, IM
6215 PERSHING AVE
ST LOUIS 63130

MEYER,JOHN,STRAUCH, CLP
216 SOUTH KINGSHIGHWAY
ST LOUIS 63110

MEYER,MELVIN,EUGENE, OPH
4424 HAMPTON ST
ST LOUIS 63109

MEYERS,ELSIE,E FLINT, AN
6364 ALEXANDER DR
CLAYTON 63105

MEYERS,JERRY,RICHARD, GS
4511 FOREST PARK AVE
ST LOUIS 63108

MEYERS,JOHN,BOYD, IM
120 NORTH FORSYTH BLVD
CLAYTON 63105

MEYERS,ROBT,W, PYA
4524 FOREST PK BLVD
ST LOUIS 63108

MICHAEL,KENNETH,DONALD, P
777 S NEW BALLAS RD STE 324 W
ST LOUIS 63141

MICHAEL,VERNON,EARL, GP
812 OLIVE ST
ST LOUIS 63101

MICHAELREE,JOHN,FRANCIS, GP
9705 HIGHWAY 66
CRESTWOOD 63126

MIER,THOS,MATTHEW, OBG
1035 BELLEVUE
ST LOUIS 63117

MILES,WAYNE,B, A
2850 W CLAY
ST CHARLES 63301

MILL,WM,B JR, TR
510 S KINGS HGWY
ST LOUIS 63110

MILLER,CHARLES, D
10004 KENNERLY RD
ST LOUIS 63128

MILLER,EDWARD,J, IM
522 N NEW BALLAS STE 349
ST LOUIS 63141

MILLER,GEOFFREY,WM, R
4511 FOREST PARK BLVD
ST LOUIS 63108

MILLER,JAMES,E, OPH
ST LOUIS CHILDRENS HOSP
ST LOUIS 63110

MILLER,JAMES,ROLLAND, PTH
99 TRENT DR
ST LOUIS 63124

MILLER,JULE,P, PYA
4524 FOREST PARK BLVD
ST LOUIS 63108

MILLER,NORMAN,C, GP
5006 THOLOZAN
ST LOUIS 63109

MILLER,ROBT,NICHOLAS, AN
ST JOHNS MERCY MED CTR-ANES
ST LOUIS 63141

MILLER,WILLAIM, R
510 S KINGSHIGHWAY BLVD
ST LOUIS 63109

MILLER,WM,VENCILL, CLP
4050 LINDELL BLVD
ST LOUIS 63108

MILSTEAD,KENNETH,L, AN
4817 DORSET AVE
CHEVY CHASE MD 20015

MILSTER,CLYDE,ROGERS, OPH
906 OLIVE ST
ST LOUIS 63101

MIRBAHA,MITCHELL,M, ORS
4110 VON TALGE RD
ST LOUIS 63128

MISHKIN,MARVIN,R, ORS
522 N NEW BALLAS RD
ST LOUIS 63141

MISKOVSKY,EMIL,FREDERICK, IM
12255 DEPAUL DR
BRIDGETON 63044

MISSEY,WILBURN,C, CD
621 S NEW BALLAS RD
ST LOUIS 63141

MISTRY,TEHMTON,SHIAVUX, OBG
35 N CENTRAL
ST LOUIS 63105

MITCHELL,EUGENE,N, GS
3737 NORTH KINGSHIGHWAY BLVD
ST LOUIS 63115

MITHEN,FRANCIS,ANDREW, OS
3877 MARIETTA
ST LOUIS 63121

MODJTEHEDY,MOHAMMAD,H, GS
HOMER G PHILLIPS HOSP-SURG
ST LOUIS 63113

MOELLER,FRANK,DELBERT, OBG
777 SO NEW BALLAS RD
ST LOUIS 63141

MOMTAZEE,SAM, OBG
3654 S GRAND BLVD
ST LOUIS 63118

MONAFO,WM,WINTHROP, GS
615 S NEW BALLAS RD
ST LOUIS 63141

MONTANI,CHAS, GP
5147 DAGGETT AVE
ST LOUIS 63110

MONTGOMERY,AUSTIN,F, IM
2821 NORTH BALLAS RD
ST LOUIS 63131

MONTGOMERY,GORDON,JAMES, OPH
2601 N WHITTIER
ST LOUIS 63113

MOOLSINTONG,PORNCHAI, R
7029 CREEKVIEW TRAIL
ST LOUIS 63123

MOORE,ALVA, IM
2814 N TAYLOR ST
ST LOUIS 63115

MORALES,JULIO, CHP
369 N TAYLOR
ST LOUIS 63108

MORAN,THOS,MICHAEL, P
1221 S GRAND BLVD
ST LOUIS 63104

MORGAN,HARRY,C, ORS
515 TECUMSEH
ST LOUIS 63141

MORGAN,STEPHAN,SHANE, OPH
16 HAMPTON VILLAGE PLAZA
ST LOUIS 63109

MORITZ,GERALD, OTO
1125 GRAHAM RD
FLORISSANT 63031

MORRIN,KEVIN, OBG
5251 WESTMINSTER PL
ST LOUIS 63108

MORRIS,ALAN,H, ORS
522 N NEW BALLAS RD
ST LOUIS 63141

MORRIS,HARVEY,EDWARD, GP
433 POWELL AVE
ST LOUIS 63135

MORRIS,MARY,ELIZABETH, OBG
2710 S GRAND APT 801
ST LOUIS 63103

MORRISON,ARLEN,EDWARD, IM
2821 N BALLAS RD
ST LOUIS 63131

MORTENSEN,FREDE, IM
3555 SUNSET OFFICE DR
ST LOUIS 63127

MOSES,ROBT,ABRAM, OPH
660 S EUCLID AVE
ST LOUIS 63110

MOSQUERA,JAIME,JAVIER, OBG
1245 GRAHAM ST
FLORISSANT 63031

MOTZEL,ALBERT,JOS, GP
6238 WASHINGTON BLVD
ST LOUIS 63130

MOUNTJOY,GRACE,S, OS
MARI DE VILLA RETIRMNT CTR
MANCHESTER 63011

MOWREY,WM,OLIVER, GP
231 NORTHLAND MED BLDG
ST LOUIS 63136

MUCKERMAN,RICHARD,I C, OBG
621 S NEW BALLAS RD
ST LOUIS 63141

MUDD,J,F GERARD, CD
1325 S GRAND BLVD
ST LOUIS 63104

MUELHEIMS,GERHARD,H, IM
1515 LAFAYETTE AVE
ST LOUIS 63104

MUELLER,CLARENCE,E, IM
522 N NEW BALLAS RD-STE 243
ST LOUIS 63141

MUELLER,JOS,ARTHUR, GP
3654 S GRAND BLVD
ST LOUIS 63118

MUELLER,MORRIS,ALBERT, GP
4917 RAVENSWOOD APT 111
SAN ANTONIO TX 78227

MUELLER,ROBT, GP
812 OLIVE ST
ST LOUIS 63101

MUELLER,WILBUR,KENNETH, R
1160 S MC KNIGHT RD
ST LOUIS 63117

MUJUMDAR,SUHAS,PRABHAKAR, GS
COACHMAN EAST APT 5106
LINDENWOLD NJ 08021

MUJUMDAR,SULABHA,SUHAS, OBG
GIBBSBORO RD
SCANDIA MEMMAN APT 703
LINDENWOLD NJ 08021

MULLIGAN,LEO,VIRGIL, GS
665 S SKINKER RD
ST LOUIS 63105

MULLINS,JOHN,EDWARD, IM
777 S NEW BALLAS RD
ST LOUIS 63141

MURDOCK,NATHANIEL, OBG
4511 FOREST PARK BLVD
ST LOUIS 63108

MURPHY,GEO,E, P
4940 AUDUBON AVE
ST LOUIS 63110

MURPHY,JAMES,PATRICK, CD
911 S BRENTWOOD BLVD
CLAYTON 63105

MURPHY,WM,ALEXANDER, DR
510 S KINGSHIGHWAY
ST LOUIS 63110

MURRAY,JOHN,PATRICK, OTO
4989 BARNES HOSPITAL PLAZA
SUITE 3108
ST LOUIS 63110

MUSCHANY,NORMAN,K, OBG
522 N NEW BALLAS RD
ST LOUIS 63141

MYERS,GARY,HARRIS, N
2821 N BALLAS RD
ST LOUIS 63131

NAGI,KAMAL,ABDEL HAMID, N
5400 ARSENAL
ST LOUIS 63139

NAHM,CHUNG,CHICK, IM
3535 SOUTH JEFFERSON AVE
ST LOUIS 63118

NALAGAN,MARCOS,C, IM
9936 HIGHWAY 66
ST LOUIS 63126

NARYKA,JOS,J, U
1035 BELLEVUE
SUITE 205 BELLEVUE MED CTR
ST LOUIS 63117

NASEER,RIAZ,AHMAD, N
BARNES HOSPITAL PLAZA
ST LOUIS 63110

NASH,HELEN,ELIZABETH, PD
1441 N GRAND
ST LOUIS 63106

NATHAN,LESTER,J, GS
777 S NEW BALLAS RD
ST LOUIS 63141

NEAR,DAVID,MYRON, GS
1125 GRAHAM ROAD
FLORISSANT 63031

NELSON,JAMES,SMITH, PTH
23 ABERDEEN PL
CLAYTON 63105

NEMEC,EDWARD,STANLEY,
1325 S GRAND
ST LOUIS 63104

NEMEC,STANLEY,S, R
6500 CHIPPEWA STE 1
ST LOUIS 63109

NESTER,CHAS,ADOLPH, GP
3921 FEDEREL PLACE
ST LOUIS 63116

NEWMAN,MATTHEW, OPH
100 N EUCLID AVE
ST LOUIS 63108

NEWMAN,PERCY, OS
1109 N HANLEY RD
ST LOUIS 63130

NEWMARK,LEONARD,NATHAN, IM
777 S NEW BALLAS RD STE 305W
ST LOUIS 63141

NEWTON,GORDON, IM
1034 S BRENTWOOD BLVD
ST LOUIS 63117

NEWTON,WM,T, GS
915 N GRAND BLVD
ST LOUIS 63106

NICKEL,JAMES,FRANCIS, IM
621 S NEW BALLAS RD STE 460
ST LOUIS 63141

NICOLAI,CHAS,HERBERT, U
2821 N BALLAS RD
ST LOUIS 63131

NIEDERMEYER,GEO,JOS, OBG
6744 CLAYTON RD
ST LOUIS 63117

NIESEN,FRANK,JOS, ABS
6500 CHIPPEWA
ST LOUIS 63109

NIGH,CHAS,ALLEN, GS
3915 WATSON RD
ST LOUIS 63109

NIMMAGADDA,HARANADHA, OPH
1325-H SHARONDALE
ST LOUIS 63135

NISHI,TOSHIO, PTH
3071 ANDOVER DRIVE
ST LOUIS 63121

NOLAN,CHAS,JOS, R
18 BELLERIVE ACRES
ST LOUIS 63121

NOMURA,ROY,MARK YOSHITO, PTH
777 S NEW BALLAS
ST LOUIS 63141

NORLAND,CHAS,CARSSOW, IM
114 N TAYLOR
ST LOUIS 63108

NORONHA,REYNOLD,FRANCIS, U
1325 S GRAND
ST LOUIS 63104

NOURI,HASSAN, OBG
12622 ALSWELL LANE
ST LOUIS 63128

NYE,ROBT,SIMPSON, GP
8701 GRAVOIS AVE
ST LOUIS 63123

O'BRIEN,EDWARD,C, GP
605 CANDLEBURY CT-APT B
ST LOUIS 63122

O'BRIEN,EDWARD,JOS, R
6150 OAKLAND AVE
ST LOUIS 63139

O'BRIEN,ROBERT,M, ORS
777 S NEW BALLAS RD
ST LOUIS 63141

O'CONNELL,TIMOTHY, GS
443 ASHFORD CT
ST LOUIS 63129

O'DONNELL,JOS,VINCENT, IM
1661 DUNMORR
ST LOUIS 63131

O'DOWD,JAMES,AUSTIN, GP
2919 S KINGSHIGHWAY
ST LOUIS 63139

O'NEAL,LAWRENCE,WAYNE, GS
1034 S BRENTWOOD BLVD
ST LOUIS 63117

O'REILLY,D,ELLIOTT, ORS
1325 S GRAND BLVD
ST LOUIS 63104

O'SULLIVAN,DANL,FRANCIS, GS
10007 KENNERLY RD
SUITE A
ST LOUIS 63128

OAKLEY,MARGARET,MARY F, AN
407 STEEPLE CHASE
ST LOUIS 63131

OBADINA,OLUKUNLE,OLUKOY, GS
2601 N WHITTIER
ST LOUIS 63113

OBERMEYER,CHAS,GEO, AN
3957 HOLLY HILLS BLVD
ST LOUIS 63116

ODUJEBE,HENRY,A, GS
2601 N WHITTIER
ST LOUIS 63113

OETTER,DONALD,L, FP
1040 MASON RD N
ST LOUIS 63141

OGNYANOV,VOISLAV,FILIP, P
551 WHITE ROSE LANE
ST LOUIS 63132

OGURA,JOS,HIROSUKE, OTO
1038 WINWOOD DRIVE
ST LOUIS 63124

OHMOTO,MASAO, IM
141 N MERAMEC ST- STE 11
CLAYTON 63105

OJASCASTRO,ALEJANDRO,C, GP
9465 CROOKED CREEK TRAIL
ST LOUIS 63127

OKUN,EDWARD, OPH
4989 BARNES HOSP PLAZA
ST LOUIS 63110

OLMSTED,WM,HARWOOD, PH
4400 LINDELL BLVD APT 18 G
ST LOUIS 63108

OLNEY,JOHN,WM, P
BARNES HOSP
ST LOUIS 63110

OLSON,ROBT,E, IM
1402 S GRAND BLVD
ST LOUIS 63104

ONG,ENG,LIAT C, EM
1945 MANSARD AVE
ST LOUIS 63125

ONG,OFELIA,SANTOS, OBG
1945 MANSARD RD
ST LOUIS 63125

ONKEN,HENRY,DRALLE, PS
106 ABERDEEN
ST LOUIS 63105

OPPENHEIMER,HENRY,E, DIA
141 N MERAMEC AVE
CLAYTON 63105

ORENSTEIN,JOSEPH,M, PUD
417 JACKSON AVE
ST LOUIS 63130

ORGEL,MAURICE,NORMAN, IM
1 HARCOURT DR
ST LOUIS 63105

ORGEL,STUART,MICHAEL, IM
100 N EUCLID
ST LOUIS 63108

ORILLE,OSCAR,P, PH
6432 MARDEL AVE
ST LOUIS 63109

ORSAY,PAUL,KALMAN, DR
11155 DUNN RD RM 201
ST LOUIS 63136

ORSZULAK,THOS,ANTHONY, TS
BLDG 1 APT 6
CASA GRANDE DR
LIVERPOOL NY 13088

ORTIGUERO,LEOPOLDO,M, GP
10577 WINDSWEPT DR
ST LOUIS 63128

ORTMEYER,LEROY,FRANK, IM
11372 FIVE OAKS PARKWAY
ST LOUIS 63128

OSTAPOWICZ,FRANK, OBG
3660 VISTA AVE
ST LOUIS 63110

OTT,FLETCHER,THOS, DPH
3 HILL DRIVE
GLENDALE 63122

OTT,HAROLD,JOHN, OBG
1695 S BRENTWOOD BLVD
ST LOUIS 63144

OTT,WM,JOHN, OBG
1035 BELLEVUE
ST LOUIS 63117

OWEN,ROBT,F, IM
12 HACIENDA DR
ST LOUIS 63124

OWENS,WM,DON, AN
BARNES HOSP PLAZA DEPT ANES
ST LOUIS 63110

OZMAT,ORHAN,METIN, R
4 LA DUE - CREST LANE
ST LOUIS 63124

PACKMAN,PAUL, P
4940 AUDUBON AVE
ST LOUIS 63110

PACKMAN,ROBT,CHAS, IM
4652 MARYLAND AVE
ST LOUIS 63108

PADILLA,TERESITA,C, OBG
5505 DELMAR BLVD
ST LOUIS 63112

PAINE,ROBT, CD
5535 DELMAR BLVD
ST LOUIS 63112

PALAZZO,FRANK,A, NS
6744 CLAYTON RD
ST LOUIS 63117

PALETTA,FRANCIS,XAVIER, PS
1035 BELLEVUE
ST LOUIS 63117

PALETTA,FRANK, IM
12330 D INTERIDGE DRIVE
MARYLAND HEIGHTS 63043

PALETTA,THEODORE,LEONARD, IM
1040 MASON RD N
ST LOUIS 63141

PALETTA,VICTOR,LEONARD, IM
2755 BLACK FOREST DR
ST LOUIS 63129

PAPPALARDO,CARLOS, PS
621 S NEW BALLAS RD
ST LOUIS 63141

PARDO,LEOPOLDO,P, NS
9936 HIGHWAY 66
ST LOUIS 63126

PARDO,LOURDES, PD
10004 KENNERLY RD
SUITE 260
ST LOUIS 63128

PARK,CHONG,KWAN, OBG
6150 OAKLAND
ST LOUIS 63139

PARK,KUN,HOEE, OBG
11719 OLD BALLAS RD
ST LOUIS 63141

PARKER,THOS,WAYNE, IM
7298 GREENWAY DRIVE
ST LOUIS 63105

PARKER,WM, D
611 OLIVE ST
ST LOUIS 63101

PARMAR,HARSHADRAI,K, GP
2637 MIAMI
ST LOUIS 63118

PARSONS,RICHARD,PLATTNER, U
777 S NEW BALLAS RD
ST LOUIS 63141

PARTAP,PRABHA, PTH
9620 HARTSDALE DR
ST LOUIS 63126

PARULEKAR,DILIP,G, GS
6126 KINGSFONT
FLORISSANT 63033

PARWATIKAR,SADASHIY,D, P
5400 ARSENAL ST
ST LOUIS 63139

PASKAR,LARRY,DAVID, R
1246 MONCOEUR
ST LOUIS 63141

PASSANANTE,BARTHOLOMEW,M, GS
15 KING LYNN
ST LOUIS 63132

PATEL,B,K, R
1711 PRENDERGAST LANE
ST LOUIS 63138

PATRICK,ROMAN,LEE, PTH
11636 ADMINISTRATION DR
CREVE COEUR 63141

PATTON,DOUGLAS,STANNAGE, PS
2940 SUMMIT ST
OAKLAND CA 94609

PAUL,PAUL,V, GS
321 BARRINGTON SQ
ST LOUIS 63122

PAYNE,MEREDITH,C JORSTAD, PS
7314 WESTMORELAND PLACE
ST LOUIS 63130

PAYNE,RICHARD,L, PTH
2639 MIAMI ST
ST LOUIS 63118

PAYNE,VAUGHN,COLFAX, GPM
1423 N GRAND BLVD
ST LOUIS 63106

PEARLMAN,ALAN,LEE, N
660 S EUCLID AVE
ST LOUIS 63110

PEDEN,BURNET,WILCOX, IM
35 N CENTRAL AVE
CLAYTON 63105

PEDEN,JAMES,CLARK, IM
621 S NEW BALLAS RD
ST LOUIS 63141

PEDEN,JOS,CARROLL, GS
5505 DELMAR STE 300
ST LOUIS 63112

PEDEN,JOS,CARROLL, R
665 S SKINKER BLVD APT 7-D
ST LOUIS 63105

PELICAN,GEORGE, GE
621 S NEW BALLAS RD
ST LOUIS 63141

PELZ,MORT,D, OTO
245 UNION BLVD
ST LOUIS 63108

PENILLA,ANTONIO,RESUMA, IM
3159 FEE FEE RD
BRIDGETON 63044

PENNINGTON,FRANCIS,E, GS
27 LOG CABIN DR
ST LOUIS 63124

PEPPER,EDWARD,GEO, R
6150 OAKLAND AVE
ST LOUIS 63139

PEPPER,MAX,PHILIP, PH
DEPT OF COMMUNITY MEDICINE
ST LOUIS UNIV SCHOOL OF MED
1320 S GRAND
ST LOUIS 63104

PEREZ,ADAMOR,R, GS
4415 VERMILLON DR
ST LOUIS 63128

PEREZ,BLANCA,M, PTH
216 SOUTH KINGSHIGHWAY BLVD
ST LOUIS 63110

PEREZ,CARLOS,A, TR
510 S KINGSHIGHWAY
ST LOUIS 63110

PEREZ,RAUL,ALBERTO, GP
10510 HACKAMORE LANE
ST LOUIS 63128

PERKINS,DAVID,ELWOOD, DR
1034 S BRENTWOOD
ST LOUIS 63117

PERKOFF,GERALD,THOS, IM
4566 SCOTT AVE
ST LOUIS 63110

PEPNOUD,FLAVIUS,G, OPH
1035 BELLEVUE
ST LOUIS 63117

PERNOUD,MICHAEL,FRANK, OPH
1035 BELLEVUE
ST LOUIS 63117

PERRY,HORACE,M, CD
915 N GRAND
ST LOUIS 63106

PESKIN,EDWARD,G, OBG
4911 BARNES HOSPITAL PLAZA
ST LOUIS 63110

PETERSON,GARY,JOHN, GS
7789 KESWICK PL
ST LOUIS 63119

PETRUSKA,PAUL,JOS, IM
1325 S GRAND
ST LOUIS 63104

PFEFFERKORN,DAVID,ANDREW, IM
1325 S GRAND
ST LOUIS 63104

PFEIFER,OLIVER,CONRAD, GP
6567 MURDOCK
ST LOUIS 63109

PHILLIPS,ABRAHAM,MANUEL, PD
777 S NEW BALLAS RD
ST LOUIS 63141

PHILLIPS,JOHN,J, ORS
115 NORTHLAND MED BLDG
ST LOUIS 63136

PHILLIPS,WM,JOE, IM
114 N TAYLOR AVENUE
ST LOUIS 63108

PHILPOTT,GORDON,WILSON, GS
216 SOUTH KINGSHIGHWAY
ST LOUIS 63110

PICCIONE,LEONARD,N, GP
4466 W PINE BLVD
APT 22F
ST LOUIS 63108

PILLA,LAWRENCE,A, R
6228 WESTWAY PL
ST LOUIS 63109

PINEDA,HECTOR,O, IM
5203 CHIPPEWA
ST LOUIS 63109

PIPER,AUGUST,THOS, IM
4903 MARTIN LUTHER KING DRIVE
ST LOUIS 63113

PITSINGER,NOLAN,BRUCE, GS
5505 DELMAR ST STE 511
ST LOUIS 63112

PITTMAN,GERALD,RAY, PTH
5 HIGH ACRES DR
ST LOUIS 63132

PITTMAN,SUSAN, PD
522 N NEW BALLAS RD
ST LOUIS 63141

PITTS,FERRIS,NEWCOMB, P
1934 HOSPITAL PL-DEPT PSYCH
LOS ANGELES CA 90033

PIZZIMBONO,CARLOS,A, GS
1212 BROADWAY
HIGHLAND IL 62249

PLAX,STEVEN,IRL, PD
8025 DALE
ST LOUIS 63117

PLESONS,JOHN,D, GP
6744 CLAYTON ROAD
ST LOUIS 63117

PLUMPE,WM,TUPPER, IM
3933 S GRAND
ST LOUIS 63118

PORPORIS,ARTHUR,A, R
100 N EUCLID
ST LOUIS 63108

PORTUGAL,ANTONIO,Q, GS
6500 CHIPPEWA STE 116
ST LOUIS 63109

PORTUONDO,BONAVENTURE,C, PTH
3532 FLORA COURT
ST LOUIS 63104

POST,LAWRENCE,TYLER, OPH
211 N MERAMEC
CLAYTON 63105

POST,STEPHEN,LIGHTNER, P
4524 FOREST PARK APT 201
ST LOUIS 63108

POTASHNICK,ROBT, IM
12255 DE PAUL DR
SUITE 865
BRIDGETON 63044

POTTER,REESE,H, P
100 N EUCLID AVE
ST LOUIS 63108

POWELL,EARL,ALEXANDER, U
11114 PALMERAS DR
SUN CITY AZ 85351

POWERS,PIERCE,WM, GS
5203 CHIPPEWA ST
ST LOUIS 63109

PRENSKY,ARTHUR,LAWRENCE, N
500 S KINGSHIGHWAY
ST LOUIS 63110

PRESANT,CARY,A, HEM
216 S KINGSHIGHWAY BLVD
ST LOUIS 63110

PRESNELL,CLEITUS,A, OTO
6744 CLAYTON RD
ST LOUIS 63117

PRICE,KENNETH,C, CD
52 MARYLAND PLAZA
ST LOUIS 63108

PROBSTEIN,JACOB,G,
4943 LINDELL BLVD
ST LOUIS 63108

PROPHETE,BEAUMANOIR, U
3737 N KINGSHIGHWAY BLVD
ST LOUIS 63115

PROSKEY,VINCENT,JAMES, IM
522 N NEW BALLAS RD
ST LOUIS 63141

PRUETT,BURCHARD,S, OS
10321 RICHVIEW DR
ST LOUIS 63127

PRUETT,DON,SHELBY, GS
10 LOG CABIN DR
ST LOUIS 63124

PRUETT,HUBERT,SHELBY, GP
9 MC KNIGHT LANE
ST LOUIS 63124

PRUSACZYK,JOS,VALENTINE, PD
12303 DE PAUL DR
ST LOUIS 63144

PUGH,DANL,DUNCAN, P
1420 GRATTAN
ST LOUIS 63104

PURCELL,HARRY,KNOX, GS
911 S BRENTWOOD BLVD
ST LOUIS 63105

PURCELL,JOHN, OPH
6744 CLAYTON RD-SUITE 315
ST LOUIS 63139

PUTHEN-PURACKAL,GEORGE,A, IM
3015 N BALLAS RD
ST LOUIS 63131

PYNE,HERBERT,SAML, GP
6651 CHIPPEWA
ST LOUIS 63109

QUICK,RICHARD,THOS, P
9821 COPPER HILL ROAD
ST LOUIS 63124

RADER,EDWARD,STANLEY, U
7744 DAVIS DR
CLAYTON 63105

RADER,GEO,B, GS
5505 DELMAR
ST LOUIS 63112

RADKE,JOHN,DAVID, CD
6150 OAKLAND AVE
ST LOUIS 63139

RAGHUNANDAN,DUNDOO, OPH
10446 WILLOWDALE RD
CREVE COEUR 63141

RAHMAN,MOUDUDUR, OPH
911 S BRENTWOOD
ST LOUIS 63105

RAICHLE,MARCUS,EDWARD, N
4550 SCOTT
ST LOUIS 63110

RAINEY,ROBT, OM
5165 LINDELL BLVD
ST LOUIS 63108

RAMIREZ,SAML,GATAN, IM
7449 W FLORISSANT
ST LOUIS 63136

RAMSEY,ROBT,HENRY, IM
11115 NEW HALLS FERRY RD
FLORISSANT 63033

RANDOLPH,BERNARD,C, GP
3737 N KINGSHIGHWAY
ST LOUIS 63115

RANKIN,DIANE, CHP
ADDRESS UNKNOWN 00000

RAO,ASWATH,N, ORS
6500 CHIPPEWA ST
ST LOUIS 63109

RAPPOLD,OTTO,HEINRICH, OBG
500 NORTHWEST PLAZA-APT 500
ST ANN 63074

RATCHESON,ROBT,ALLAN, NS
BARNES HOSP-DEPT NEUR-SURG
ST LOUIS 63110

RATKIN,GARY,ALAN, ND
100 N EUCLID
ST LOUIS 63108

RAYBUCK,HARRY,EARL, OBG
3533 RITZ CENTER
ST LOUIS 63125

RAZA,SYED,AKHTAR, CHP
5400 ARSENAL DR
ST LOUIS 63139

RAZEK,ALY,ABDEL, TR
12194 NETTLEWOOD CT
MARYLAND HEIGHTS 63043

RECANO,RICARDO,QUINTOS, GP
4440 NAZARETH HILLS DR
ST LOUIS 63129

REED,JOHNATHAN,R, OBG
100 NORTH EUCLID AVE
ST LOUIS 63108

REESE,LESTER,THOS, D
522 N NEW BALLAS RD-STE 316
ST LOUIS 63141

REEVES,GLEN,IRVING, R
4511 FOREST PARK RM 311
ST LOUIS 63108

REH,THOS,EDWARD, R
6420 CLAYTON RD
ST LOUIS 63117

REICH,HARRY,A, GP
5100 TAMM AVE
ST LOUIS 63109

REICHERT-PASZKIEWICZ,M,C, IM
10063 ELISE DR
ST LOUIS 63123

REIDER,RICHARD,ARNOLD, IM
353 RUE RENER
ST LOUIS 63122

REINECK,JOHN,ALBERT, OM
5410 RHODES
ST LOUIS 63109

REISLER,DAVID,MARTIN, N
100 NORTH EUCLID
ST LOUIS 63108

REJENT,ANTHONY,JAMES, PD
4211 BAYLESS RD
ST LOUIS 63123

RENDLEMAN,GEO,F, OS
812 OLIVE ST
ST LOUIS 63111

RENDLEMAN,GEO,F, GS
812 OLIVE ST
ST LOUIS 63101

REUTER,LOUIS,ANTHONY, OM
911 S BRENTWOOD BLVD
SUITE 100
ST LOUIS 63105

REVELEY,MICHAEL,AUGUST, P
4940 AUDUBON
ST LOUIS 63110

REVELS,HARRY, OPH
933 HODIAMONT
ST LOUIS 63112

REYES,JOSE,TOLENTINO, AN
455 STEEPLE CHASE LANE
ST LOUIS 63131

REYES,LUIS,A, GS
9814 MAR-ANN CT
ST LOUIS 63128

REYES,ROSENDO,ALDAMA, GP
10157 HAUSFEL CT
ST LOUIS 63128

REYNOLDS,FREDERICK,C, ORS
4960 AUDUBON AVE
ST LOUIS 63110

RHEE,DONG,SHIK, AN
615 S NEW BALLAS RD
ST LOUIS 63141

RHEE,SEOUNG,EUN, GP
4270 TELEGRAPH RD
ST LOUIS 63129

RHODES,BARRY,
1325 S GRAND
ST LOUIS 63104

RIBAUDO,J,MICHAEL, PS
777 S NEW BALLAS RD
ST LOUIS 63141

RICHARDS,FRANK,OLIVER, GS
3737 N KINGSHIGHWAY
ST LOUIS 63115

RICHMAN,ELMER, A
P O BOX 105
CHESTERFIELD 63017

RIDGEWAY,WM,GEO, OPH
6651 CHIPPEWA
ST LOUIS 63109

RIES,DOUGLAS,ALEXANDER, GS
8 PORTLAND DR
ST LOUIS 63131

RILEY,JOHN,J, IM
322 NORTHLAND MED BLDG
ST LOUIS 63136

RITCHIE,FRANCES,RANKIN, GP
720 OLIVE ST 24TH FLOOR
ST LOUIS 63101

RITTER,HUBERT,AUGUST, OBG
1035 BELLEVUE
RICHMOND HEIGHTS 63117

RITTER,PAUL,JOHN, OBG
1035 BELLEVUE
RICHMOND HEIGHTS 63117

RIZZO,ADOLFO,ENRIQUE, CHP
9216 CLAYTON RD STE 105-8
ST LOUIS 63124

ROARK,PAUL,MICHAEL, OPH
10000 HIGHWAY 366 SUITE R
ST LOUIS 63126

ROBBEN,GEORGE,GARRY, IM
2821 NO BALLAS RD
ST LOUIS 63131

ROCHE,MAURICE,B, ORS
4440 LINDELL BLVD
ST LOUIS 63108

RODEN,VERNON,JAMES, PD
12775 LADUE RD
ST LOUIS 63141

RODRIGO,BERNARDO,R, AN
6420 CLAYTON RD
ST LOUIS 63117

RODRIGUEZ,UBALDO,R, ABS
2650 TELEGRAPH RD
ST LOUIS 63125

RONGEY,KENNETH,ARVEN, AN
1325 S GRAND BLVD
ST LOUIS 63104

ROPER,CHAS,L, TS
BARNES HOSP PLAZA
ST LOUIS 63110

ROSECAN,MARVIN, IM
4910 FOREST PARK BLVD
ST LOUIS 63108

ROSELL,LOUIS,V, GP
950 FRANCIS PL
ST LOUIS 63105

ROSEN,ROBT,STUART, OPH
2069 WEALDWOOD
ST LOUIS 63122

ROSENBAUM,HARRY,D, OPH
522 N NEW BALLAS RD-APT 364
ST LOUIS 63141

ROSENBAUM,HERBERT,E, N
100 N EUCLID AVE
ST LOUIS 63108

ROSENFELD,HENRY, IM
1209 BETHESDA
ST LOUIS 63117

ROSKIND,JOEL, HS
119 CAYAGA AVE
ATLANTIC BEACH NY 11509

ROTH,JOHN,JOS, IM
522 N NEW BALLAS-STE 243
ST LOUIS 63141

ROTHMAN,DAVID, GYN
2821 BALLAS RD STE 255
ST LOUIS 63131

ROTHWEILER,ROBT,JUDGE, OTO
11745 OLIVE ST RD
ST LOUIS 63141

ROTSKOFF,KENNETH,S, OS
911 S BRENTWOOD
ST LOUIS 63105

ROULHAC,GEO,E, NS
5505 DELMAR BLVD
ST LOUIS 63112

ROUSH,GEO, OM
800 N LINDBERGH
ST LOUIS 63166

ROY,JOS,AUGUST, GS
12255 DE PAUL DR SUITE 730
BRIDGETON 63044

ROYCE,ROBT,KILLIAN, U
4989 BARNES HOSP PLAZA
ST LOUIS 63110

ROYSTON,GRANDISON,D, OBG
C/O HAMILTON RT 4 BOX 330H
HOPE AR 71801

RUDI,HERBERT,JOHN, GP
3606 GRAVOIS AVE
ST LOUIS 63116

RUEHL,ALBERT,FRANK, OTO
1325 S GRAND
ST LOUIS 63104

RUSAN,THOS,EDWARD, OBG
2900 S BRENTWOOD
ST LOUIS 63144

RUSSELL,HERMAN,E, ORS
246 SALEM DR
ST LOUIS 63141

RUTNGAMLUG,LUECHA, GS
8401 TALLY HO
HAZELWOOD 63042

RYAN,ROBT,EMMETT, OTO
621 S NEW BALLAS RD STE 537
ST LOUIS 63141

SACHAR,LEO,AARON, GS
4511 FOREST PARK BLVD
ST LOUIS 63108

SAFDAR,SHABBIR,H, ND
1034 SOUTH BRENTWOOD
ST LOUIS 63117

SAGHIR,MARCEL,TAWFIC, P
1034 S BRENTWOOD BLVD STE 1176
ST LOUIS 63117

SAHA,NITAI,CHANDRA, U
620 PACKFORD
BALLWIN 63011

SAIFEE,SALMA, OBG
4911 BARNES HOSPITAL PLAZA
ST LOUIS 63110

SAINT-LOUIS,BELLANDE, R
2601 N WHITTIER
ST LOUIS 63113

SAKAMOTO,DAN,K, OPH
1325 S GRAND BLVD
ST LOUIS 63104

SALANGA,PERCIVAL,BORJA, GP
8321 N BROADWAY
ST LOUIS 63147

SALE,LLEWELLYN, IM
4910 FOREST PARK
ST LOUIS 63108

SALMON,MICKEY,LEON, OPH
3916 RITZ CTR
ST LOUIS 63125

SAMADY,ABDUL,RAMAN, AN
EASTWOOD HOSP
EL PASO TX 79925

SAMMONS,HARRY,CAMPBELL, AN
128 W JEWEL AVE
KIRKWOOD 63122

SAMUDRALA,RAMULU, OPH
2601 N WHITTIER
ST LOUIS 63139

SANCHEZ,ABELARDO,B, N
4783 WICKERWOOD DR
ST LOUIS 63129

SANDERS,THEODORE,E, OPH
100 N EUCLID
ST LOUIS 63108

SANTANELLO,WILLIAM,M, EM
144 PARR
FAIRVIEW HEIGHTS IL 62208

SANWARDEKER,MILIND,B, IM
206 WEST MAIN STREET
STAUNTON IL 62088

SASSER,WM,FREEMAN, TS
621 S NEW BALLAS ROAD
ST LOUIS 63141

SATO,GEO, PO
369 HALCYON DRIVE
ST LOUIS 63122

SAUER,DONALD,CARL, GS
4422 WESTMINSTER
ST LOUIS 63108

SAUER,F,J DEAN, GS
7820 CARONDELET
ST LOUIS 63105

SAUVAGE,JACQUES,P, OBG
4911 BARNES HOSP PLAZA
ST LOUIS 63110

SAVCI,DOGAN,HASAN, R
11712 WESTHAM
ST LOUIS 63131

SAVER,W,NICHOLAS, OTO
OXFORD BUILDING 141 NORTH
MERAMEC SUITE 218
ST LOUIS 63105

SAWYER,JAMES, OBG
111 CHURCH ST
FERGUSON 63135

SAWYERR,OLASEINDE, GS
1325 S GRAND
ST LOUIS 63104

SCHAAN,ROBT,C, PD
6651 CHIPPEWA STE 316
ST LOUIS 63109

SCHAEFER,GLENNON,S, GS
1333 TOPPING ROAD
ST LOUIS 63131

SCHAPER,ERNEST,H, OM
7200 MANCHESTER AVE
ST LOUIS 63117

SCHEER,GEORGE,E, ORS
35 N CENTRAL AVE
ST LOUIS 63105

SCHEFF,HAROLD, GE
777 S NEW BALLAS RD
ST LOUIS 63141

SCHEIBE,ROBT,GRAHAM, U
777 SO NEW BALLAS RD
ST LOUIS 63141

SCHEIBLE,ROBERT,F, R
2821 N BALLAS RD
ST LOUIS 63131

SCHEINMAN,LOUIS, GS
1020 RARITAN DR
ST LOUIS 63119

SCHENGBER,JOHN,STEPHAN, P
1221 S GRAND BLVD
ST LOUIS 63104

SCHIERMAN,WM,D, IM
911 S BRENTWOOD BLVD
CLAYTON 63105

SCHMIDT,DENNIS,ALDON, R
6150 OAKLAND
ST LOUIS 63139

SCHMIDT,EDWIN,H, P
6651 CHIPPEWA ST
ST LOUIS 63109

SCHMIEMEIER,ROY,H, GP
10220 SCHUESSLER RD
ST LOUIS 63128

SCHOBER,CHAS,C, P
4524 FOREST PARK
ST LOUIS 63108

SCHOECK,ALBERT,F, AN
44 MUIR FIELD
CREVE COEUR 63141

CHOEDINGER,GEORGE,R, ORS
324 WEST JACKSON RD
WEBSTER GROVES 63119

CHOENBERG,HARRY,W, U
950 E 59TH ST
CHICAGO IL 60637

CHONFELD,GUSTAV, IM
507 S EUCLID
ST LOUIS 63110

CHRANCK,CHAS,RAYMOND, AN
28 BERKSHIRE
ST LOUIS 63117

SCHUESSLER,WOLFGANG,P, IM
6744 CLAYTON RD
ST LOUIS 63117

SCHULTZ,IRWIN, IM
158 MAYFAIR
FLORISSANT 63033

SCHWARTZ,FREDERICK,OSCAR, OPH
15 TEALWOOD AVE
CREVE COEUR 63141

SCHWARTZ,HENRY,G, NS
600 S KINGSHIGHWAY
ST LOUIS 63110

SCHWEISS,JOHN,FRANCIS, AN
1414 WEST WIND
ST LOUIS 63131

SCIORTINO,GASPARE, IM
1019 LAVAL DR
ST LOUIS 63132

SCIORTINO,JOHN,S, GS
3654 S GRAND BLVD-STE 207
ST LOUIS 63118

SCOPELITE,JOS,ALOYSIUS, GP
607 N GRAND BLVD
ST LOUIS 63103

SCOTT,ELWIN,POWERS, GP
3325 S GRAND
ST LOUIS 63118

SCOTT,HORACE,WENDELL, R
100 N EUCLID
ST LOUIS 63108

SEED,JOHN, P
11 S MERAMEC
ST LOUIS 63105

SEELEY,JAMES,J, GS
6651 CHIPPEWA
ST LOUIS 63109

SEHRA,KANKANADY,HEERA, FP
REGIONAL MEDICAL CLINIC
MC DOWELL KY 41647

SEIB,GEO,ARTHUR, GP
2323 LAFAYETTE AVE
ST LOUIS 63104

SEMENOFF,DANL,JOHN, OBG
216 S KINGSHIGHWAY BLVD
ST LOUIS 63141

SENTURIA,BEN,H, OTO
4949 FOREST PARK
ST LOUIS 63108

SENTURIA,HYMAN,R, R
4511 FOREST PARK AVE
ST LOUIS 63108

SERTL,GEORGE,O, ORS
777 S NEW BALLAS RD
ST LOUIS 63141

SERTL,JAMES,FRANCIS, IM
1827 S MASON RD
ST LOUIS 63131

SERTL,JOHN,DAVID, GP
3739 GRAVOIS AVE
ST LOUIS 63116

SESSIONS,DONALD,GORDON, HNS
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

SETHABUTRA,CHAISIRI, OPH
3820 ITASKA APT 2
ST LOUIS 63116

SETHABUTRA,YOLVILAI, PD
1717 BIDDLE ST
ST LOUIS 63106

SEVASTIANOS,ARISTIDES,E, GP
7521 W FLORISSANT AVE
ST LOUIS 63136

SEXTON,DANL,L, IM
911 S BRENTWOOD BLVD
CLAYTON 63105

SEXTON,ELMER,EDWIN, U
2537 TOWN & COUNTRY LANE
ST LOUIS 63131

SHAH,ANWAR, OPH
1035 BELLEVUE AVE
ST LOUIS 63117

SHAH,BHARAT,KANTILAL, GS
221 BROOKTRAIL COURT
ST LOUIS 63141

SHAH,JITENDRA, U
6500 CHIPPEWA
ST LOUIS 63109

SHAH,NAHEED,F, OPH
1325 S GRAND BLVD
ST LOUIS 63104

SHAHAN,PHILIP,TRUMAN, OPH
211 N MERAMEC
ST LOUIS 63105

SHANAHAN,PHILIP,JACOB, GP
14541 SOHO DR
FLORISSANT 63034

SHANER,THOS,PATRICK, OBG
2821 NORTH BALLAS
ST LOUIS 63131

SHANK,ROBT,ELY, NTR
4566 SCOTT AVE
ST LOUIS 63110

SHAPIRO,HERBERT,NORMAN, GS
6651 CHIPPEWA ST
ST LOUIS 63109

SHAPLEIGH,JOHN,B, HEM
1034 S BRENTWOOD BLVD STE 958
ST LOUIS 63117

SHARP,AUSTIN,R, PD
901 CLAYTON RD
BALLWIN 63011

SHAW,EDWARD,JAMES, GS
3654 SOUTH GRAND BLVD
ST LOUIS 63118

SHELTON,EARL,WILSON, IM
4451 NATURAL BRIDGE AVE
ST LOUIS 63115

SHEN,JEROME,T Y, PD
1695 S BRENTWOOD BLVD
ST LOUIS 63144

SHERIDAN,EDMUND,REID, GP
1755 S GRAND AVE
ST LOUIS 63104

SHERIDAN,JOHN,J, ORS
6651 CHIPPEWA
ST LOUIS 63109

SHERLOCK,JOHN, R
BOX 108
MASSENA IA 50853

SHERWIN,CHAS,STEELMAN, GS
3971 FLORA PL
ST LOUIS 63110

SHIEBER,WM, GS
216 S KINGSHIGHWAY BLVD
ST LOUIS 63110

SHIELDS,JOHN,BENEDICT, R
33 FLOWER HILL CT
ST LOUIS 63122

SHINTAKU,MICKEY,REN, ORS
1746 S BARRINGTON AVE
LOS ANGELES CA 90025

SHUFF,PAUL,DAVID, OTO
1035 BELLVUE STE 417
ST LOUIS 63117

SHUMAN,JOS,SCOTT, P
326 NORTHLAND MED BLDG
ST LOUIS 63136

SHUTER,ELI, N
11155 DUNN RD
ST LOUIS 63136

SHYKEN,HERMAN, R
141 N MERAMEC
CLAYTON 63105

SIDDIQUI,FARZANNA,Q, P
216 S KINGSHIGHWAY
ST LOUIS 63141

SIEMERS,GEO,E, OBG
12660 LAMPLIGHTER SQUARE
ST LOUIS 63128

SIESENER,HERBERT,H, IM
NORTHLAND MED BLDG STE 206
ST LOUIS 63136

SIGMUND,CHAS,ALAN, OPH
12255 DE PAUL RD
SUITE 645
BRIDGETON 63044

SIGNORELLI,ANDREW,J,
12634 OLIVE ST RD
ST LOUIS 63141

SILVA,VICTOR,AUGUSTO, PTH
2799 W GRAND BLVD
DETROIT MI 48202

SILVERMAN,BARRY,LOUIS, P
4940 AUDUBON
ST LOUIS 63110

SILVERMINTZ,SAUL,DON, IM
20 GRANADA WAY
ST LOUIS 63124

SIMON,DAVID,L, PD
7809 GANNON
ST LOUIS 63130

SIMON,JEROME,IREALS, GS
12 WESTRIDGE CT
ST LOUIS 63124

SIMON,NATHAN,MAX, PYA
32 CRESTWOOD
ST LOUIS 63105

SIMONIAN,ANTONIO, OM
2400 FIRST ST SO APT 1-6
JACKSONVILLE BEACH FL 32250

SIMOWITZ,FREDRIC,MALCOLM, N
2821 N BALLAS RD
ST LOUIS 63131

SIMS,WM,AUBREY, AN
6 GREENBRIAR LANE
ST LOUIS 63124

SINGHAL,GOKUL,C, IM
6500 CHIPPEWA AVE
ST LOUIS 63109

SINGHAL,RENU, PD
4524 TARLTON DR
ST LOUIS 63128

SINSAKUL,VICHIEN, NEP
1325 S GRAND BLVD
ST LOUIS 63104

SISLEN,DONALD,RAY, IM
621 S NEW BALLAS ROAD
ST LOUIS 63141

SISSON,RICHARD,GEO, GS
4511 FOREST PARK BLVD
ST LOUIS 63108

SKEFFINGTON,MARY,JANE, OPH
18 S KINGSHIGHWAY
ST LOUIS 63108

SKIMMING,W,LEE, ORS
9550 OLD BONHOMME
ST LOUIS 63132

SLETTEN,IVAN,WAYNE, P
11155 DUNN RD
ST LOUIS 63136

SLY,WM,SHUFORD, OS
500 S KINGSHIGHWAY BLVD
ST LOUIS 63110

SMILEY,WM,L, OBG
2715 UNION BLVD
ST LOUIS 63113

SMITH,BENJ,FRANKLIN, OBG
5 FORDYCE MANOR
ST LOUIS 63131

SMITH,DERMOTT,A P, P
1221 S GRAND BLVD
ST LOUIS 63104

SMITH,EMILY,LOUISE, DR
510 S KINGS HIGHWAY
ST LOUIS 63110

SMITH,GARLAND,F, ORS
621 S NEW BALLAS RD
ST LOUIS 63141

SMITH,HERBERT,P, GP
2265 FLORIDA MANGO RD
WEST PALM BEACH FL 33406

SMITH,HUGH,REINHARDT, OBG
6651 CHIPPEWA
ST LOUIS 63109

SMITH,JAMES,BERT, P
35 NORTH CENTRAL
ST LOUIS 63105

SMITH,JOHN,EARL, PH
4336 FOREST DE VILLE
ST LOUIS 63129

SMITH,KATHLEEN, P
1420 GRATTAN ST
ST LOUIS 63104

SMITH,KENNETH,RUPERT, NS
1325 S GRAND BLVD
ST LOUIS 63104

SMITH,MORTON,EDWARD, OPH
660 S EUCLID ST
ST LOUIS 63110

SMITH,NORRIS,WETHERILL, OBG
3654 S GRAND BLVD
ST LOUIS 63118

SMITH,ROBT,WALLACE, R
616 WEST LOCKING
BROOKFIELD 64628

SMITH,SIDNEY,ELMER, IM
2715 UNION ST
ST LOUIS 63113

SOBKY,GEORGE, R
906 BELLSTONE
ST LOUIS 63119

SOHN,RICHARD, N
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

SOLLEY,ROBT,FOLGER, IM
8 MALLARD DR
OLD SAYBROOK CT 06475

SOMBUN,TIRDKIAT, OBG
2601 N WHITTIER
ST LOUIS 63113

SOMMER,CONRAD,SAML, P
7777 BONHOMME STE 1903
ST LOUIS 63105

SOORYA,NARENDIR,TOLARAM, CHP
6651 CHIPPEWA
ST LOUIS 63109

SOPUCH,JOHN,AUGUSTINE, OBG
500 NORTHWEST PLAZA
ST ANN 63074

SOULE,SAML,DAVID, OBG
911 S BRENTWOOD
ST LOUIS 63105

SPALDING,DONALD,GUY, R
621 S NEW BALLAS RD
ST LOUIS 63141

SPECTOR,GERSHON, OTO
517 SOUTH EUCLID
ST LOUIS 63110

SPENCER,ANDREW, GS
533 DE BALIVIERE AVE
ST LOUIS 63124

SPINZIG,EDGAR,WALTER, R
5 HAWBROOK LANE
KIRKWOOD 63122

SPOENEMANN,WALTER,H, GP
18 BIRITZ DR
ST LOUIS 63137

SQUITIERI,ALPHONSE,J, IM
9616 LACKLAND AVE
ST LOUIS 63114

SRIKRISHNA,SIRIVELLA, GS
3015 N BALLAS RD
ST LOUIS 63131

SRIVISAL,SAMNUK, R
1877 SCHOETTLER VALLEY DR
CHESTERFIELD 63017

ST JOHN,THOMAS,C, OM
10017 CHARDINWAY
APT 2
ST LOUIS 63128

STAFFORD,WALTER,ROBT, OPH
141 N MERAMEC AVE
CLAYTON 63105

STANCZYK,DENNIS,J, GS
1325 S GRAND BLVD
ST LOUIS 63104

STANFIELD,NED,M, AN
8048 BLACKBERRY AVE
UNIVERSITY CITY 63130

STANLEY,ROBT,JOS, R
510 S KINGSHIGHWAY
ST LOUIS 63110

STARKLOFF,GENE,B, GS
3660 VISTA
ST LOUIS 63110

STARKLOFF,MAX, IM
6304 S GRAND BLVD
ST LOUIS 63111

STEELE,JACK,TAYLOR, GP
3466 BRIDGELAND
SUITE 110
BRIDGETON 63044

STEIN,ARTHUR,H,
4989 BARNES HOSP PLAZA
ST LOUIS 63110

STEINBERG,FRANZ,U, PM
216 SOUTH KINGSHIGHWAY BLVD
ST LOUIS 63110

STEPHEN,CHAS,RONALD, AN
UNIV OF WASH SCH MED
ST LOUIS 63110

STEPHENS,LE,ROY JULES, PO
7937 BIG BEND BLVD
WEBSTER GROVES 63119

STERGEN,NICK,EMMANUEL, OBG
5647 BERMUDA DR
ST LOUIS 63121

STERKEL,RICHARD,L, GE
1035 BELLEVUE
ST LOUIS 63117

STEWART,JOHN,W, GS
RT 1
EWING IL 62836

STICKLEY,LOUIS,PETER, 621 S NEW BALLAS RO ST LOUIS 63141	CO
STINOEL,CHAS,ERNST, 341 VIOLET LANE ST LOUIS 63119	OM
STOHR,PAUL,EOWARO, 1035 BELLEVUE ST ST LOUIS 63117	NS
STOKES,JAMES,MELVIN, 5505 OELMAR BLVO ST LOUIS 63112	GS
STONEMAN,WM, 5217 WESTMINSTER PL ST LOUIS 6310B	PS
STRAOER,RICHARO,PAUL, 621 SOUTH NEW BALLAS RO ST LOUIS 63141	AN
STROBACH,KURT,FRANCIS A, 3394 MC KELVEY ROAO BRIOGETON 63044	OBG
STROMINGER,OONALO,B, 49B9 BARNES HOSP PLAZA-5106 ST LOUIS 63110	POA
STRONSKY,OAVIO, 12166 BIG BENO BLVO ST LOUIS 63122	ORS
TROUO,MALCOLM,HERBERT, 517 SOUTH EUCLIO ST LOUIS 63110	OTO
TROZIK,ALICE,A, 7-O ROYAL PARK APARTMENTS CARRBORO NC 27510	OBG
TRYKER,GAROLO,VERNON, #1 GULF MANOR OR VENICE FL 33595	OS
TRYKER,WM,I, 12 OAKLEIGH LANE ST LOUIS 63124	P
TUTSMAN,ALBERT,C, 141 N MERAMEC AVE CLAYTON 63105	OTO
UBA,ANTONIO,RONQUILLO, 141 N MERAMEC AVE ST LOUIS 63105	GS
JOEKUM,ANN, 2B21 N BALLAS ST LOUIS 63131	PO
JOHOLT,ALFREO,F, 500 NORTHWEST PLAZA STE 524 ST ANN 63074	OBG
JLLIVAN,CLEMENT,JOS, 6744 CLAYTON RO ROOM 311 ST LOUIS 63117	A
IMMERS,JOHN,B, 16 HAMPTON VILLAGE PLAZA ST LOUIS 63109	PO
IMMERS,THOS,FERN, P O BOX 1969 ST LOUIS 6311B	GP
NOARAM,SHANKAR, 13211 GREENBOUGH OR ST LOUIS 63141	GP
NOERMAN,RAYMONO,C, 1600 MONTICELLO OR ST LOUIS 6313B	GER
NSHINE,HERBERT, 707 WAYFIELO ST LOUIS 63132	U
SMAN,NOAH, 4511 FOREST PARK AVE ST LOUIS 6310B	R
SVANCAREK,WM,PETER, ST JOHNS MERCY HOSP-OEPT SURG 615 SOUTH NEW BALLAS RO ST LOUIS 63141	GS
SWAYKUS,BERNARO,THOMAS, 3394 MC KELVEY RO BRIOGETON 63044	IM
SWEET,HERBERT,C, 3 ST JAMES COURT WEBSTER GROVES 63119	PUO
SWOPE,JOS,ALBERT, 6651 CHIPPEWA-STE 21B ST LOUIS 63109	IM
SYLVANOVICH,W,RICHARO, ST JOHNS MERCY MEO CTR 615 SOUTH NEW BALLAS RO ST LOUIS 63141	GE
SZOKO,EOWARO, 12410 LYRIC CT APT 10 ST LOUIS 63141	IM
TANAKA,GEO,M, 59 GRASSO PLAZA ST LOUIS 63123	IM
TAPPER,STEVEN, 1301 KENOON OR ST LOUIS 63131	U
TATKOW,ROBERT,W, 4919 FOREST PARK BLVO ST LOUIS 6310B	ORS
TAUSSIG,BARRETT,L, 513 PAMELA LANE ST LOUIS 63122	IM
TAUTE,HERMANN, 2B21 N BALLAS RO ST LOUIS 63131	OBG
TAVASSOLI,FATTANEH,A Z, 7310 WISE ST LOUIS 63117	PTH
TAYLOR,EUGENE,OONALOSON, 2715 N UNION ST LOUIS 63113	OBG
TAYLOR,HERBERT,BRAOLEY, 1325 S GRANO ST LOUIS 63104	PTH
TAYOB,ANVER,A, 1465 S GRANO BLVO ST LOUIS 63104	ORS
TEKWANI,HIRALAL,T, 3555 SUNSET OFFICE OR ST LOUIS 63127	OPH
TEMPORAL,JOSE,A, 12660 LAMPLIGHTER SQ ST LOUIS 6312B	EM
TEPPER,ARNOLO, 777 S NEW BALLAS RO ST LOUIS 63141	IM
TERNBERG,JESSIE,LAMOIN, 4960 AUOUBON AVE ST LOUIS 63110	GS
TESS,ALLEN,FREO, 1245 GRAHAM RO STE 502 FLORISSANT 63031	OPH
TESS,MELVIN,J H, 1501 SWITZER AVE ST LOUIS 63147	PH
THALE,THOS,RICHARO, 1221 S GRANO ST LOUIS 63104	P
THANAPAISAL,VUNNEE, 2601 N WHITTIER ST LOUIS 63113	PO
THAWLEY,STANLEY, BARNES HOSPITAL PLAZA ST LOUIS 63110	OTO
THIEL,JOHN,ALLEN, 621 SOUTH NEW BALLAS RO ST LOUIS 63141	A
THIERAUF,CHAS,GEO, 9444 SUNNY CREEK ST LOUIS 63127	R
THOMA,GEO,EOWARO, 3556 CAROLINE ST LOUIS 63104	IM
THOMAS,GRACY, 2601 WHITTIER ST LOUIS 63113	R
THOMAS,LEWIS,JONES, 700 S EUCLIO ST-BIO COMP LAB ST LOUIS 63110	AN
THOMASSON,MARY,M, 525 ST FRANCOIS PLACE FLORISSANT 63031	R
THOMASSON,ROBERT,E, 525 ST FRANCOIS PLACE FLORISSANT 63031	GS
THOMPSON,MERLYN,BRYANT, 522 N NEW BALLAS RO ST LOUIS 63141	OBG
THURMANN,MANFREO, 950 ST FRANCIS PL ST LOUIS 63105	CO
THYM,HENRY,PAUL, 436 CORONAOO OR BALLWIN 63011	GS
TICHENOR,ROBT,WOOROW, BOX B56B SAPPINGTON STA ST LOUIS 63126	GP
TILLMAN,MARY,ANNE TUGGLE, 4511 FOREST PARK SUITE 201 ST LOUIS 6310B	PO
TINOALL,ROBT,NELSON, 6651 CHIPPEWA ST RM 306 ST LOUIS 63109	OTO
TIONGSON,PORFIRIO,N, 3125 LEMAY FERRY RO ST LOUIS 63125	CO
TIPPETT,JACK,C, 6651 CHIPPEWA ST ST LOUIS 63109	ORS
TJOFLAT,OLIVER,EUGENE, 4222 N GRANO BLVO ST LOUIS 63107	GP
TONELLI,GEO,LOUIS, 5723 NEOSHO ST LOUIS 63109	OTO
TOOMEY,JAMES,M, 517 S EUCLIO ST LOUIS 63110	PS
TORO,ENRIQUE,FELIX, 915 N GRANO ST LOUIS 63106	HEM
TRIGG,JOSEPH,F, 177 OCEAN LANE OR-APT 120 KEY BISCAYNE FL 33149	GP
TRISKA,ROLANO,ANTHONY, 12166 BIG BENO BLVO KIRKWOOO 63122	PO
TROTTA,PHILIP,C, 4511 FOREST PARK BLVO ST LOUIS 6310B	R
TROTTER,FRANCIS,O, 6150 OAKLANO ST LOUIS 63139	R

TRUGLY,EDITH,SUZANNA, P
12 HACIENDA DR
ST LOUIS 63124

TSCHANG,TAI-PO, PTH
615 S NEW BALLAS RD
ST LOUIS 63141

TUANO,ANGELO, GS
2601 N WHITTIER
ST LOUIS 63113

TUCKER,EUGENE,F M, PTH
6420 CLAYTON RD
ST LOUIS 63117

TUCKER,GEO,LEON, GS
4989 BARNES HOSP PLAZA 6107
ST LOUIS 63110

TUMIALAN,LUIS, PTH
2639 MIAMI ST
ST LOUIS 63118

TURGEON,RONALD,PAUL, PTH
6420 CLAYTON RD
ST LOUIS 63117

TURNG,SHU,YING, PD
2249 DUNROYAL RD
ST LOUIS 63131

TWEDELL,DONALD,LOUIS, OM
7544 W FLORISSANT
ST LOUIS 63136

TYRRELL,TERRENCE,ANDREW, R
1515 LAFAYETTE
ST LOUIS 63104

UHLEMEYER,HENRY,A, OTO
5203 CHIPPEWA ST
ST LOUIS 63109

ULETT,GEO,ANDREW, P
500 SUSAN RD
ST LOUIS 63129

UNGVARI,JOS,CHAS, ABS
6500 CHIPPEWA STE 107
ST LOUIS 63109

UTLEY,JAMES, IM
3737 N KINGSHIGHWAY BLVD
ST LOUIS 63115

VACCA,JOS,BRANER ANTHONY, IM
3915 WATSON RD
ST LOUIS 63109

VADLAMANI,S, GS
6150 OAKLAND AVE
ST LOUIS 63139

VALDES,ORESTES,S, PD
1526 BOOKBINDER DR
ST LOUIS 63141

VALKO,ROBERT,J, GP
525 ST FRANCIS
FLORISSANT 63031

VALTIERRA,CESAR,ANTONIO, P
6744 CLAYTON RD
ST LOUIS 63117

VAN GOIDSENHOVEN,GUY,E, GE
1035 BELLVUE
ST LOUIS 63117

VAN MATRE,REBER,M, P
1436 SHERIDAN ST N W
WASHINGTON DC 20011

VAN NORMAN,ROBT,T, PS
6651 CHIPPEWA
ST LOUIS 63109

VANDOVER,JOHN,T, GP
3 GRANTWOOD LANE
ST LOUIS 63123

VARDELEON,ROGELIO,VALCOS, GS
327 CONWAY LAKE DR
ST LOUIS 63141

VARGAS,TEODORO, FP
319 N FIRST ST
PACIFIC 63069

VAUGHAN,J,RUSSELL, OBG
940 GOLF COURSE DR
ST LOUIS 63132

VAUGHN,LEROY,WM, OPH
5054 COVENTRY
ROYAL OAK MI 48073

VELASCO,ERNESTO,TOPACIO, GP
1704 S BROADWAY
ST LOUIS 63104

VELUZ,BENITO,ISAAC, IM
6500 CHIPPEWA
ST LOUIS 63109

VENABLE,M,PHILLIP, OPH
4511 FOREST PARK BLVD
ST LOUIS 63108

VERDA,DOMINIC,J, GS
LISTER BLDG-STE 104
4500 OLIVE ST
ST LOUIS 63108

VERDE,JULIAN,NICHOLAS, R
9806 MEADOWFERN DR
ST LOUIS 63126

VEROLA,NICHOLAS,W, OPH
1325 SOUTH GRAND
ST LOUIS 63104

VERSACKAS,M,J, OPH
BARNES HOSPITAL PLAZA
ST LOUIS 63110

VEST,JAMES,C, TS
777 S NEW BALLAS RD
ST LOUIS 63141

VIAMONTES,GLORIA,E, CHP
1360 SOUTH 5TH ST SUITE 270
ST CHARLES 63301

VIAMONTES,JORGE,ALBERTO, P
777 S NEW BALLAS RD
ST LOUIS 63141

VIANZON,ELIZABETH,ROMERO, OBG
8676 OLD TOWNE DR
ST LOUIS 63132

VIDHEECHAROEN,SOMBOON, GS
1225 GRAHAM RD
FLORISSANT 63031

VIJUNGCO,HERMINIA,D, AN
115 LADUE LAKE DR
CREVE COEUR 63141

VILLAMAR,ELIZABETH,N, OBG
8673 OLD TOWNE DR
ST LOUIS 63132

VILLARAMA,ANTONIO,P, GS
917 GLENMILL DR
MANCHESTER 63011

VILLARAMA,LILIA,F, PO
917 GLEN MILL RD
MANCHESTER 63011

VILORIA,ALBERTO,B, GS
2425 N BROADWAY
ST LOUIS 63102

VIRANT,JOHN,ALOYSIUS, OTO
119 SPOEDE RD
ST LOUIS 63141

VITT,EDWIN,FISCHER, GS
16 HAMPTON VILLAGE
ST LOUIS 63109

VIVIANO,JOS,GHIO, OBG
16 HAMPTON VILLAGE
ST LOUIS 63109

VOURNAS,CHRISTOPHER,G, IM
12255 DE PAUL DR SUITE 865
BRIDGETON 63044

WACKER,LEO,LEE, GP
3563 RITZ CENTER DR
ST LOUIS 63125

WAGNER,JOHN,RAYMOND, ORS
777 S NEW BALLAS RD
ST LOUIS 63141

WALD,STANLEY,MARVIN, IM
4511 FOREST PARK BLVD
ST LOUIS 63108

WALKER,J,LESLIE, OBG
100 N EUCLID AVE
ST LOUIS 63108

WALL,EMMETT,D, IM
5823 NEOSHO
ST LOUIS 63109

WALL,LESTER,EVANS, POA
12166 BIG BEND BLVD
KIRKWOOD 63122

WALSH,JAMES,WM, IM
1034 S BRENTWOOD BLVD
ST LOUIS 63117

WALTER,KENNETH,EUGENE, CD
9188 RUSTICWOOD TRAIL
ST LOUIS 63126

WALTERS,HAROLD,E, DM
6828 OAKLAND
ST LOUIS 63139

WALTMAN,STEPHEN,REEVES, OPH
342 MAGNA CARTA DR
ST LOUIS 63141

WALTON,FRANKLIN,E, GS
25 CLERMONT LANE
ST LOUIS 63124

WALZ,BRUCE,JAMES, TR
510 S KINGSHIGHWAY BLVD
ST LOUIS 63110

WARREN,JAMES,CALDWELL, OBG
4911 BARNES HOSP
ST LOUIS 63110

WASHINGTON,WALTER, GS
3400 N KINGSHIGHWAY BLVD
ST LOUIS 63115

WASSERMAN,HELMAN,C, OBG
911 SOUTH BRENTWOOD BLVD
ST LOUIS 63105

WATERS,HUGH,ROBT, IM
5505 DELMAR BLVD SUITE 205
ST LOUIS 63112

WATKINS,GAREY,LYNN, OPH
2715 UNION BLVD
ST LOUIS 63113

WAYNE,SHERWYN,J, ORS
12166 BIG BEND
ST LOUIS 63122

WEBB,MARION,ARTEMUS, OTO
7744 MOHAWK PL
CLAYTON 63105

WEBB,PAUL,B, GP
3948 WYOMING
ST LOUIS 63116

WEBB,PAUL,B, OPH
6651 CHIPPEWA ST
ST LOUIS 63109

WEBBER,WM,BISHOP, PS
1035 BELLEVUE AVE
ST LOUIS 63117

WEBER,J,RUSSELL, ORS
12166 BIG BEND
ST LOUIS 63122

WEEKS,PAUL,MARTIN, PS
4960 AUDUBON AVE
ST LOUIS 63110

WEIER,ROYAL,A, GS
1012 CLA TER RI DRIVE
BALLWIN 63011

WEILER,THOS,JOS, GS
615 SOUTH NEW BALLAS RD
ST LOUIS 63141

WEIR,DON,CLAIR, R
625 SHERWOOD DR
ST LOUIS 63119

WEIS,LANDY, PTH
11133 DUNN RD
ST LOUIS 63136

WEISS,HOWARD, N
141 N MERAMEC AVE
ST LOUIS 63105

WEISS,STUART, N
4989 BARNES HOSP PLAZA
ST LOUIS 63110

WELDON,CLARENCE,SCHOCK, TS
4960 AUDUBON AVE
ST LOUIS 63110

WELSH,LAURENCE,CHAS, GP
1930 UNION RD
ST LOUIS 63125

WENTZEL,LOUIS,ROBT, GP
8900 HALLS FERRY RD
ST LOUIS 63147

WERNER,WM,ALBERT, IM
6651 CHIPPEWA
ST LOUIS 63109

WESTERMAN,HENRY,C, GP
597 PURDUE
ST LOUIS 63130

WESTERMAN,ROBT,NEIL, GS
1035 BELLEVUE AVE
ST LOUIS 63117

WEYERICH,LEON,F, GP
8321 N BROADWAY
ST LOUIS 63147

WEYGANDT,GLENN,R, AN
10322 OXFORD HILL DR
ST LOUIS 63141

WHITE,WM,HENRY, OBG
950 FRANCIS PL STE 219
CLAYTON 63105

WHITTICO,JAMES,M, GS
2715 UNION BLVD
ST LOUIS 63113

WICHENKAUER,PEIRUCH, IM
1221 S GRAND
ST LOUIS 63104

WIEGAND,HERBERT,CHAS, HEM
4989 BARNES PLAZA STE 3102
ST LOUIS 63110

IENKE,EUGENE,C, PTH
2821 N BALLAS RD
ST LOUIS 63131

ILBOIS,RONALD,PETER, OBG
2821 N BALLAS RD
ST LOUIS 63131

ILKINSON,DAVID, NS
MIDWEST NEUROSURGEONS INC
6744 CLAYTON RD
SUITE 302
ST LOUIS 63117

ILLIAMS,CAROL,FRANCES, GYN
1034 S BRENTWOOD BLVD STE 946
ST LOUIS 63117

ILLIAMS,RAY,DAVID, IM
114 N TAYLOR AVE
ST LOUIS 63108

WILLIAMS,ROY,JEROME, IM
3409 N UNION
ST LOUIS 63115

WILLIAMS,WALTER,RICHARD, GS
808 AMOLAC DR
CREVE COEUR 63141

WILLIAMSON,WALTER,E, OM
4521 TOWER GROVE PL
ST LOUIS 63110

WILLIS,H,ROBERT, GS
445 N GEYER RD
ST LOUIS 63122

WILLMAN,MARTIN,LEE, OTO
1325 S GRAND
ST LOUIS 63104

WILLMAN,VALLEE,L, TS
1325 S GRAND BLVD
ST LOUIS 63104

WILSON,AULLEY,WOODROW, GP
300 MANSION HOUSE PLAZA
ST LOUIS 63102

WILSON,HUGH,M, DR
200 LOG CABIN LANE
ST LOUIS 63124

WILSON,KEITH,SINGLETON, IM
141 N MERAMEC STE 202
CLAYTON 63105

WILSON,SUSAN,LEE, AN
200 SOUTH BRENTWOOD
ST LOUIS 63105

WILUCKI,MELVIN,RAYMOND, GP
8916 GRAVOIS AVE
ST LOUIS 63123

WIMMER,WARREN,JOHN, PD
3220 PARKER RD
FLORISSANT 63033

WINDSOR,CHAS,EDWARD, OPH
777 S NEW BALLAS RD
ST LOUIS 63141

WINER,MICHAEL,HOWARD, ORS
522 N NEW BALLAS RD
ST LOUIS 63141

WINTER,JOHN,HENRY, IM
3394 MC KEVEY RD
BRIDGETON 63044

WINTER,TYRUS,DOMINIC, OBG
100 N EUCLID
ST LOUIS 63108

WINTERS,KATHLEEN, PD
4511 FOREST PARK BLVD
ST LOUIS 63108

WISSNER,SETH,ERNST, OBG
16 HAMPTON VILLAGE
ST LOUIS 63109

WITT,CLYDE,MAX, R
2821 N BALLAS RD
ST LOUIS 63131

WITT,FPED,W, P
9216 CLAYTON RD STE 105-B
ST LOUIS 63124

WITTGEN,EDWARD,M, ORS
6651 CHIPPEWA ST
ST LOUIS 63109

WOCHNER,RAYMOND,DEAN,
8121 PERSHING
ST LOUIS 63105

WOLF,MITCHELL,LEON, OPH
216 S KINGSHIGHWAY
ST LOUIS 63110

WOLFF,GERALD,ALLAN, IM
4989 BARNES HOSP PLZ STE 4103
ST LOUIS 63110

WOLFGRAM,EDWIN,DALE, P
4500 W PINE BLVD
ST LOUIS 63108

WOOD,BENNETT,RAYMOND, GP
3442 GERALDINE
ST LOUIS 63115

WOODS,RALPH,EDWARD, OBG
1325 S GRAND BLVD-DEPT OBG
ST LOUIS 63104

WOOLSEY,JOYCE,E DEVINE, CHN
1034 S BRENTOOD STE 840
ST LOUIS 63117

WOOLSEY,ROBT,MICHAEL, N
1325 S GRAND BOULEVARD
ST LOUIS 63104

WOTAWA,WM,J, OBG
3804 WILMINGTON AVE
ST LOUIS 63116

WRAY,ROBT,CHRISTIE, PS
4960 AUDUBON
ST LOUIS 63110

WURR,DIETER,H, GP
ARNOLD MED CTR BOX 99
ARNOLD 63010

YANNAKAKIS,JOHN,ELIAS, OBG
1245 GRAHAM
FLORISSANT 63031

YATES,DARREL,WAYNE, R
2821 N BALLAS RD
ST LOUIS 63131

YIN,PO-CHIN,H, PDC
300 S GRAND
ST LOUIS 63103

YLAGAN,AMANDO, GS
6376 CLAYTON RD
ST LOUIS 63117

YORE,RICHARD,WM, TS
1034 S BRENTWOOD BLVD STE 958
ST LOUIS 63117

YOUNGE,WALTER,A, IM
501 MADISON
LOVEJOY IL 62059

YOUNGER,ANITA,C, GP
16 HAMPTON VILLAGE PLAZA
ST LOUIS 63109

YOUNGER,ERNEST, GP
16 HAMPTON VILLAGE PLAZA
ST LOUIS 63109

ZAHORSKY,THEODORE,S, PD
800 S HANLEY RD-APT 38
ST LOUIS 63105

ZEFFREN,J,LESTER, IM
2428 WOODSON RD
OVERLAND 63114

ZEKERT,HORST, IM
5203 CHIPPEWA
ST LOUIS 63109

ZIEGELMEYER,JOHN,SIMON, GP
40 N KINGSHIGHWAY
ST LOUIS 63108

ZINGALE,FRANK,GEO, U
6500 CHIPPEWA ST
ST LOUIS 63109

ZIVNUSKA,FREDERICK,R, TR
510 S KINGSHIGHWAY
ST LOUIS 63110

ZOGRAFAKIS,GEO,H, PS
100 N EUCLID AVE
ST LOUIS 63108

ZUCKNER,JACK, RHU
16 OAKLEIGH LANE
ST LOUIS 63124

ZUKOWSKI,EDWARD,THEODORE, R
88 RIVER BEND DR
CHESTERFIELD 63017

ZWART,CLAUDE,HENRIET, OTO
634 NORTH GRAND BLVD
ST LOUIS 63103

194—ST. LOUIS COUNTY

AFF,HELEN, PD
1412 SPAEDE RD
ST LOUIS 63131

ALBERA,VICTOR,HAROLD, EM
RR #2-BOX 236
ST CLAIR 63077

ALEX,MORRIS, IM
522 N NEW BALLAS RD
ST LOUIS 63141

ALEXANDER,GEO,KARADIMOS, GS
2821 N BALLAS RD
ST LOUIS 63141

ALLEN,JAMES,HOLLIS, PTH
11133 DUNN RD
ST LOUIS 63136

ALTHAUS,CARL,J, OM
15225 ISLE VIEW DR
BALLWIN 63011

ALTHEIDE,HARVEY,E IRVING, D
9 MAGNOLIA DR
ST LOUIS 63124

ALVAREZ,ULISES,CASIMIRO, IM
635 SPRING MEADOWS
BALLWIN 63011

AMIN,AURORA, P
177 PLANTATION DRIVE
ST LOUIS 63141

ANGELO,THOMAS,L, P
5400 ARSENAL
ST LOUIS 63139

ANSLINGER,DAVID,LAWRENCE, IM
14329 LAKE TAHOE DR
CHESTERFIELD 63017

ANTONIOU,CHRISTOS,A, PD
500 NORTHWEST PLAZA
ST ANN 63074

ARENOS,PROCESO,T, GS
120 PROGRESS PKWY
MARYLAND HEIGHTS 63043

ARONBERG,JEROME,MILTON, D
141 N MERAMEC
ST LOUIS 63105

ARONSON,ABRAHAM, P
150 N MERAMEC AVE
CLAYTON 63105

AYATA,SEDAT,M, AN
#2 BON AIRE DR
ST LOUIS 63132

AYLWARD,HOWARD,JOS, IM
807 STADIUM
COLUMBIA 65201

AYVAZIAN,VATCHE,H, GS
615 S NEW BALLAS RD
ST LOUIS 63141

BAGBY,JAMES,W, D
7 COUNTRY LIFE ACRES
ST LOUIS 63131

BAGWE,LATA,R, OBG
1404 CHANDELLAY DR
CREVE COEUR 63141

BAILEY,WM,HAROLD, OPH
9157 MILTON AVE
ST LOUIS 63114

BALSTER,VERNON,HENRY, OM
819 LOCUST
ST LOUIS 63101

BAMSHAD,JERRY, D
1125 GRAHAM RD
FLORISSANT 63031

BANJASTITKUL,CHUSAK, PS
2821 N BALLAS RD STE C-20
ST LOUIS 63131

BARKER,EDWARD,THEODORE, PD
2821 N BALLAS RD
ST LOUIS 63131

BARRAGAN,HECTOR,D, GS
901 CLAYTON RD
BALLWIN 63011

BARROW,JACK, A
35 N CENTRAL AVE
ST LOUIS 63105

BARTON,LESLIE,G L, ID
1022 WILD CHERRY
ST LOUIS 63130

BARTON,ROBT,WILLEY, GE
4910 FOREST PARK
ST LOUIS 63108

BAUER,JOS,A, PD
5 RIDGEWOOD RD
ST LOUIS 63124

BAUER,ROBT,A, FP
2386 N HIGHWAY 67
FLORISSANT 63033

BEASLEY,LOUIS,K, GE
BOX 968
PORT SALERNO FL 33492

BECKER,ROBT,LOUIS, OBG
2821 N BALLAS RD
ST LOUIS 63131

BENAGE,CLARENCE,MATTHEW, GS
1125 GRAHAM RD
FLORISSANT 63031

BENOIST,WALTER,FISCHEL, PD
119 CHURCH ST
ST LOUIS 63135

BERGER,EDWARD,J, GPM
300 S GRAND BLVD
ST LOUIS 63103

BERGMANN,JOHN,FREDERICK, P
522 N NEW BALLAS RD
ST LOUIS 63141

BERGMANN,MARTIN, TS
8515 DELMAR BLVD
ST LOUIS 63124

BERNABE,FLORINIO,H, OBG
2250 UNION RD
ST LOUIS 63125

BERNABE,OFELIA,M, IM
2250 UNION RD
ST LOUIS 63125

BERNDSEN,GERARD,H, GP
9313 MANCHESTER RD
ST LOUIS 63119

BERNSTEIN,AARON,M, IM
7171 DELMAR
ST LOUIS 63130

BERWALD,DAVID,MORTON, GS
11789 NATURAL BRIDGE
BRIDGETON 63044

BERWALD,IRVIN,I, FP
747 OLD BOHOMME ROAD
ST LOUIS 63132

BHATTACHARYA,ARJUN, GS
7200 MANCHESTER RD
ST LOUIS 63143

BHOTHINARD,BHISIT, N
13031 WINDING TRAIL LANE
ST LOUIS 63131

BILCHIK,RONALD,CHAS, O
777 S NEW BALLAS ROAD
ST LOUIS 63141

BIRENBAUM,AARON, I
10511 OLD OLIVE ST RD
ST LOUIS 63141

BISHOP,MARION,DALE, G
751 ST FRANCIS ST
FLORISSANT 63031

BLACKMAN,PATRICIA,A B, P
111 CHURCH ST
FERGUSON 63135

BOLES,C,READ, P
35 N CENTRAL AVE
CLAYTON 63105

BOLINSKE,ROBT,E, A
11722 STUDT AVE
ST LOUIS 63141

BONSANTI,ROBT,LOUIS, I
3394 MC KELVEY RD
BRIDGETON 63044

BOONSHAFT,BENJE, I
10511 OLD OLIVE ST RD
ST LOUIS 63141

BORTNICK,ARTHUR,R, GY
777 S NEW BALLAS RD
ST LOUIS 63141

BOWLES,G,ROBT, I
12166 BIG BEND
ST LOUIS 63122

BRAND,EARL,L, GF
120 E LOCKWOOD
ST LOUIS 63119

BRAUFMAN,HARVEY,S, OF
111 CHURCH ST
FERGUSON 63135

BRION,PACELLI,ESCONDO, P
6500 CHIPPEWA APT 107
ST LOUIS 63109

BRISCOE,JOHN,RANDOLPH, GP
7346 A MANCHESTER
MAPLEWOOD 63143

BRODY,ARNOLD,GENE, FP
3535 S JEFFERSON
ST LOUIS 63118

BURNSIDE,CHAS,R, IM
206 W ARGONNE
KIRKWOOD 63122

BURSTEIN,ROBT, OB
911 S BRENTWOOD BLVD
ST LOUIS 63105

BUTLER,RICHARD,L, CD
CHRISTIAN HOSP NE ER
11113 DUNN RD
ST LOUIS 63136

BUTSCH,RICHARD,HENRY, IM
901 CLAYTON RD
BALLWIN 63011

CABRAL,GALILEU, IM
14377 WOODLAKE DR SUITE 109
CHESTERFIELD 63017

CACIOPPO,JOS,E, GP
1040 N MASON RD N
ST LOUIS 63141

CALLAHAN,DONALD,E, R
11155 DUNN RD RM 201
ST LOUIS 63136

CARDENAS,JUAN,OSWALDO, OM
1125 GRAHAM RD
FLORISSANT 63031

CARLSON,ARNE,E, GS
3466 BRIDGELAND DR
SUITE 150
BRIDGETON 63044

CARMONA,GILBERTO,V, PD
525 JEFFCO BLVD
ARNOLD 63010

CARRERA,MARIO, FP
1125 GRAHAM
FLORISSANT 63031

CARRIER,JOHN,A, IM
300 S GRAND
ST LOUIS 63103

CARROLL,PERCY,J, GS
10341 MANCHESTER RD
ST LOUIS 63122

CARTER,EDWIN,E, ORS
777 S NEW BALLAS RD
CREVE COEUR 63141

CATANZARO,RUDOLPH,E, GS
8131 PAGE BLVD
ST LOUIS 63130

HAKROBORTTY,H, U
3654 S GRAND
ST LOUIS 63118

HANDUWADIA,DOSSU,J, OBG
BOX 210 HIGHWAY K
BONNE TERRE 63628

HINSKY,MURRAY, IM
500 NORTHWEST PLAZA STE 501
ST ANN 63074

HOI,SAE,RONG, GS
13147 FOUR POSTER CT
ST LOUIS 63141

HUA,STEVEN, IM
1125 GRAHAM ROAD
FLORISSANT 63031

HUNG,KAP-EUN, GS
205 W MAIN
FREDERICKTOWN 63645

LAYTON,JILL,MARSHALL, AN
MISSOURI BAPTIST HOSP
3015 NO BALLAS RD
ST LOUIS 63131

ATES,THOS,A, GS
1200 S BIG BEND BLVD
RICHMOND HEIGHTS 63117

DILLA,SOSTENES,G, GS
1610 CAMP JACKSON RD
CAHOKIA IL 62206

HEN,FRANK, IM
300 S GRAND
ST LOUIS 63103

HEN,ROBERT,STUART, OBG
2821 BALLAS RD STE 255
ST LOUIS 63131

KRHAME,JACK, IM
1125 GRAHAM RD
FLORISSANT 63031

LLINS,JACK,RAYMOND, AN
1566 MASON VALLEY DR
ST LOUIS 63131

LLINS,JOHN,MICHAEL, GP
6928 HAMPTON AVE
ST LOUIS 63109

NE,ALFRED,J, OTO
635 WOOD MILLS RD S
CHESTERFIELD 63017

OPER,BYRON,S, PUD
DIV OF PULMONARY MED
BARNES HOSP GRP
ST LOUIS 63110

CORWIN,KENNETH,DALE, PS
777 S NEW BALLAS RD STE 125-W
ST LOUIS 63141

COSTRINO,JOS,A, OM
2425 N BROADWAY
ST LOUIS 63102

COWDRY,EDMUND,V, P
700 BILTMORE AVE APT 110
ASHEVILLE NC 28803

COX,ROBT,D, PD
1900 LAFONTENAY CT
LOUISVILLE KY 40223

COZART,DUANE,EMMETT, IM
4910 FOREST PARK
ST LOUIS 63108

CRAWFORD-TROTTER,KATH,J, GS
35 N CENTRAL
ST LOUIS 63105

CRESPO,HORACIO,TIANGCO, GP
245 LITCHFORD CT
ST LOUIS 63141

CRESPO,REMEDIOS,RIVERA, GP
245 LITCHFORD CT
ST LOUIS 63141

CUENTO,OBLENDO,ALMENDRAS, GS
12166 BIG BEND RD-STE 305
KIRKWOOD 63122

CULLUM,ALBERT,GEO J, OTO
MED ARTS BLDG
MIDDLESBORO KY 40965

CUNNINGHAM,EDWIN,J, IM
164 W CLAYTON RD
BALLWIN 63011

CUTLER,HARRY, U
4511 FOREST PARK BLVD
ST LOUIS 63108

DAS,ARABINDA, P
110 N HIGH ST
BELLEVILLE IL 62220

DAVIDSON,MORRIS, OTO
35 N CENTRAL AVE
CLAYTON 63105

DAVIS,EDGAR,W, GS
936 MANSION HILL DR
BALLWIN 63011

DAVIS,GENE,L, DR
11133 DUNN RD
ST LOUIS 63136

DE LEON,ROMUALDO,V, IM
525 JEFFCO BLVD
ARNOLD 63010

DEITCHMAN,ROBT,B, P
141 N MERAMEC AVE
CLAYTON 63105

DEL ROSARIO,HORACIO,O, IM
3809 UNION BLVD
ST LOUIS 63104

DENNISON,CARL,FRANCIS, FP
5471 DR MARTIN LUTHER KING DR
ST LOUIS 63112

DEUTCH,MAX, PD
29 WILLOW HILL RD
ST LOUIS 63124

DICKLER,DONALD,JOS, AN
833 AUDUBON DR
ST LOUIS 63105

DIEHR,MAURICE,AUGUST, GS
9385 PAGE BLVD
ST LOUIS 63114

DIERBERG,DALE,F, DR
11155 DUNN RD
ST LOUIS 63136

DIESTELHORST,JAMES,ALVIN, IM
525 ST FRANCOIS
FLORISSANT 63031

DOISY,ROBT,A, IM
126 E JEFFERSON
ST LOUIS 63122

DONLEY,LEO,FRANCIS, OM
2425 N BROADWAY
ST LOUIS 63102

DOWELL,GEO,HOWARD, P
2821 N BALLAS RD
ST LOUIS 63131

DUGGAN,JOHN,JOS, OBG
10805 SUNSET OFFICE DR
ST LOUIS 63127

DUMADAG,VIRGILIO,P, PTH
3015 N BALLAS RD
ST LOUIS 63131

DURR,JON,W, PTH
2821 N BALLAS RD
ST LOUIS 63131

EBEL,EUGENE,HENRY, PD
11115 NEW HALLS FERRY
FLORISSANT 63033

ECKER,DESIDER,B, GP
214 N 1ST ST
PACIFIC 63069

EGGLESTON,HARRY,CONRAD, OPH
621 S NEW BALLAS RD
ST LOUIS 63141

EGGLESTON,THOS,F, OPH
621 S NEW BALLAS
ST LOUIS 63141

EHRLICH,CARL,FRANK, OTO
777 S NEW BALLAS RD
ST LOUIS 63141

EIDELMAN,JACK,ROBT, P
141 N MERAMEC
ST LOUIS 63105

ELLER,CHAS,HOWE, PH
250 E ALAMEDA
SANTA FE NM 87501

ELLISON,LEROY,E, GP
106 JOHNSON DRIVE
WARREN AR 71671

ELSON,JULIUS, CD
1125 GRAHAM RD
FLORISSANT 63031

EMERSON,REYNOLDS,L, GP
1695 BRENTWOOD BLVD S
BRENTWOOD 63144

ERNST,JOS,G, IM
325 N KIRKWOOD RD
KIRKWOOD 63122

ESCOBEDO,BOLIVAR,M, GS
13975 MANCHESTER ROAD
MANCHESTER 63011

ESTES,JACK,MARTELL, OS
7521 W FORISSANT AVE
ST LOUIS 63136

EVERSOLL,NORTON,JOHN, OS
1455 TYLER ST
HOLLYWOOD FL 33020

EXARHOU,KLARK, GS
777 S NEW BALLAS ROAD
ST LOUIS 63141

FABITO,DANIEL,C, ABS
120 PROGRESS PKWY
HAZELWOOD 63043

FABITO,MELINDA,AYALA, IM
22 DREYER DR
EUREKA 63025

FATHMAN,ANTHONY,ERRETT, U
777 S NEW BALLAS ROAD
ST LOUIS 63141

FEIBEL,ROBT,MARKS, OPH
1034 S BRENTWOOD BLVD
ST LOUIS 63117

FELDMAN,DAVID, IM
11501 LAKESHORE DR
ST LOUIS 63141

FELICIANO,WILFRIDO,C, PS
1245 GRAHAM RD
FLORISSANT 63031

FERRARA,JOHN,PIERRE, GP
15637 HEATHERCRAFT
CHESTERFIELD 63017

FEUTZ,EDWARD,P, R
19 RIDGEMOOR DR
ST LOUIS 63105

FIGUEROA,ELISEO,O, IM
11155 DUNN RD
ST LOUIS 63136

FINGERHOOD,MARVIN,G, IM
9811 W FLORISSANT AVE
ST LOUIS 63136

FINGERT,HYMAN,H, P
100 N EUCLID
ST LOUIS 63108

FINKEL,BARNEY,WM, GP
6508 W FLORISSANT
ST LOUIS 63136

FISCHER,JOHN,R B, P
12255 DE PAUL DR
BRIDGETON 63044

FISH,RICHARD,G, OTO
4370 FOREST DE VILLE DR
ST LOUIS 63129

FISHMAN,JOHN,JAY, AN
3015 N BALLAS RD
ST LOUIS 63131

FLETES,JAMES,W, GP
7270 NATURAL BRIDGE AVENUE
ST LOUIS 63121

FLORO,MARIANO,N, GS
11115 NEW HALLS FERRY RD
FLORISSANT 63033

FLYNN,THOMAS,T, P
10007 KENNERLY ROAD
ST LOUIS 63128

FORSMAN,WALDO,WORTH, GP
9436 GRAVOIS
ST LOUIS 63123

FORSYTH,BRUCE,TODD, IM
100 N EUCLID
ST LOUIS 63108

FOX,LEON,J, ORS
4511 FOREST PARK BLVD
ST LOUIS 63108

FRANKLIN,HAROLD,ALVIN, CD
16 HAMPTON VILLAGE PLAZA
ST LOUIS 63109

FREIHEIT,HAROLD,JOHN, AN
321 SKYLINE DR
PRESCOTT AZ 86301

FRIEDMAN,IRA,JEROME, PD
2428 WOODSON RD
OVERLAND 63114

FRIEDMAN,ROBT,HENRY, PD
2821 N BALLAS RD
ST LOUIS 63131

FROELICH,EDWIN,JACOB, OS
747 DILLWORTH ROAD
ROUTE 2 BOX 56
LEBANON 65536

FUCHS,GEO,JOS, OS
ROUTE 2
BARNETT 65011

GALE,ARTHUR,HELMAN, IM
2428 WOODSON RD
OVERLAND 63114

GALL,IRA,C, OBG
777 S NEW BALLAS RD
ST LOUIS 63141

GEARHART,WILBUR,HARRIS, P
2821 N BALLAS RD STE 165
ST LOUIS 63131

GELLMAN,ELLIOT,FIELD, PD
621 S NEW BALLAS ROAD
ST LOUIS 63141

GIBSTINE,MARVIN,HAROLD, PD
12255 DEPAUL DR
BRIDGETON 63044

GIESELMAN,RALPH,VICTOR, IM
4910 FOREST PARK BLVD
ST LOUIS 63108

GIRAPARNONT,PRABHAK, EM
601 S BRENTWOOD BLVD
ST LOUIS 63105

GOLDMAN,GORDON,MELVIN, OBG
312 FALLING LEAVES CT
ST LOUIS 63141

GOLDMAN,HYMEN,JOS, D
4511 FOREST PARK
ST LOUIS 63108

GOLLUB,SAML,WALTER,
539 COEUR DE ROYALE
ST LOUIS 63141

GOMEZ,CESAR,A, GS
777 S NEW BALLAS
SUITE 117E
ST LOUIS 63141

GOODMAN,JONATHAN,N, GP
245 UNION BLVD
ST LOUIS 63108

GOODMAN,NATHANIEL, GP
7521 W FLORISSANT AVENUE
ST LOUIS 63136

GOODRICH,HAROLD,A, IM
52 S ROCK HILL RD
WEBSTER GROVES 63119

GRADY,RONALD,KEENEY, CD
2821 N BALLAS RD
ST LOUIS 63131

GRAY,GARY,JAMES, IM
911 S BRENTWOOD
ST LOUIS 63105

GRAY,WALTER,CORWIN, FP
RT 3 BOX 189
FARMINGTON 63640

GREEN,MANUEL,EDWIN, D
19370 COLLINS AVE APT 504
MIAMI BEACH FL 33160

GREENMAN,MARSHALL,B, PD
777 S NEW BALLAS RD
ST LOUIS 63141

GRONAU,AXEL,REINHOLD L, IM
ROBERT KOCH HOSP
KOCH 63054

GRUNDMANN,WM,HENRY, ORS
141 N MERAMEC
ST LOUIS 63105

GUILLEN,RODOLFO,T, PH
2821 NORTH BALLAS ROAD
ST LOUIS 63131

GUPTA,JITENDRA,K, IM
1040 N MASON RD STE 107
ST LOUIS 63141

GUPTA,NARAYAN,CHANDRA, P
3654 S GRAND
SUITE 101
ST LOUIS 63118

GURSAHANI,MAN,MOHAN, U
1034 S BRENTWOOD BLVD
STE 854
ST LOUIS 63117

HABERT,EDWARD,R, R
10010 KENNERLY
ST LOUIS 63128

HAGEMANN,PAUL,OONK, RHU
141 N MERAMEC AVE
ST LOUIS 63105

HAGEN,DUANE,QUENTIN, P
621 S NEW BALLAS RD
ST LOUIS 63141

HALL,EUGENE,W, GP
116A S FLORISSANT RD
FERGUSON 63135

HALLAZGO,SANTIAGO,Y, FP
11140 MANCHESTER RD
ST LOUIS 63122

HALLINGER,EARL,S, O
121 N BRENTWOOD
CLAYTON 63105

HAMMOND,D,WADE, ORS
12166 BIG BEND BLVD
ST LOUIS 63122

HAMPTON,OSCAR,P, ORS
8153 STANFORD CT
ST LOUIS 63130

HANNA,FAYEZ,ANDRAWIS, P
3394 MC KELVEY
BRIDGETON 63044

HANTMAN,STEPHEN,LEWIS, IM
1125 GRAHAM RD
FLORISSANT 63031

HANTZ,OSCAR, OTO
1125 GRAHAM RD
FLORISSANT 63031

HARDIN,WM,BLANCHARD, N
2821 N BALLAS RD STE 120
ST LOUIS 63131

HARDY,GUERDAN, OTO
35 N CENTRAL AVE
CLAYTON 63105

HARDY,PATRICK,JOS, IM
1125 GRAHAM RD
FLORISSANT 63031

HARTNETT,THOS,DALEY, P
11 S MERAMEC
ST LOUIS 63105

HARWELL,JAMES,LARRY, PD
35 N CENTRAL
ST LOUIS 63105

HASENMUELLER,JAMES,JOS, GS
10004 KENNERLY RD
SUITE 110
ST LOUIS 63128

HEIMAN,AVIV, OTO
1322 A NIEDRINGHAUS
GRANITE CITY IL 62040

HELBING,EDWARD,J, OS
250 ALAMEDA #105
SANTA FE NM 87501

HENDIN,AARON, IM
4268 DELAR
ST LOUIS 63116

HERJANIC,MARIJAN, P
1420 GRATTAN
ST LOUIS 63104

HERSHEY,FALLS,B, CD
621 S NEW BALLAS RD
ST LOUIS 63141

HERZOG,GODFREDO,MAX, OBG
1125 GRAHAM RD
FLORISSANT 63031

HIATT,H,CHARLES, IM
138 N MERAMEC
ST LOUIS 63105

HICKEY,GLENN,MONROE, OBG
701 MANCHESTER RD
MANCHESTER 63011

HOBBS,JOHN,E, OBG
950 FRANCIS PL STE 311
ST LOUIS 63105

HOBSON,GERALD,JOS, OPH
122 MANCHESTER
BALLWIN 63011

HOGANCAMP,GLENN,EDWARD, GP
1530 LONE OAK RD
PADUCAH KY 42001

HOLTZ,SUMNER, R
5535 DELMAR
ST LOUIS 63112

HOOKERMAN,BRUCE,JAY, O
12255 DE PAUL DR
BRIDGETON 63044

HORRILLENO,EMILIO,GREY, FP
PUBLIC HEALTH
1520 MARKET
ST LOUIS 63101

HOWE,ALBERT,LOUIS, IM
300 S GRAND
ST LOUIS 63103

HOWE,LOUIS,FRANCIS, GP
1136 RIDGELYNN
ST LOUIS 63124

HUANG,CHUONG,CHUN, P
500 NEWTON
IOWA CITY IA 52240

HUCK,FRANK,FISHER, GP
DRAWER 4
FENTON 63026

HUDGENS,RICHARD,WATTS, P
777 S NEW BALLAS RD-STE 234E
ST LOUIS 63141

UGHES,ROBT,GERARD, OM
11745 OLIVE BLVD
ST LOUIS 63141

SLAM,MD,NURUL, EM
10010 KENNERLY RD
ST LOUIS 63128

ZMIRLIAN,GRANT, GP
1040 N MASON RD
ST LOUIS 63141

ACOBS,FREDERICK,AUGUST, PD
10929 ABBOTT AVE
SUN CITY AZ 85351

IN,SAVITRI,GUPTA, IM
12166 BIG BEND BLVD
ST LOUIS 63122

RVIS,CATHY,C, IM
615 S NEW BALLAS RD
ST LOUIS 63141

TALA,IJAZ,AHMAD, P
819 LOCUST
ST LOUIS 63101

CK,SIDNEY, IM
10287 CLAYTON RD
ST LOUIS 63124

HNSON,ROY, GP
RR #1 BOX 93
FORISTELL 63348

JOHNSON,TOM,A, FP
615 SO NEW BALLAS RD
ST LOUIS 63141

JONES,DOROTHY,J, PD
500 S KINGSHIGHWAY
ST LOUIS 63110

JONES,SARA,T, AN
7347 MARYLAND
ST LOUIS 63130

JONES,VICTOR,T, R
2334 ST CLAIR AVE
ST LOUIS 63144

JOTTE,RICHARD,F, FP
10300 ST CHARLES ROCK RD
ST ANN 63074

KABIR,MOHAMMED,AHMED,
10000 HIGHWAY 366
ST LOUIS 63126

KAHN,LAWRENCE,IRVING, PD
4566 SCOTT AVE
ST LOUIS 63110

KAMURAN,OZGONCU, OBG
777 S NEW BALLAS RD STE 217E
ST LOUIS 63141

KANNEGIESSER,HARTMUT, IM
300 S GRAND
ST LOUIS 63103

KANTOR,OWEN, IM
1034 SO BRENTWOOD
ST LOUIS 63117

KARDESCH,MILTON, IM
9293 WATSON RD
ST LOUIS 63126

KARSH,ROBT,S, IM
2428 WOODSON RD
ST LOUIS 63114

KAUP,CHANDRA,S, IM
437 NORMAN GATE RD
BALLWIN 63011

KENDIS,JOS,BERNARD, OS
777 S NEW BALLAS RD
ST LOUIS 63141

KENNEDY,JOHN,DONALD, AN
10004 KENNERLY RD
SUITE 140
ST LOUIS 63128

KESSLER,SHELDON, PD
1125 GRAHAM RD
FLORISSANT 63031

KHAN,ABDUL,GHANI, PD
JEFFERSON COUNTY MED ARTS BLDG
ROUTE 1-SUITE 6
ARNOLD 63010

KHAN,ALTAF,ALI, GE
12166 BIG BEND BLVD
ST LOUIS 63122

KHAN,CHUNG,HONG, GS
LAKEVIEW DR BOX 142
WATERLOO IL 62298

KILKER,CLARENCE,H, GP
7231 WINCHESTER DR
NORMANDY 63121

KILKER,DONALD,EDWIN, GP
7520 NATURAL BRIDGE RD
NORMANDY 63121

KIMELMAN,NATHAN, IM
1005 S BIG BEND BLVD
ST LOUIS 63117

KING,EUSTACE,E, OM
111 CHURCH ST
FERGUSON 63135

KINGSLAND,ROBT,C, IM
6150 OAKLAND
ST LOUIS 63139

KIPNIS,DAVID,M, IM
660 S EUCLID
ST LOUIS 63110

KLIPPEL,ALLEN,P, GS
6229 S 118TH PLAZA
OMAHA NE 68137

KNIGHT,FRANKLIN,P, ABS
11115 NEW HALLS FERRY RD
FLORISSANT 63033

KNOCK,HENRY,LEROY, PD
135 W ADAMS ST
KIRKWOOD 63122

KOCH,ROBT,EUGENE, IM
35 N CENTRAL AVE
CLAYTON 63105

KOERNER,KENNETH,ALBERT, PD
2821 N BALLAS RD
ST LOUIS 63131

KOESSEL,ARTHUR,WM, OPH
13550 SO OUTER RD
CHESTERFIELD 63017

KONZELMAN,JOHN,A, GP
7401 TEASDALE AVE
UNIVERSITY CITY 63130

KORENBLAT,PHILLIP,ERWIN, A
10287 CLAYTON RD
ST LOUIS 63124

KREWET,FRANK,A, IM
1700 S SECOND ST
ST LOUIS 63177

KUTTNER,MARIANNE, PD
8515 DELMAR BLVD
ST LOUIS 63124

KWAN,VICENTE,WONG, IM
4 PARKWAY SHOPPING CENTER
POTOSI 63664

KYAW,MYO,M, DR
11155 DUNN RD
ST LOUIS 63136

LAIRD,JOHN,MAJOR, IM
1125 GRAHAM RD
FLORISSANT 63031

LANSCHE,W,EDWARD, ORS
777 S NEW BALLAS RD
ST LOUIS 63141

LAUBER,JOS,JOHN, FP
621 S NEW BALLAS RD
ST LOUIS 63141

LEE,KIL,SOO, OR
11155 DUNN RD
ST LOUIS 63136

LEMING,BERT,H, PTH
11714 CRAIGVIEW DR
ST LOUIS 63141

LEONHARDT,ERWIN,M, IM
6651 CHIPPEWA
ST LOUIS 63109

LESLIE,CHAS,HAROLD, GP
1065 HAVERSHAM PLACE
DES PERES 63131

LEVIN,MARVIN,E, IM
777 S NEW BALLAS RD
ST LOUIS 63141

LEWIN,W,HOWARD, OPH
906 OLIVE ST
ST LOUIS 63101

LINDER,HOWARD,EUGENE, IM
3015 N BALLAS RD
ST LOUIS 63131

LINS,ROBT,DEAN, PD
309 MANCHESTER RO
MANCHESTER 63011

LIPSCHITZ,ERVIN, P
777 S NEW BALLAS RD
ST LOUIS 63141

LISS,JAY,LAWRENCE, P
763 SOUTH NEW BALLAS RD
ST LOUIS 63141

LISSNER,ARTHUR,BART, PS
1245 GRAHAM RD
FLORISSANT 63031

LITZOW,LOUIS,THOS, GE
10004 KENNERLY RD RM 225
ST LOUIS 63128

LIVINGSTON,DON,GEO, PD
650 MANCHESTER RD
BALLWIN 63011

LOHR,ROBT,WM, R
236 CONWAY HILL RD
ST LOUIS 63141

LORO,RICHARD,E, ORS
12166 BIG BEND BLVD
ST LOUIS 63122

LOWTHER,GERALD,SCOTT, PD
901 CLAYTON RD
BALLWIN 63011

LUEHRS,ROBT,O, CHP
230 S BEMISTON
CLAYTON 63105

LUND,HERLUF,G, U
3654 S GRAND AVE
ST LOUIS 63118

LUND,ROBT,H, GS
1034 S BRENTWOOD
ST LOUIS 63117

LUTHER,GEORGE,A, ORS
12166 BIG BEND
ST LOUIS 63122

LYSS,CARL,ALAN, IM
100 N EUCLID
ST LOUIS 63108

LYSS,STANLEY,BERNARD, PD
621 S NEW BALLAS RD
ST LOUIS 63141

MAC CAUGHELTY,THOMAS,C, AN
1821 SUNNY DR
ST LOUIS 63122

MACLEOD,ANGUS, CD
3555 SUNSET OFFICE DR
ST LOUIS 63127

MAGEE,WM,E, IM
4910 FOREST PARK BLVD
ST LOUIS 63108

MAGNESS,GUY,NORTON, GP
608 KINGSLAND AVE
UNIVERSITY CITY 63130

MAHE,GEO,A, IM
911 S BRENTWOOD BLVD
ST LOUIS 63105

MALT,SHERWIN,HUGH, GS
522 N NEW BALLAS RD
ST LOUIS 63141

MANNIS,CHARLES,I, ORS
522 N NEW BALLAS RD
ST LOUIS 63141

MARAVILLA,LEVY,M, GP
4211 BAYLESS SUITE B
ST LOUIS 63123

MARCUS,MORRIS,DAVID, D
8631 DELMAR BLVD
ST LOUIS 63124

MARGOLIS,RICHARD,M, PD
1125 GRAHAM RD
FLORISSANT 63031

MARMOR,WM,ADOLPH, OTO
1233 GUELBRETH LN
ST LOUIS 63141

MARTIN,FREDERICK,WM, OBG
325 N KIRKWOOD RD
ST LOUIS 63122

MARTIN,PHILIP,LATHAM, OTO
10000 HIGHWAY 366
ST LOUIS 63126

MARTZ,JOHN,CHAS, PD
325 N KIRKWOOD RD
ST LOUIS 63122

MATHEW,RUBY, OBG
428 FOUR SEASONS CENTER
WOODS MILL & OLIVE ST RDS
CHESTERFIELD 63017

MAXWELL,RICHARD,W, IM
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

MAYER,ROBT,AUGUST, IM
8631 DELMAR BLVD
ST LOUIS 63124

MC CALL,EDWIN,LEVAN, GP
22 HILLTOP DR
KIMBERLING CITY 65686

MC CLURE,DAVID,N, PD
2821 N BALLAS RD
ST LOUIS 63131

MC GINNIS,WM,FITCH, OBG
5505 DELMAR
SUITE 206
ST LOUIS 63112

MC KEE,OLIVER,AUGUSTUS, D
325 N KIRKWOOD RD
KIRKWOOD 63122

MC LEAN,ROYAL,C, GP
520 W JEWEL AVE
KIRKWOOD 63122

MC MULLIN,FORBES,A, ORS
2821 NO BALLAS RD
ST LOUIS 63131

MC MURRAY,HERBERT,C, GP
201 MANCHESTER RD
MANCHESTER 63011

MC NALLEY,MICHAEL, OBG
135 W ADAMS
KIRKWOOD 63122

MEADOR,JAMES,RUEL, GS
10367 OXFORD HILL DRIVE
ST LOUIS 63141

MEADOWS,CHAS,DOUGLAS, OM
777 S NEW BALLAS RD
ST LOUIS 63141

MEDLER,JOHN,FRANCIS, OBG
2821 N BALLAS RD
ST LOUIS 63131

MEDLER,PAUL,LOUIS, D
12166 BIG BEND
ST LOUIS 63122

MEDRANO,CRESENCIANO,A, OBG
7241 JEFFCO BLVD
ARNOLD 63010

MEDRANO,LINA,EBRO, IM
4731 DELMAR BLVD
ST LOUIS 63108

MENCIAS,CRISTETA,B, OBG
909 MEADOWLARK DR
O'FALLON IL 62269

MENDELSON,DAVID,F, N
141 N MERAMEC AVE
ST LOUIS 63105

MENESES,ORLANDO,GUALLAR, GP
11327 GRAVOIS
ST LOUIS 63126

MERRIMS,THEODORE, OBG
8631 DELMAR BLVD
ST LOUIS 63124

MERRITT,BURCH,ANTHONY, PD
12937 TIMMOR CT
ST LOUIS 63131

MEYER,JAMES,E, GP
201 MANCHESTER RD
MANCHESTER 63011

MEYER,JAY,LAWRENCE, P
763 SOUTH NEW BALLAS RD
ST LOUIS 63141

MEZERA,RAYMOND,A, CD
7345 WHITEHAVEN
ST LOUIS 63123

MIDDLETON,JERRY,NORTON, OBG
777 S NEW BALLAS RD
ST LOUIS 63141

MILDER,BENJ, OPH
10 TERRYHILL LANE
ST LOUIS 63131

MILES,PAUL,WENDELL, OPH
2821 N BALLAS RD
ST LOUIS 63131

MILLANGUE,CONSOLACION,P, IM
8059 WATSON RD
WEBSTER GROVES 63119

MILLANGUE,RAFAEL,M, GS
8059 WATSON RD
WEBSTER GROVES 63119

MILLER,CHAS, IM
12166 BIG BEND BLVD
KIRKWOOD 63122

MINNIHAN,ROBT,W, P
111 S MERAMEC AVE
ST LOUIS 63105

MOLDEN,CHAS,ARTHUR, GP
7520 NATURAL BRIDGE RD
ST LOUIS 63121

MONAT,SEYMOUR,M, OBG
8631 DELMAR BLVD
ST LOUIS 63124

MONTES DE OCA,JULIO, IM
950 FRANCIS PL
CLAYTON 63105

MONTES,ARTURO,CORTEZ, GP
1453 MC LARAN
ST LOUIS 63147

MOON,THOS,ROY, N
12166 BIG BEND BLVD
KIRKWOOD 63122

MOORE,HARRY,GEO, CHP
141 N MERAMEC
ST LOUIS 63105

MOORE,HARRY,GEO, OBG
625 S SKINKER APT 502
ST LOUIS 63105

MOORE,WALTER,LA MAR, N
1034 S BRENTWOOD BLVD
ST LOUIS 63117

MUELLER,ROBT,JOHN, P
16 HAMPTON VIL PLAZA
ST LOUIS 63109

MULLARKY,WILBUR,ARTHUR, IM
10646 ST CHARLES ROCK RD
ST ANN 63074

MURPHY,JOHN,CARROLL, PH
141 N MERAMEC AVE
CLAYTON 63105

MYERS,IVAN,TALLEY, OBG
35 N CENTRAL AVE
ST LOUIS 63105

NAKADA,JAMES,ROBT, CD
950 FRANCIS PL
CLAYTON 63105

NEELD,ELISE,MOSS, R
6651 CHIPPEWA ST
ST LOUIS 63109

NELSON,JOHN,R,
12166 BIG BEND BLVD
ST LOUIS 63122

NEWPORT,GERALD, OBG
1125 GRAHAM RD
FLORISSANT 63031

NIEVA,DELFIN,T, AN
5291 BRASS LANTERN
ST LOUIS 63128

NOLLER,HENRY,WM, IM
9440 MIDLAND AVE
ST LOUIS 63114

NOUHAN,JOS,GEO, OBG
621 S NEW BALLAS STE 560
CREVE COEUR 63141

NUETZEL,JOHN,ARLINGTON, OS
911 S BRENTWOOD BLVD
CLAYTON 63105

NUKRONGSIN,SOMPORN, AN
1082 PINRUN DR
MANCHESTER 63011

NUNEZ,MARIA,ANA, PD
2821 BALLAS RD STE 135
ST LOUIS 63131

NUSSBAUM,ROBT,ALLEN, CD
22 VOUGA
ST LOUIS 63131

O'BANNON,LON,W, IM
1125 GRAHAM RD
FLORISSANT 63031

O'CONNOR,ROBT,J, GP
751 ST FRANCOIS ST
FLORISSANT 63031

O'KEEFE,JOS,D, OBG
135 W ADAMS ST
KIRKWOOD 63122

O'NEAL,PATRICIA,LEE, P
4989 BARNES HOSP PLAZA-5101
ST LOUIS 63110

OGLESBY,RICHARD,BERKELEY, OPH
621 S NEW BALLAS RD
ST LOUIS 63141

OHLMS,DAVID,LEE, P
777 S NEW BALLAS RD
ST LOUIS 63141

OMELL,GARY,HAROLD, DR
5535 DELMAR
ST LOUIS 63112

ORTILLO,AMADO,P, GP
103 N TAYLOR
ST LOUIS 63122

OTT,HAROLD,JOHN, GP
2816 SUTTON AVE
ST LOUIS 63143

OTTENSMEYER,CHAS,DONALD, P
US MED CNT FOR FED PRISONERS
P O BOX 4000
SPRINGFIELD 65802

OTTOLINI,JAMES,LOUIS, OBG
621 S NEW BALLAS RD
ST LOUIS 63141

PAEZ,MAURO,ALCALA, CLP
11636 ADMINISTRATION DR
ST LOUIS 63141

PARIKH,SHARAD,P, EM
911 S BRENTWOOD BLVD
ST LOUIS 63105

PARIS,WM,HENRY, GP
7520 NATURAL BRIDGE RD
NORMANDY 63121

PARK,AGATHA,LEE, D
11155 DUNN RD
ST LOUIS 63136

PASIA,EBELLO,TAYLOR, GS
12127 BELLEFONTAINE RD
ST LOUIS 63138

PAWOL,SYLVESTER,E, GP
11701 OLD ST CHAS RD
BRIDGETON 63044

PEEBLES,JONATHAN,B,
RR #1
BUCHANAN TN 38222

PENNOYER,JAMES, OBG
4910 FOREST PARK BLVD
ST LOUIS 63108

PERRY,WM,DAVID, IM
1034 S BRENTWOOD BLVD
ST LOUIS 63117

PETERSON,FREDERICK,D, PD
8025 DALE AVE
ST LOUIS 63117

PHILIP,VARKEY, EM
525 COUCH AVE
KIRKWOOD 63122

PHILLIPS,HANFORD, HYP
6825 CLAYTON AVE
ST LOUIS 63139

PHIPATANAKUL,CHINTANA,S, A
1125 GRAHAM RD
FLORISSANT 63031

PHIPATANAKUL,SUPOTE, OTO
135 W ADAMS
ST LOUIS 63122

PIMENTEL,ESPERANZA,M, GP
6917 W FLORISSANT
ST LOUIS 63136

PLATT,WM,RADY, PTH
3100 WYMAN PARK DR
US PUBLIC HLTH SERV HOS
BALTIMORE MD 21211

POWELL,CHARLES,B, ORS
1125 GRAHAM RD
FLORISSANT 63031

POWELL,JOHN,A, D
911 SO BRENTWOOD
ST LOUIS 63105

PROBST,RAYMOND,EDWARD, OBG
10345 WATSON RD
ST LOUIS 63127

RACADIO,SEVERO,M, GP
1241 JEFFCO BLVD
ARNOLD 63010

RACHLIN,MAXWELL, OPH
211 N MERAMEC
ST LOUIS 63105

RAO,CARLO, GS
7521 W FLORISSANT
ST LOUIS 63136

REARDON,THOS,FRANCIS, IM
771 GABRIEL CT
ST LOUIS 63122

REDINGTON,JAMES,C, IM
911 S BRENTWOOD
ST LOUIS 63105

REESE,ALMA,VICTOR, GP
120 E LOCKWOOD AVE
WEBSTER GROVES 63119

REINHARD,EDWARD,H, IM
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

REITMAN,STANLEY, IM
158 MAYFAIR PLAZA
FLORISSANT 63033

RENDLEMAN,DAVID,DOUGLAS, IM
35 N CENTRAL
CLAYTON 63105

RENNARD,MARVIN, OBG
2821 N BALLAS RD STE 255
ST LOUIS 63131

REPASO,FLORANTE,ANGELES, GS
20 HUGHES FORD RD
SULLIVAN 63080

REPP,THEODORE,J, IM
158 MAYFAIR PLAZA
FLORISSANT 63033

REYNOLDS,JAMES,ALAN, IM
141 N MERAMEC
ST LOUIS 63105

RICHARDSON,THOS,FRED, P
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

RICHMOND,MICHAEL,ROBIN, IM
1125 GRAHAM RD
FLORISSANT 63031

RIGGIO,SALVATORE,N, PD
9901 GRAVOIS RD
ST LOUIS 63123

ROBERTS,HAROLD,KERSEY, IM
35 N CENTRAL AVE
CLAYTON 63105

ROBERTS,JOHN,PAYNE, IM
3015 BARRETTS STATION RD
KIRKWOOD 63122

ROBERTSON,FRANK,G, OBG
456 NO NEW BALLAS RD
ST LOUIS 63141

ROBINSON,EDITH,C, CHP
2 BRIAR OAK
ST LOUIS 63132

ROBLEE,MELVIN,ANDREW, OBG
5 KINGSTON MANOR
ST LOUIS 63124

ROGERS,HUNTER,BRYAN, TRS
819 LOCUST ST
ST LOUIS 63101

ROOS,ALBERT, AN
660 S EUCLID
ST LOUIS 63110

ROSENTHAL,RANDALL, P
522 N NEW BALLAS RD
ST LOUIS 63141

ROSS,WM,JOS, PD
119 CHURCH ST
ST LOUIS 63135

ROUSE,ERNEST,T, IM
1034 S BRENTWOOD BLVD
ST LOUIS 63117

RUBENSTEIN,MELVIN, P
522 N NEW BALLAS RD STE 136
ST LOUIS 63141

RUBIN,ROBT, IM
4585 WASHINGTON ST STE 83
FLORISSANT 63033

RUHLING,RUDY, FP
640 OBSDEE KNOLLS
ST LOUIS 63119

RUMELT,MICHAEL, OPH
522 NO NEW BALLAS RD
ST LOUIS 63141

RYAN,JOHN,JOS, GP
28 RIDGETOP
CLAYTON 63117

SAHA,SUDHA,RANI, OBG
500 NW PLAZA
ST ANN 63074

SANTILLANO,ANTONIO,B, PTH
2821 N BALLAS RD
ST LOUIS 63131

SCHAERER,JACQUES,P, NS
777 S NEW BALLAS RD
ST LOUIS 63141

SCHECHTER,SAML,E, IM
8000 BONHOMME ST
CLAYTON 63105

SCHEELE,PAUL,MATTHIAS, IM
325 N KIRKWOOD ST
KIRKWOOD 63122

SCHLANSKY,SEYMOUR,M, PD
677 N NEW BALLAS RD
ST LOUIS 63141

SCHLUER,ELMER,P, GP
9 LONG MEADOWS
ST LOUIS 63131

SCHMIDT,EDMUND,MARTIN, GP
6704 W FLORISSANT AVE
ST LOUIS 63136

SCHNEIDER,SAM, GS
C/O FUNDEMBERG
1015 LOCUST
ST LOUIS 63101

SCHOENECKER,PERRY,LEE, ORS
4989 BARNES HOSPITAL PLAZA
ST LOUIS 63110

SCHOENTAG,JOHN,S, D
141 N MERAMEC
ST LOUIS 63105

SCHOPP,ALVIN,CHAS, ORS
10000 HIGHWAY 366
ST LOUIS 63126

SCHREIBER,DAVID,J, N
11155 DUNN RD
ST LOUIS 63136

SCHULTZ,EARL,ROBT, N
2821 N BALLAS RD
ST LOUIS 63131

SCHULTZ,SAML, GP
2730 WATSON RD
ST LOUIS 63139

SCHWARTZ,MELVIN,M, OBG
2821 N BALLAS
ST LOUIS 63131

SCHWARTZMAN,BERNARD, PD
1512 BEDFORD FORGE DR
CHESTERFIELD 63017

SCHWARZ,LUIS,HERMAN, P
1035 BELLEVUE AVE
ST LOUIS 63117

SEABAUGH,OTTIS,DEWEY, GP
9645 BIG BEND BLVD
ST LOUIS 63122

SHAIKUN,GERALD,LEE, R
4511 FOREST PARK
ST LOUIS 63108

SHATZ,BURTON,ALBERT, GE
10287 CLAYTON RD
ST LOUIS 63124

SHEFFIELD,WM,HART, PTH
135 W ADAMS
ST LOUIS 63122

SHEIKH,ABDUL,RASHID, GS
2200 N VERMILLION ST APT 501
DANVILLE IL 61832

SHEN,HANG,CHANG, R
6651 CHIPPEWA ST
ST LOUIS 63109

SHERMAN,WARREN,GARY, PD
3535 SOUTH JEFFERSON
ST LOUIS 63118

SHOBE,FRANK,OSCAR, P
1034 S BRENTWOOD BLVD STE 1160
ST LOUIS 63117

SILBER,SHERMAN,JAY, U
456 S NEW BALLAS RD
ST LOUIS 63141

SILVER,BERND, OPH
211 NORTH MERAMEC
ST LOUIS 63105

SILVERBERG,CHAS, IM
9903 GRAVOIS
ST LOUIS 63123

SIMONS,PAUL,STEPHEN, PD
4570 AUDUBON
ST LOUIS 63110

SIMRIL,WAYNE,A, R
21 SOMERSET DOWNS
ST LOUIS 63124

SISK,JAMES,CASH, D
121 N BRENTWOOD BLVD
CLAYTON 63105

SKILLING,DAVID,M, PUD
5505 DELMAR
ST LOUIS 63112

SKINNER,JOHN,SPALDING, IM
35 N CENTRAL
ST LOUIS 63105

SMIT,HERBERT,MAURICE, OTO
8724 W KINGBURY
ST LOUIS 63124

SOLOMON,FELIX,G, AN
11326 MOSLEY LANE
ST LOUIS 63141

SOMMER,ROSS,B, IM
1034 S BRENTWOOD ST
ST LOUIS 63117

SOTO,ALBERT,ARTURO, P
522 N NEW BALLAS RD
ST LOUIS 63141

SPECTOR,GENE,WM, R
4511 FOREST PARK AVE
ST LOUIS 63108

SPENO,ANGELO,ANTHONY, OM
1001 N HIGHWAY DRIVE
FENTON 63026

SPITZ,MILTON,ADOLPH, IM
1901 LINCOLN PK W
CHICAGO IL 60614

SPIVACK,ALAN,ROBT, IM
10511 OLD OLIVE ST RD
ST LOUIS 63141

SPOENEMAN,MARLIN,CARL, GP
6 ARROWHEAD LANE
CHESTERFIELD 63017

SPRAUL,JAMES,H, OM
800 NO LINDBERGH
ST LOUIS 63166

STEIN,HARRY,JOS, GP
6917 W FLORISSANT
JENNINGS 63136

STEINER,ALEXANDER,J, PUD
141 N MERAMEC AVE STE 216
CLAYTON 63105

STEPHENS,WM,ALVIN, ORS
RT 3 BOX 141
KEHRS MILL RD
CHESTERFIELD 63017

STEVENS,ROBT,W, OB
6744 CLAYTON RD
ST LOUIS 63117

STEWART,FRANCES,HELEN, OB
7161 DELMAR BLVD
ST LOUIS 63130

STICKLE,ARTHUR,W, OP
135 W ADAMS
KIRKWOOD 63122

STUART,WALLACE, PD
10000 HWY 366
CRESTWOOD 63126

STUEBNER,ROLAND,WM, GS
11964 ADORONO PLACE
SAN DIEGO CA 92128

SULLIVAN,WM,KIELY, AM
5407 D GRAY PLAZA
SCOTT AFB IL 62225

SULLIVAN,WM,WALLACE, IM
12166 BIG BEND BLVD
KIRKWOOD 63122

SUMER,CENGIZ,MUSTAFA, P
220 RUNNYMEDE DR
ST LOUIS 63141

SUMER,EMEL,AKTAN, CH
220 RUNNYMEDE DR
ST LOUIS 63141

SUTTER,RICHARD,ANTHONY, OM
819 LOCUST ST
ST LOUIS 63101

TALABAN,RAYMUNDO,D, GS
703 W MAIN
FREDERICKTOWN 63645

TAN,CHAS,HUA-MIN, HEM
9293 WATSON RD
ST LOUIS 63126

TASHMA,SIGMUND,S, DR
904 DALKEITH LANE
ST LOUIS 63132

TEIBER,FREDERICK,WM, OM
38 FAIR OAKS
ST LOUIS 63124

THIELE,BELMONT,RODNEY, GS
4511 FOREST PARK
ST LOUIS 63108

TOMLINSON,WM,LOREN, GS
1851 CANDLEWICK DR
ST LOUIS 63131

TOON,THOMAS,J, GP
10093 W FLORISSANT
ST LOUIS 63136

TORIN,BERNICE,A, OBG
150 NO MERAMEC
ST LOUIS 63105

TREIMAN,ROBT,CRAGE, IM
7 RADNOR RD
ST LOUIS 63131

TRUEBLOOD,ALVA,C, OBG
325 N KIRKWOOD RD
ST LOUIS 63122

TRUNKO,LEO, IM
1900 TELEGRAPH RD
ST LOUIS 63125

TSIFUTIS,ARGYRIOS,A, PD
500 NORTHWEST PLAZA 508
ST ANN 63074

TURNER,JAMES,K, PD
4570 AUDUBON AVE
ST LOUIS 63110

ULETT,PEARL,C LAWRENCE, CHP
801 S BRENTWOOD BLVD
ST LOUIS 63105

VALACH,FRANK,JAMES, 2821 N BALLAS RD ST LOUIS 63131	OBG
VATTEROTT,PAUL,BARTO, 10300 ST CHARLES ROCK RD ST ANN 63074	GP
VENTUS,MANUEL,ALCALA, 8321 N BROADWAY ST LOUIS 63147	ABS
VICKAR,GARRY,MARTIN, 1245 GRAHAM RD RM 313 FLORISSANT 63031	P
VIERS,WAYNE,ALLEN, 135 W ADAMS ST LOUIS 63122	OTO
VILAR,PIO,MACTAL, 4211 BAYLESS ST LOUIS 63123	GS
VILLALOBOS,RICARDO, 4947 CONRAD CT SAN DIEGO CA 92117	NEP
VIRAGHATY,JULIUS,GYULA, OLD STATE ROAD RR BOX 58 GLENCOE 63038	AN
VITALE,ANTHONY,J, 7150 NATURAL BRIDGE RD ST LOUIS 63121	GS
VITALE,NICHOLAS,S, 614 COACHLIGHT LANE HAZELWOOD 63042	ABS
VOLLMAR,CLARENCE,JOS, 9976 WILLOW PT DR SUN CITY AZ 85351	GP
VOLLMAR,LEWIS,C, 10004 KENNERLY RD ST LOUIS 63128	D
VOTAW,ROBT,EDWARDS, 100 N EUCLID ST LOUIS 63108	OTO
WAGAN,PRIMITIVA,C LOPEZ, 300 S GRAND ST LOUIS 63103	CO
WALKER,FRANCIS,SAML, 1035 BELLEVUE AVE ST LOUIS 63117	
WALKER,HARVEY, 138 N MERAMEC AVE CLAYTON 63105	DIA
WALKER,WILLARD,B, 1034 S BRENTWOOD BLVD ST LOUIS 63117	GS
ALTER,WM,LEE, 135 W ADAMS ST LOUIS 63122	OPH
ALTERS,HENRY,WARE, 35 N CENTRAL AVE CLAYTON 63105	D
ALTHER,ROY,A, 9440 MIDLAND ST LOUIS 63114	OBG
ARD,ROBT,LEE, 3545 LAFAYETTE AVE INCARNATE WORD HOSPITAL /ER ST LOUIS 63104	GP
AXELMAN,ROGER,JEROME, 309 MANCHESTER RD MANCHESTER 63011	PD
EBER,SOL, 827 S HANLEY RD CLAYTON 63105	IM
WEE,GEO,CHUAN, 1033 MANCHESTER RD ELLISVILLE 63011	GS
WEINHAUS,ROBT,STANLEY, 868 ALBEY LANE ST LOUIS 63132	IM
WEISMAN,RENATE,D, 500 NORTHWEST PLAZA SUITE 411 ST ANN 63074	OBG
WELNER,AMOS, 4940 AUDUBON ST LOUIS 63110	P
WELNER,ZILA, 500 S KINGSHIGHWAY ST LOUIS 63110	P
WENNEKER,ALVIN,S, 8112 DELMAR BLVD ST LOUIS 63130	IM
WEST,JOS,W, 135 W ADAMS ST KIRKWOOD 63122	OTO
WESTRUP,ELLSWORTH,A, 8540 BIG BEND RD WEBSTER GROVES 63119	GP
WEYERICH,NOEL,FRANCIS, 621 S NEW BALLAS RD ST LOUIS 63141	IM
WHITE,BRUCE,IRWIN, 4910 FOREST PARK ST LOUIS 63108	PS
WHITE,NEWTON,B, 10004 KENNERLY RD ST LOUIS 63128	ORS
WHITENER,MILES,CLARK, 9440 MIDLAND ST LOUIS 63114	IM
WHITENER,PAUL,ROWLAND, 15201 OLIVE BLVD APT 274 CHESTERFIELD 63017	GP
WIANT,JAMES,ROBINSON, 621 S NEW BALLAS RD ST LOUIS 63141	PUD
WIEDERSHINE,LEONARD,J, 522 N NEW BALLAS RD STE 246 ST LOUIS 63141	P
WIRTHLIN,EDWARD,HENRY, 12660 LAMPLIGHTER SQUARE ST LOUIS 63128	GP
WISSMATH,FRANK,SUM, 35 N CENTRAL AVE CLAYTON 63105	PD
WITTLER,HARRY,ALBERT, 325 N KIRKWOOD RD KIRKWOOD 63122	GS
WOLFE,EDWARD,MARTIN, 777 S NEW BALLAS RD ST LOUIS 63141	D
WOLFF,DOLORES,J PASKAR, 3 TUSCANY PARK CLAYTON 63105	AN
WOLFF,HAROLD,DAVID, 522 N NEW BALLAS RD RM 246 ST LOUIS 63141	P
WOLFF,RAY,J, 500 NW PLAZA ST ANN 63074	P
WOOD,JAMES,ALBION, 141 N MERAMEC CLAYTON 63105	CD
WOOD,JOHN,A, 4910 FOREST PARK AVE ST LOUIS 63108	IM
WOODRUFF,SHARON,LYNN, 205 ELM ST WASHINGTON 63090	P
WOOL,GERALD, 8025 DALE ST LOUIS 63117	PD
WULFF,GEO,J L, C/O GENERAL DELIVERY PENTWATER MI 49449	OBG
WYATT,LOIS,CAROLYN, 103 N TAYLOR AVE KIRKWOOD 63122	FP
YALCIN,ENVER, GANNON SHOPPING CENTER PEVELY 63070	IM
YANOW,MITCHELL, 777 S NEW BALLAS RD ST LOUIS 63141	OBG
YAP,MARDONIO,J R, 7521 W FLORISSANT ST LOUIS 63136	GS
YASIN,FAZLE,MOBIN, 5400 ARSENAL ST LOUIS 63139	P
YAZDI,ATAOLLAH,MOSLEH, 16 HAMPTON VILLAGE PLAZA ST LOUIS 63109	OBG
ZEIGLER,JOS,MARTIN, 6 BEACON HILL LANE ST LOUIS 63141	R
ZIMMERMAN,HERBERT,B, 100 N EUCLID ST LOUIS 63108	CO
ZWIRN,HANS,BENJ, 493 ST FRANCOIS FLORISSANT 63031	PD

198—SALINE

BLALOCK,ROBT,W, 370 S ODELL ST MARSHALL 65340	IM
BOWDISH,PALMER,R, 604 E YERBY MARSHALL 65340	GP
KNIPSCHILD,BEDFORD,FLOYD, 370 S ODELL ST MARSHALL 65340	GP
LAWRENCE,JOHN,R, 905 S ODELL MARSHALL 65340	GP
MC BURNEY,CHAS,A, 208 MAIN STREET SLATER 65349	GP
MC CORKLE,E,LEE, MARSHALL PROF BLDG MARSHALL 65340	GP
RAYNOR,RICHARD,CLARK, 370 S ODELL MARSHALL 65340	GP
REID,JAMES,ARMAND, 370 S ODELL MARSHALL 65340	FP
ROEHRS,MARVIN,E, 905 S ODELL ST MARSHALL 65340	GP

202—SEMO
(Stoddard-New Madrid-Mississippi-Scott Counties)

AHLVIN,ROBT,CALHOUN, DELTA COMMUNITY HOSPITAL SIKESTON 63801	PTH

ASKEW,JOHN,HENRY, GP
1012 N MAIN STREET
SIKESTON 63801

BLANTON,JOS,CULLEN, PD
1012 N MAIN ST
SIKESTON 63801

BOOTH,WM,VERDELL, GS
1 MILE RD
DEXTER 63841

BRUCE,LEO,A, OPH
808 E WAKEFIELD
SIKESTON 63801

CAMPBELL,JAMES,W, GP
ADVANCE 63730

CEJAS,LEANDRO,PABLO, OBG
1012 N MAIN
SIKESTON 63801

CHOUINARD,MICHAEL,P, HEM
1012 N MAIN ST
SIKESTON 63801

COLBERT,ROBT,STEPHEN, R
108 SALCEDO ROAD
SIKESTON 63801

COMEAU,RICHARD,JOS A, GP
W GRANT-CATALPA STS
DEXTER 63841

CRITCHLOW,WM,C, GP
BOX 1068
SIKESTON 63801

DAVIS,WILBUR,LEACH, GP
102 W COMMERCIAL ST
CHARLESTON 63834

DUNAWAY,HOWARD,ANDREW, OTO
P O BOX 806
SIKESTON 63801

DUPONT,JEAN,RENE, CD
1012 N MAIN ST
SIKESTON 63801

FRAZIER,ROBT,LEON, GP
116 N MAIN
CHARLESTON 63834

HEEB,MAX,A, GS
1012 N MAIN ST
SIKESTON 63801

HELFRICH,LORING, GS
1012 N MAIN
SIKESTON 63801

HENDERSON,THOS,WAYNE, GP
ONE MILE RD
DEXTER 63841

HILL,RONALD,T, GS
RT 3
DEXTER 63841

HO,GRINNY,H C, OBG
808 E WAKEFIELD ST
SIKESTON 63801

KANDALAFT,FUAD,HABIB, GP
112 S WALNUT
DEXTER 63841

KUO,GONG,TEN, OBG
103 SPRING DR
SIKESTON 63801

MAHBOUBI,AZIZ,O, U
BOX 653
SIKESTON 63801

MARTIN,ANDREW,DAVID, FP
808 E WAKEFIELD
SIKESTON 63801

MASTERS,EDWIN,JORDAN, FP
1012 N MAIN ST
SIKESTON 63801

PAGE,JESSE,W, IM
1012 N MAIN ST
SIKESTON 63801

PINKSTAFF,THOS,HUGH, PD
1012 N MAIN ST
SIKESTON 63801

POPP,CARL,GEO, CD
1012 N MAIN ST
SIKESTON 63801

REHM,RALPH,DALE, GP
603 N ELM
DEXTER 63841

RODRIGUEZ,GREGORIO,L, GS
P O BOX 394
CHARLESTON 63834

ROSENSTEIN,DANL,LESEM, PTH
215 KENNEDY DR
SIKESTON 63801

SARGENT,ALDEN,PACK, GP
808 E WAKEFIELD
SIKESTON 63801

SARGENT,JOHN,P, GS
808 E WAKEFIELD
SIKESTON 63801

SHELL,WILLIAM,CLEVELAND, GE
1012 N MAIN
SIKESTON 63801

THORNTON,FRED,HOWELL, GS
1012 N MAIN ST
SIKESTON 63801

THROGMORTON,HOWARD,B, GP
HIGHWAY 61 NORTH
SIKESTON 63801

WADDLE,THEODORE,LAMAR, GP
25 S LOCUST
DEXTER 63841

WALTON,JOHN,DOUGLAS, FP
1012 N MAIN
SIKESTON 63801

WALTRIP,ROY,THOS, FP
307 W MALONE
SIKESTON 63801

WHITAKER,TOPSY,HATCHER, GP
EAST PRAIRIE 63845

ZOFFUTO,ANTHONY,C, IM
ONE MILE RD
DEXTER 63841

206—SOUTH CENTRAL (Howell-Oregon-Texas-Wright-Douglas-Ozark Counties)

CALLIHAN,CHARLES,F, GP
WEST PLAINS 65775

COFFEE,AMOS,LEE, GP
P O BOX 160
WILLOW SPRINGS 65793

COOPER,CLAUDE,W, GP
204 CHESTNUT
THAYER 65791

DREYER,WM,F, GP
102 SW OAK CREST DR
HOUSTON 65483

FOWLER,MARVIN,L, FP
1004 BROADWAY
WEST PLAINS 65775

GENTRY,MARVIN,CARROL, GP
RURAL ROUTE 2
AVA 65608

HASEK,JAMES,A, FP
600 N BUSCH
MOUNTAIN GROVE 65711

HASEK,OLIVER,MARTIN,
600 N BUSCH AVE
MOUNTAIN GROVE 65711

HUFFMAN,THOS,LAURENCE,
427 CAHILL RD
BRANSON 65616

LANGEVIN,JACK,ARNOLD,
BOX 348
WEST PLAINS 65775

MAYUGA,LAUREANO,G, G
514 PINE ST
CABOOL 65689

MORGAN,WINFREY,THOS, G
1004 W BROADWAY
WEST PLAINS 65775

RUNEZ,MANUEL,WHALEN, G
1330 S HWY 63
HOUSTON 65483

SMITH,CLAUDE,FRANKLIN, F
RT 2 BOX 8A
WILLOW SPRINGS 65793

SMITH,ROLLIN,H, G
214 S MAIN
WEST PLAINS 65775

SPEARS,JOE,LEE, G
CABOOL 65689

WALKER,AMBROSE,TAYLOR, F
414 S 6TH ST
THAYER 65791

WALL,JOE,ABELS, G
107 EAST PINE
HOUSTON 65483

WILES,JACK,N, F
WILES MED SERV LTD,BOX 290
WEST PLAINS 65775

210—WEBSTER

BAREIS,ROBT,JOHN, F
R D 2 BOX 53
MARSHFIELD 65706

MACDONNELL,THOS,M, F
R D 2 BOX 53
MARSHFIELD 65706

214—WEST CENTRAL (Bates-Cass-Cedar-St. Clair-Vernon Counties)

ALLEN,WM,H, GP
805 W CHERRY
NEVADA 64772

BARONE,PAUL,L, P
716 S MAIN
NEVADA 64772

BROWNSBERGER,ROBT,H,
APPLETON CITY 64724

DAVIS,C,BRAXTON, CD
824 S ADAMS
NEVADA 64772

EKLUND,ALFRED,WALDEMAR, GP
405 CEDAR ST
PLEASANT HILL 64080

ELLETT,WM,HOWELL, GS
BOX 96
APPLETON CITY 64724

FRANCISCO,EDGARDO,CRUZ, P
228 POLARIS
SHEPPARD AFB TX 76311

FREIN,DONALD,ELMO, GP
111 S LEXINGTON
HARRISONVILLE 64701

EENLUND,NELSON,C, FP
900 S ADAMS
NEVADA 64772

NSEN,ARTHUR,LLOYD, GP
225 N MAIN ST
BUTLER 64730

RMS,JAMES,FREDERIC, GS
900 S ADAMS
NEVADA 64772

YNIE,WILLIAM,WADE, GP
STATE BANK BLDG
BUTLER 64730

NRY,ROBT,DUANE, GS
SOUTHLAND SHOPPING CENTER
HARRISONVILLE 64701

NES,EDWARD,S, GP
SOUTHLAND SHOPPING CTR
HARRISONVILLE 64701

NG,ELBERT,RIFE, OS
RT 4 KINGSWAY
BOISE ID 83702

NG,CURTIS,WALTON, GP
RT 3 BOX 116
BUTLER 64730

NG,DAVID,S, GP
202 S LEXINGTON
HARRISONVILLE 64701

LUSK,CHAS,AMNE, GP
911 COUNTRY CLUB
BUTLER 64730

MAGEE,ROBT,L, GP
808 S MAIN ST
EL DORADO SPRINGS 64744

MAGRUDER,LYELL,MITCHELL, GP
NEVADA MEDICAL CENTER
NEVADA 64772

MC CANN,LOUIS,P, AN
210 N CEDAR ST
NEVADA 64772

MOORE,CANDICE,ANN, GP
900 S ADAMS
NEVADA 64772

MORTON,WAYNE,LOUIS, FP
TRI COUNTY CLINIC
OSCEOLA 64776

MOU,BIN, P
STATE HOSPITAL
NEVADA 64772

PASCOE,JAMES,J, GP
900 S ADAMS
NEVADA 64772

PEARSE,ROY,W, GP
MOORE BLDG
NEVADA 64772

REED,GLEN,HOWARD, GP
APPLETON CITY 64724

RINCK,EDWARD,CLINTON, P
900 S ASH
NEVADA 64772

SEEVERS,RUTH, GP
OSCEOLA 64776

STROBACH,ROBT,LENOX, GP
STATE BANK BLDG
BUTLER 64730

SUWANABHAND,CHALAW, IM
200 WEST CHESTNUT
BUTLER 64730

THIES,JEROME,HOLLIER, GP
TRI COUNTY CLINIC
OSCEOLA 64776

TORONTOW,RAPHAEL,JOHN, IM
NEVADA MED CLINIC
NEVADA 64772

VINSON,HAROLD,A, R
4242 S OSWEGO
TULSA OK 74135

WHEELER,ROBT,LE ROY, GP
SOUTHLAND SHOPPING CTR
HARRISONVILLE 64701

WRAY,ROLLA,BOYD, GP
MOORE BLDG
NEVADA 64772

Remember These Dates!

The 120th

ANNUAL SESSION

of the
Missouri State Medical Association
will be held on

APRIL 13-16, 1978

Crown Center Hotel — Kansas City

Woman's Auxiliary to MSMA

1977-1978 Officers, Directors and Committee Chairmen

OFFICERS

President
Mrs. W. Jack Stelmach (Pat)
5252 Sunset Dr., Kansas City 64112
President-Elect
Mrs. A. J. Campbell (Janet)
1500 W. 16th, Sedalia 65301
First Vice-President
Mrs. Rudy Ruhling (Dolores)
6 Webster Knolls, Webster Groves 63119
Second Vice-President
Mrs. Thomas N. Cofer (Bobbe)
503 Elmdale Rd., Chillicothe 64601
Third Vice-President
Mrs. Larry Ozenberger (Dixie)
302 Birch Ave., Plattsburg 64477
Fourth Vice-President
Mrs. Sam Gaston (Lillian)
2720 Ohio, Joplin 64801
Recording Secretary
Mrs. Harold Kanagawa (Linda)
314 Crest Dr., Jefferson City 65101
Treasurer
Mrs. F. T. H'Doubler (Joan)
2445 Melbourne Rd., Springfield 65804
Auditor
Mrs. James Haddock (Dorothy)
111 Firwood, Webster Groves 63119
Corresponding Secretary
Mrs. Calvin E. Engelmann (Anneliese)
2000 W. 68th, Shawnee Mission, Kan. 66208
Parliamentarian
Mrs. William R. McPhee (Mary Kay)
1205 W. 76th, Kansas City 64114

DIRECTORS

First District
Mrs. William B. Rost (Frances)
211 Northwest Extension, St. Joseph 64506
Second District
Mrs. John H. Walterscheid (Nancy)
Hannibal 63401
Third District
Mrs. J. Otto Lottes (Dorothy)
1028 Winwood Dr., St. Louis 63124
Fourth District
Mrs. James R. Nakada (Lucile)
2 Huntleigh Downs, Frontenac 63131
Fifth District
Mrs. William C. Allen (Madge)
508 W. Briarwood La., Columbia 65201
Sixth District
Mrs. Richard King (Mary Lou)
501 S. 2nd, Clinton 64735
Seventh District
Mrs. Pat A. Barelli (June)
5609 Mission Dr., Shawnee Mission, Kan. 66208
Eighth District
Mrs. William Penninger (Marjorie)
2246 Claiborne, Springfield 65804
Ninth District
Mrs. Claude Cooper (Myrtice)
Thayer 65574
Tenth District
Mrs. Charles Cozean (Carole)
1548 Oak Lei Dr., Cape Girardeau 63701

CHAIRMEN OF STANDING COMMITTEES

AMA-ERF
Mrs. Donald C. Sanders (Jackie)
200 Avila Circle, Kansas City 64114
Co-Chairman
Mrs. George P. Williams (Loretta)
9413 Ralston, Kansas City 64138
Archives
Mrs. A. J. Campbell (Janet)
1500 W. 16th, Sedalia 65301
Co-Chairman
Mrs. James A. Reid (Pat)
310 Rosehill, Marshall 65340
Bylaws
Mrs. Clarence A. Stratman (Jan)
405 N.W. 53rd, Kansas City 64118
Communications
Mrs. Thomas N. Cofer (Bobbe)
503 Elmdale Rd., Chillicothe 64601
Community Health
Mrs. C. R. Talbert (Bettie)
2747 Jewel Dr., Cape Girardeau 63701
Convention Co-Chairmen
Mrs. R. Stacy Long (Fran)
Lot Z-56, Lake Lotawanna 64063
Mrs. David A. Tillema (Alverda)
8015 El Monte, Shawnee Mission, Kan. 66208
Courtesy
Mrs. Donald Fakhoury (Ina May)
4332 N. Central, Kansas City 64116
Doctors' Day
Mrs. E. E. King, III (Harriette)
2915 Bellerive Dr., Normandy 63121
Fall Conference
Mrs. C. A. Martin (Ann)
2419 E. 10th, Joplin 63801
Finance and Budget
Mrs. W. H. Hickerson (Dorothy)
4207 S. Crysler, Independence 64055
International Health
Mrs. Stanley J. Ciapciak (Marian)
30 Log Cabin Dr., St. Louis 63124
Health Education
Mrs. Jerry Meyer (Jan)
302 Sunset Hill Dr., Concordia 64020
Legislation
Mrs. Richard C. Hedges (Philancy)
1017 Southwind Dr., Excelsior Springs 64024
Co-Chairman
Mrs. Kenneth Siu (Betty)
1009 Fairmount Blvd., Jefferson City 65101
Long Range Planning
Mrs. Larry Ozenberger (Dixie)
302 Birch Ave., Plattsburg 64477

Manual
MRS. CALVIN E. ENGELMANN (ANNELIESE)
2000 W. 68th, Shawnee Mission, Kan. 66208
Members-at-Large
MRS. RALPH W. BOHNSACK (MILDRED)
635 Skyline Dr., Brookfield 64628
Membership
MRS. RUDY RUHLING (DOLORES)
6 Webster Knolls, Webster Groves 63119
Missouri Doctor's Wife
MRS. CARL ALMOND (NANCY)
213 West Boulevard South, Columbia 65201
Circulation Manager
MRS. WILLIAM C. ALLEN (MADGE)
508 W. Briarwood La., Columbia 65201

Missouri State Medical Foundation (MSMF)
MRS. BRUCE SHACKTER (BONNIE)
1538 Essex, Springfield 65804
Project Bank
MRS. SAM GASTON (LILLIAN)
2720 Ohio, Joplin 64801
Public Affairs-MMPAC
MRS. KEITH D. JONES (RUTHANNE)
711 S. Holden, Warrensburg 64093
Co-Chairman
MRS. ROBERT A. SLICKMAN (RUTH)
4937 Wyoming, Kansas City 64112
Rural Health
MRS. VERNON JACKSON (ARLENE)
3 Staff Circle, Fulton 65252

SPECIAL COMMITTEES

Nominations
MRS. GEORGE P. WILSON (SUE)
918 Westwinds Dr., Columbia 65201
MRS. J. MARTYN SCHATTYN (VENUS)
9 Huntleigh Downs, St. Louis 63131
MRS. FREDERICK E. WADE (JANE)
413 W. 62nd, Kansas City 64113
MRS. A. R. TINSLEY (BOBBIE)
Rt. 1, Williamsville 63967
MRS. RICHARD BOWLES (POLLY)
414 N. Ridge, Liberty 64068

Reading
MRS. A. J. CAMPBELL (JANET), *Chairman*
1500 W. 16th, Sedalia 65301
MRS. TRUMAN B. SCHERTZ (DOROTHY)
428 N.W. Briarcliff Rd., Kansas City 64116
MRS. JERRY RAGLAND (MARY)
Rt. 4, Warrensburg 64093

NATIONAL REPRESENTATIVES

North Central Regional Vice-President
MRS. WILLIAM M. WALKER (PAT)
2845 Southern Hills Blvd., Springfield 65804
Associate Editor, FACETS
MRS. RICHARD A. SUTTER (BETTY)
7215 Greenway Dr., St. Louis 63130

AMA-ERF, NCR Chairman
MRS. WILLIAM R. MCPHEE (MARY KAY)
1205 W. 76th, Kansas City 64114
Project Bank Area Counselor,
North Central Region
MRS. GEORGE P. WILSON (SUE)
918 Westwinds Dr., Columbia 65201

MSMA ADVISORY COUNCIL

MAX S. FRANKLIN, M.D.
1040 N. Mason Rd., St. Louis 63141
JOHN N. MARTIN, M.D.
416 N. 7th, St. Joseph 64501
ANDREW MCCANSE, M.D.
4320 Wornall Rd., Kansas City 64111

CONVENTION DATES

AMAA ANNUAL CONVENTION
June 19-22, 1977
San Francisco, Calif.
WA-MSMA FALL CONFERENCE
Oct. 26-27, 1977
Ramada Inn, Joplin

AMAA LEADERSHIP CONFLUENCE
Oct. 9-12, 1977
Drake Hotel, Chicago
MSMA ANNUAL CONVENTION
April 13-16, 1978
Crown Center Hotel, Kansas City

ORGANIZED COUNTIES AND PRESIDENTS
(Counties Listed Alphabetically)

Boone
Mrs. Robert M. Thomas (Ginny)
2219 Danforth Ct., Columbia 65201

Buchanan
Mrs. Richard Craig (Mary)
4106 Miller Rd., St. Joseph 64505

Butler-Ripley-Wayne-Carter
Mrs. A. R. Tinsley (Bobbie)
Rt. 1, Williamsville 63967

Cape Girardeau
Mrs. Jack Johnson (Jinny)
11 Dumaine Dr., Cape Girardeau 63701

Callaway
Mrs. Paul Williams (Emily)
403 Douglas Blvd., Fulton 65251

Clay
Mrs. Robert Littlejohn (Marilyn)
5215 W. 63rd Terr., Shawnee Mission, Kan. 66208

Cole
Mrs. Johannes Schokker (Linda)
3473 Hobbs Lane, Jefferson City 65101

Cooper
Mrs. Edward T. Humphrys (Annie)
1123 Third St., Boonville 65233

Dunklin
Mrs. Pin H. Pu (Elise)
1105 W. 8th, Kennett 63857

Franklin-Gasconade-Warren
Mrs. Donald Baker (Evelyn)
900 Clearview Dr., Union 63084

Grand River
Mrs. Hermanita Trinidad (Lou)
2101 Ridgecrest, Chillicothe 64601

Greene
Mrs. Jordan Burkey (Ruth)
2405 Sheridan, Springfield 65804

Jackson
Mrs. William H. Goodson, Jr. (Violet)
815 W. 59th, Kansas City 64113

Jasper
Mrs. Herbert Dixon (Sue)
Rt. 2, Box 221, Joplin 64801

Jefferson
Mrs. Benjamin Albano (Carmelita)
1106 Crystal High Heights Rd., Crystal City 63019

Johnson
Dr. Lucy Sicat (Mrs. Al)
Rt. 4, Warrensburg 64093

Lafayette-Ray
Mrs. Jordan Kelling (Ruth)
Box 171, Waverly 64096

Miller-Morgan-Moniteau
Mrs. Ray Lyle (Jean)
209 S. Maple, Versailles 65084

Mineral Area

Pettis
Mrs. John Owens (Reeda)
3003 Wing, Sedalia 65301

St. Charles-Lincoln
Mrs. James Carpenter (Carol)
Rt. 5, Box 42, O'Fallon 63366

St. Louis City
Mrs. Richard J. Kloecker (Phyllis)
1022 Hampton Park, St. Louis 63117

St. Louis County
Mrs. Luis Schwarz (Rosa)
8145 University Dr., St. Louis 63105

Saline
Mrs. William R. Cole (Ellen)
Rt. 1, Smithton 65350

South Central
Mrs. Jack Langevin (Chris)
Rover Route, West Plains 65775

AUXILIARIES AND COUNTY MEDICAL SOCIETIES
Listed by Districts

FIRST DISTRICT: Andrew,* BUCHANAN, CLAY, Clinton,* GRAND RIVER (Caldwell, Carroll, Daviess, DeKalb, Grundy, Harrison, Linn, Livingston, Mercer), Northwest Missouri (Nodaway, Holt, Atchison, Gentry, Worth),* Platte.*

SECOND DISTRICT: Chariton-Macon-Monroe-Randolph,* Clark-Lewis-Scotland,* Marion-Ralls-Shelby,* North Central (Adair, Knox, Putnam, Schuyler, Sullivan).*

THIRD DISTRICT: ST. LOUIS CITY.

FOURTH DISTRICT: FRANKLIN-GASCONADE-WARREN, JEFFERSON, ST. CHARLES-LINCOLN, ST. LOUIS COUNTY.

FIFTH DISTRICT: Audrain,* BOONE, CALLAWAY, Camden,** COLE, COOPER, Howard,* MILLER-MORGAN-MONITEAU, Montgomery,* Osage.**

SIXTH DISTRICT: Benton,* Henry,* JOHNSON, LAFAYETTE-RAY, PETTIS, SALINE, West Central (Bates, Cass, Cedar, St. Clair, Vernon).

SEVENTH DISTRICT: JACKSON COUNTY.

EIGHTH DISTRICT: Barton,* Dallas-Hickory-Polk-Dade,* GREENE, JASPER, Ozarks** (Barry, Christian, Lawrence, McDonald, Newton, Stone, Taney),* Webster.*

NINTH DISTRICT: Shannon,* Mid-Missouri (Crawford, Dent, Laclede, Maries, Phelps, Pulaski),* SOUTH CENTRAL (Douglas, Howell, Oregon, Ozark, Texas, Wright).

TENTH DISTRICT: Bollinger,** BUTLER-RIPLEY-WAYNE-CARTER, CAPE GIRARDEAU, DUNKLIN, MINERAL AREA (Iron, Madison, Reynolds, St. Francois, Washington), Pemiscot,* Perry-Ste. Genevieve,* SEMO (Mississippi, New Madrid, Scott, Stoddard).*

CAPITALIZED COUNTIES—Organized Auxiliary.
* No organized Auxiliary.
** No Medical Society.

STATE PAST-PRESIDENTS—1924-1976

Mrs. George H. Hoxie* (Jackson)**	1924-25
Mrs. M. P. Overholzer* (West Central)	1925-26
Mrs. Arthur B. McGlothlan* (Buchanan)**	1926-27
Mrs. W. M. Bickford* (Saline)	1927-28
Mrs. Willard Bartlett, Sr. (St. Louis City) 53 Westmoreland Pl., St. Louis 63108	1928-29
Mrs. M. P. Ravenal* (Boone)	1929-30
Mrs. A. W. McAlester* (Jackson)	1930-31
Mrs. U. J. Busiek (Greene) 1635 E. Walnut, Springfield 65802	1931-32
Mrs. David S. Long* (West Central)	1932-33
Mrs. Hudson Talbot (St. Louis City) St. Matthew Manor, 227 Brown's Lane, Louisville, Ky. 40207	1933-34
Mrs. W. H. Goodson* (Clay)	1934-35
Mrs. M. Pinson Neal* (Boone)	1935-36
Mrs. Walter C. Kirschner* (St. Louis City)	1936-37
Mrs. Charles H. Werner* (Buchanan)	1937-38
Mrs. Herbert L. Mantz (Jackson) 1209 Romany Rd., Kansas City 64113	1938-39
Mrs. Paul F. Cole (Greene) 1819 Main, Quincy, Ill. 62301	1939-40
Mrs. S. P. Howard* (Cole)	1940-41
Mrs. J. J. Drace (Cape Girardeau) 315 Frederick, Cape Girardeau 63701	1941-42
Mrs. Frank L. Davis* (St. Louis City)	1942-43
Mrs. Robert C. Haynes (Saline) 754 Eastwood, Marshall 65340	1943-44
Mrs. J. B. McCubbin* (Callaway)	1944-45
Mrs. Harry M. Gilkey* (Jackson)	1945-46
Mrs. W. E. Koppenbrink, Sr. (Lafayette-Ray) 1303 Main, Higginsville 64037	1946-47
Mrs. W. L. Allee* (Miller-Morgan-Moniteau)	1947-48
Mrs. August A. Werner* (St. Louis City)	1948-49
Mrs. John J. O'Connell* (St. Louis County)	1949-50
Mrs. Gretchen Van Del McClean (Jackson) 3510 Front St., San Diego, Calif. 92103	1950-51
Mrs. W. Carey Cheek (Greene) 1535 E. Meadowmere, Springfield 65804	1951-52
Mrs. Richard A. Sutter (St. Louis County)** 7215 Greenway Dr., University City 63130	1952-53
Mrs. C. Alex McBurney (Saline) 927 Hurt, Slater 65349	1953-54
Mrs. Wilfred E. Martin (Lafayette-Ray) 403 E. 2nd, Odessa 64076	1954-55
Mrs. Frank B. Leitz (Jackson) 308 W. 116th, Kansas City 64114	1955-56
Mrs. Charles T. Shepherd (St. Louis County) 10 Covington Meadows, St. Louis 63131	1956-57
Mrs. Armand D. Fries* (St. Louis City)	1957-58
Mrs. Henry C. Bauman (Nodaway-Holt-Atchison-Gentry-Worth) 929 W. 3rd, Maryville 64468	1958-59
Mrs. Stanley S. Peterson (Greene) 721 E. Stanford, Springfield 65804	1959-60
Mrs. Jordan Kelling (Lafayette-Ray) P. O. Box 171, Waverly 64096	1960-61
Mrs. Frederick E. Wade (Jackson) 413 W. 62nd, Kansas City 64113	1961-62
Mrs. J. Martyn Schattyn (St. Louis County) 9 Huntleigh Downs, Frontenac, St. Louis 63131	1962-63
Mrs. Lawrence S. Crispell (Jasper County) 911 Kensington, Joplin 64801	1963-64
Mrs. Delevan Calkins* (St. Louis City)	1964-
Mrs. Ralph Woods Bohnsack (Grand River) 635 Skyline Dr., Brookfield 64628	1964-66
Mrs. Wallace R. Stacey (Jackson) 3407 Shady Bend Dr., Independence 64052	1966-67
Mrs. Evora Williams (Clay) 616 Ridgeway Dr., Liberty 64068	1967-68
Mrs. E. F. Butler (Buchanan) 3110 Douglas, St. Joseph 64506	1968-69
Mrs. James A. Reid (Saline) 310 Rosehill, Marshall 65340	1969-70
Mrs. William M. Walker (Greene) 2845 Southern Hills Blvd., Springfield 65804	1970-71
Mrs. Frank J. Valach (St. Louis County) 4 Nassau Circle, Creve Coeur 63141	1971-72
Mrs. Keith D. Jones (Johnson) 711 S. Holden, Warrensburg 64093	1972-73
Mrs. Charles R. Willman (Buchanan) 2105 Lovers Lane, St. Joseph 64505	1973-74
Mrs. George J. Lytton (Jackson) Hastings Regional Medical Center, Hastings, Neb. 68901	1974-75
Mrs. William R. McPhee (Clay) 1205 W. 76th, Kansas City 64114	1975-76
Mrs. George P. Wilson (Boone) 918 Westwinds Dr., Columbia 65201	1976-77

---

* Deceased.
** National President.

Roster of Woman's Auxiliary Members by Society

BOONE COUNTY
(Columbia 65201)

Allen, Mrs. Joseph, 5813 St. Charles Rd.
Allen, Mrs. Robert, 4900 St. Charles Rd.
Allen, Mrs. William, 508 W. Briarwood La.
Almond, Mrs. Carl, 213 W. Blvd. South
Alyea, Mrs. James, 397 Crown Pt.
Anderson, Mrs. Thomas R., 5 McGregor La.
Arnold, Mrs. Richard C., 814 Yale
Asel, Mrs. Norman, 1112 S. Glenwood
Baker, Mrs. James M., Rt. 4
Baker, Mrs. Sherwood A., 2620 Walther Ct.
Barbee, Mrs. Charles W., 3816 Cedar La.
Barbero, Mrs. Guilio J., 408 S. Glenwood
Barnes, Mrs. Asa, 212 Bingham
Beck, Mrs. Marcus R., 601 Rock Creek
Black, Mrs. Samuel, 300 S. Glenwood
Blackwell, Mrs. Charles, 3408-D Woodrail Terr.
Bourgeois, Mrs. Curtis, Rt. 1, Rocheport 65279
Bradshaw, Mrs. William, 3408 Woodrail Terr.
Bumgarner, Mrs. Roger W., 707 Timberhill Rd.
Burns, Mrs. Thomas W., 310 E. Brandon Rd.
Bynum, Mrs. William, 3009 Skylark Dr.
Callen, Mrs. Kenneth, 3111 Skylark
Chalkley, Mrs. Judson, 614 W. Stewart Rd.
Cheek, Mrs. Charles W., 2700 Malibu Ct.
Cochran, Mrs. Donald, 112 Sappington
Colwill, Mrs. Jack, Countryshire, Rt. 5
Cooper, Mrs. Maurice, 1000 Wayne Rd.
Cope, Mrs. James, Rt. 1. Rocheport 65279
Darnell, Mrs. Thos. F. B., 9-A Lakewood Estates, Branson, 65616
Davis, Mrs. William, 600 Rothwell Dr.
Denninghoff, Mrs. James C., 1006 Vassar
Dexter, Mrs. James D., 510 Fairview Rd.
Eggers, Mrs. G. William, 1005 Cowan Dr.
Esterly, Mrs. James, Rt. 1, Box 253, Ashland 65010
Ferneau, Mrs. James, 1040 Queen Ann Dr.
Foote, Mrs. Jerry E., Rt. 4
Frazier, Mrs. Robert E., 367 Crown Point
Garrett, Mrs. Glen, 102 E. Brandon Rd.
Garrotto, Mrs. Lewis, 814 Hulen Dr.
Griffin, Mrs. William T., 822 Greenwood Ct.
Groshong, Mrs. Ted, 918 Bourn Ave.
Hall, Mrs. David G., 1031 Bourn Ave.
Hardwicke, Mrs. Henry, Ashland 65010
Harris, Mrs. Hugh S., Jr., 801 Cowan Dr.
Harris, Mrs. Robert J., 2505 E. Broadway
Hart, Mrs. William, 109 Sappington Dr.
Henstorf, Mrs. Harold, 1815 Ridgemont
Henzel, Mrs. John J., 3908 Faurot Dr.
Hickcox, Mrs. John P., 2616 Rollins Rd.
Hubbell, Mrs. Ira G., 302 McNab Dr.
Husain, Mrs. Syed A., 2602 Johnson Dr.
Ide, Mrs. Carl, 1008 Bourn Ave.
Jackson, Mrs. Robert L., 1103 W. Stewart Rd.
Johnson, Mrs. Richard E., 129 Lindell Dr.
Joseph, Mrs. Donald, 1201 Parkridge
Kaplan, Mrs. Michael F., 1409 Overhill Rd.
Kardinal, Mrs. C. G., 1264 Sunset
Keitzer, Mrs. W. Ford, 206 S. Glenwood
Keown, Mrs. Kenneth, 402 Westmount
Kerr, Mrs. Earl S., 1201 Havasu Dr., Prescott, Ariz. 86301
Kilburn, Mrs. Kaye, 2318 Ridgemont
Kunz, Mrs. Roger, 1659 109th, Des Moines, Ia. 50322
La Chance, Mrs. Leopold, 324 S. Collier, Centralia 65240
Ladenson, Mrs. Roland, 704 Westmount
Landhuis, Mrs. Leo R., 2911 Scott Blvd.
Leech, Mrs. Charles A., 815 W. Stewart Rd.
Leeper, Mrs. Claude K., 2016 Ivy Way
Leeper, Mrs. Sidlee W., Rt. 3, Box 42
Lillard, Mrs. Stephen B., 1413 W. Lexington Cr.
Litton, Mrs. Lynn O., 3615 I-70 Dr. S.W.
Litwiller, Mrs. Raymond W., 1312 W. Broadway
Lobeck, Mrs. Chas. C., Rt. 4, Hillcreek Acres
Logue, Mrs. John, 912 Crestland
Lohmar. Mrs. Roland E., Rt. 5, Box 335
Marienfeld, Mrs. Carl, Rt. 1, Ashland 65010
McCord, Mrs. Scott, 410 Springvalley Rd.
McElroy, Mrs. Glenn, 3416 Woodrail Terr.
Meyer, Mrs. John C., 2612 Mallard Ct.
Miller, Mrs. LeRoy, 32 Bingham Rd.
Millikan, Mrs. Larry E., 203 Orchard Ct.
Mitchell, Mrs. Frank, 2208 Danforth Ct.
Mitchell, Mrs. Lynn D., 200 Defoe Dr.
Monroe, Mrs. Dean, 2214 Ridgefield Rd.
Morgan, Mrs. Philip E., 2019 Crestridge
Mosby, Mrs. Larry D., 107 E. Brandon
Mullins, Mrs. Maurice, 608 West Blvd., So.
Nichols, Mrs. W. Kirt, 312 Proctor
O'Keefe, Mrs. Stephen, 312 Rothwell Dr.
Orth, Mrs. D. Gerald, 2404 Beachview Dr.
Overholser, Mrs. Milton, 110 E. Brandon Rd.
Perez-Mesa, Mrs. Carlos, 609 Stewart Rd.
Peterson, Mrs. Charles, Rt. 4
Pfefer, Mrs. Leland U., 2409 Buff Blvd.
Pickard, Mrs. Clarence, 1213 Parkridge Dr.
Pingleton, Mrs. William, 113 Tracy Dr.
Politte, Mrs. Lenard, Rt. 1, Cedar Grove
Rall, Mrs. Kenneth, 1121 Danforth Dr.
Ridenhour, Mrs. C. E. Gene, Rt. 1, Cedar Grove
Rikli, Mrs. Arthur E., 4003 Faurot Dr.
Rodgers, Mrs. Elrie, 202 S. Glenwood
Ross, Mrs. Gilbert, Rt. 1
Royer, Mrs. Jerry, 2805 Overhill Rd.
Russell, Mrs. Garth, 1210 W. Broadway
Scheuber, Mrs. Charles, 505 W. Boulevard S.
Silver, Mrs. Donald, Rt. 4, 1050 W. Covered Bridge Rd.
Smith, Mrs. J. Ned, Jr., 701 W. Boulevard S.
Smith, Mrs. Joe R., 222 East Parkway
Soha, Mrs. Joseph, Jr., 510 Onofrio Ct.
Spurgeon, Mrs. Milo J., 404 Edgewood Ave.
Stephenson, Mrs. Hugh E., 5 Danforth Circle
Stewart, Mrs. W. B., 1401 Ridgemont
Stoy, Mrs. Robert, 811 Canterbury Dr.
Stradford, Mrs. H. Todd, 1444 S. El Chaparral Ave.
Struessel, Mrs. Kenneth, 3717 Woodridge Ct.
Thomas, Mrs. Robert M., 2219 Danforth Ct.
Trumbower, Mrs. William D., 1709 Cliff Dr.
Van Dervoort, Mrs. Robert L., 405 Woodridge
Vogel, Mrs. Curt M., 3707 Woodridge Ct.
Waggoner, Mrs. Charles, 712 Hilltop Dr.
Washington, Mrs. Edward L., 204 W. Stewart Rd.
Watson, Mrs. Trevor F., 2319 Bluff Blvd.
Watts, Mrs. Clark, Rt. 4
White, Mrs. Joseph, 222 W. Brandon Rd.
Wilhelm, Mrs. Kenneth G., 100 E. Alhambra
Wilson, Mrs. George P., 918 Westwinds Dr.
Wilson, Mrs. John, 1117 Woodhill Rd.

BUCHANAN COUNTY
(St. Joseph)

Acuff, Mrs. Robert P., 3015 Miller Rd. 64506
Andres, Mrs. Edward, 2323 NW Ext. Blvd. 64506
Bartulica, Mrs. Nicholas, Box 265, Farleigh Station 64506
Beck, Mrs. Paul, 3216 Coronado 64505
Beheler, Mrs. Edward M., 4609 Stonecrest Terr. 64506
Benson, Mrs. Scott C., 2630 Ashland Ave. 64506
Berney, Mrs. Francis J., 1225 N. 10th 64501
Bryant, Mrs. Sydney L., 1805 N. 33rd 64506
Butler, Mrs. E. F., 3110 Douglas 64506
Callman, Mrs. George, P. O. Box 655, Farleigh Station 64506
Carle, Mrs. Rachel, 2707 N. 26th 64506
Carpenter, Mrs. G. Tyson, 2612 Indian Trail 64506
Chiarottino, Mrs. Joseph F., 13800 N. E. 12th, Apt. 203, Bellevue, Wash. 98008
Christ, Mrs. Martin H., 414 Benton Dr. 64504
Corder, Mrs. Robert, Jr., 4302 W. Haverhill Dr.
Craig, Mrs. Owen W. D., 3408 Colony Sq. E. 64506
Craig, Mrs. Richard O., 4106 Miller Rd. 64505
Du Mont, Mrs. Clement, 1905 Francis 64501
Dyer, Mrs. Gary A., 802 N. 25th 64506
Fisher, Mrs. Joseph L., 2309 Ashland 64506
Forgrave, Mrs. John R., 2611 Cornell 64506
Forman, Mrs. George W., 2412 Ashland 64506
Garrison, Mrs. David L., Rt. 2, Box 402 64505
Gondring, Mrs. William H., 5111 Mockingbird La. 64506
Grimes, Mrs. Manning E., 815 N. Noyes Blvd. 64506
Hayes, Mrs. Paul W., 610 N. Noyes Blvd. 64506
Herman, Mrs. Allen I., 1909 N. 32nd 64506
Howden, Mrs. T. L., 2723 Francis 64501
Ide, Mrs. Lucien W., 1416 N. 25th 64506
Jimenez, Mrs. Jose, Box 263, 2222 Edgewater 64506
Kieber, Mrs. R. W., 1915 N. 33rd 64506
Knepper, Mrs. Paul, 2002 Ashland 64506
Lee, Mrs. Carleton H., 2716 Douglas 64506
Marston, Mrs. F. James, 4230 Karnes Rd. 64506
Martin, Mrs. John, 9 Lindenwood La. 64505
McDaniel, Mrs. John R., 1808 N. 29th 64506
McDonald, Mrs. Wallace, 29 Ridgeland Rd. 64505
McDonald, Mrs. Wilbur P., 6 Country Club Rd. 64505
Meriwether, Mrs. Don R., 1826 Lovers La. Terr. 64505
Moen, Mrs. Berwyn H., 2214 Carper Dr. 64506
Mothershead, Mrs. John L., 2630 Farleigh Terr. 64506
Mullican, Mrs. Charles N., 2103 Lovers La. 64505
Ness, Mrs. Carl K., 8 Lindenwood La. 64505
O'Connor, Mrs. William B., 2316 N. 22nd 64505
Paulson, Mrs. Gordon, 1820 Ashland Ave.
Peterson, Mrs. Harold E., 2903 Frederick 64506
Pfeffer, Mrs. Robert, 1915 N. 29th 64506
Potter, Mrs. Thompson E., 2106 Lovers La. 64505
Prokop, Mrs. Joseph R., 29 Stonecrest, 64506
Raphel, Mrs. Jose, 1111 49th-Terr. 64506
Redmond, Mrs. William, 3102 Jule 64501
Riddell, Mrs. Richard V., 2610 Indian Trail Dr. 64506
Rogers, Mrs. John T., 2502 Ashland 64506
Rosenthal, Mrs. Irwin, 5007 Stonecrest Terr. 64506
Rost, Mrs. William B., 2221 Northwest Ext. 64506
Shah, Mrs. Narendra N., 3515 Gene Field, Bldg. 3, Apt. 5 64506
Senne, Mrs. Herbert C., 1308 S. Noyes 64507
Shevlin, Mrs. Charles F., 840 N. 25th 64506
Silliman, Mrs. York E., 2715 Francis 64501
Sklenar, Mrs. Donald E., 3910 N. 71 Highway 64506
Smith, Mrs. Clifton, 2821 Ashland 64506
Stallard, Mrs. Donald J., 1417 N. 25th 64506
Stevens, Mrs. Edward, 2923 Joslin La. 64506
Stuber, Mrs. Robert R., 4208 Miller Rd. 64505
Thompson, Mrs. F. Gregg, III, 2714 Ashland 64506
Tobin, Mrs. Robt. F., 3110 N. 36th Terr. 64506
Valera-Sanchez, Mrs. Salvador, 3202 Floral Ave. 64506
Wadlow, Mrs. Ernest E., 1401 N. 42rd 64506
Waggoner, Mrs. Sharon E., 5820 S. 3rd 64504
Weed, Mrs. Randall W., 1821 Clay 64501
Whitsell, Mrs. Ora Earl, 2306 Sacramento 64507

Willman, Mrs. Charles, 2105 Lovers La. 64505
Wolanski, Mrs. Eugene G., 4309 Stonecrest Dr. 64506
Young, Mrs. Thomas J., 2300 N.E. Parkway 64506

BUTLER-RIPLEY-WAYNE-CARTER COUNTIES

(Poplar Bluff 63901)

Andrus, Mrs. Don, c/o V.A. Hospital
Barhour, Mrs. Marvin R., Rt. 1
Brookreson, Mrs. A. Davis, 1 Honeysuckle La.
Brookreson, Mrs. A. F., 3500 Marble Hill Rd.
Caldwell, Mrs. Fred, 2008 King Rd.
Carlson, Mrs. E. C., 1260 Barron Rd.
Christy, Mrs. John, 1708 Sylvan Dr.
Chung, Mrs. Taiyong, Rt. 7, Box 293-A
Englehardt, Mrs. Robert C., 1513 Rosendale La.
Fraser, Mrs. R. A., 1337 Meadow La.
Hanshrough, Mrs. Eugene T., Lurlyn Rd.
Hecker, Mrs. Joseph E., 2019 Woodhaven
Hoia, Mrs. W. Alexander, Rt. 7, Box 273
Hunt, Mrs. John, 3600 Wilcox
Laatsch, Mrs. Robert H., 13333 Meadow La.
Ladyman, Mrs. George H., 1403 Lurlyn
McLane, Mrs. Jerry F., 2107 Jackson Rd.
Parker, Mrs. Arthur C., Jr., 708 Selma
Ramirez, Mrs. Ricardo, 2022 King Rd.
Reddy, Mrs. S. K., 2630 N. 14th
Ruff, Mrs. T. Eugene, 1411 Rosedale
Stuhhlefield, Mrs. Calvin F., V.A. Hospital
Till, Mrs. Bennie, 2806 Shady Lane
Tinsley, Mrs. Austin R., Rt. 1, Williamsville 63967
Traxel, Mrs. William L., 2624 Valley Crest
Tuma, Mrs. A. T., 1601 Big Bend Rd.
Turner, Mrs. Kirby, Rt. 2, Box 359-A
White, Mrs. Barry B., 2521 Park Pl.
Wood, Mrs. Tom, 2008 Schweitzer Dr.

CALLAWAY COUNTY

(Fulton 65251)

Durst, Mrs. Henry, 1 Ivy La.
Groce, Mrs. George, 1 Bartley La.
Jackson, Mrs. Vernon, State Hospital
Oshourn, Mrs. Richard A., 803 Bradley La.
Ritterhusch, Mrs. James K., 2 Bartley La.
Williams, Mrs. Paul, 403 Douglas Ave.
Wood, Mrs. George F., 1700 Plaza Dr.

CAPE GIRARDEAU COUNTY

(Cape Girardeau 63701)

Barnes, Mrs. Seth S., 1854 Broadway
Blankenship, Mrs. Dale, 1420 Sylvan La.
Bowman, Mrs. Kirk, 1965 Robinhood Circle
Burford, Mrs. Edwin K., 2424 Terry Hill
Camphell, Mrs. Edward, 1100 N. Henderson
Chapman, Mrs. Jean Allen, 1703 W. Cape Rock Dr.
Coulson, Mrs. Forest H., 1030 N. Henderson
Cozean, Mrs. Charles, 1548 Oak Lei
Crowe, Mrs. John, 1000 N. Henderson
Dinkins, Mrs. James, 1235 Sailer Circle
Downey, Mrs. Patrick, 3218 Kage Hills Dr.
Dzur, Mrs. James, #2 Schonhoff La.
Edwards, Mrs. Don, 2530 Jonquil La.
Eller, Mrs. Gordon W., Rt. 2 Box 534C, Twin Lakes
Elrod, Mrs. Dennis B., 2500 Fairlane
Herhert, Mrs. Charles, 648 Sylvan La.
Holcomb, Mrs. John K., Rt. 1
Honas, Mrs. Trygve, 602 Chesley
Horn, Mrs. Paul, 1909 Huntington
Hunt, Mrs. Robert S., 5 Bienville
Johnson, Mrs. Earl Wayne, 1044 N. Henderson
Johnson, Mrs. E. D. Jack, 11 Dunmaine
Jones, Mrs. David, Box 127
Jung, Mrs. Christopher, Rt. 2, Twin Lakes
Jung, Mrs. Marshall, Box 427, Illmo (Mo.) 63754
Kasten, Mrs. Melvin C., 1209 Sailor Circle
Kim, Mrs. Won, 1713 Brookwood
Kinder, Mrs. James, Rt. 1, Box 135
Kinder, Mrs. Jerry L., 2426 Brookwood
Koldys, Mrs. Kenneth, 2460 Fairview
Kratz, Mrs. Paul, 1720 Cecilia
Lovinggood, Mrs. Thomas, 2505 Allendale Dr.
Magaletta, Mrs. George, 957 Rodney Dr.
McDonald, Mrs. Eugene, 225 W. Main
McGinty, Mrs. Charles, 2819 Gordonville Rd.
Oehler, Mrs. William, 1001 N. Henderson
Otto, Mrs. Thomas, 511 Alta Vista
Parsons, Mrs. D. L., Chateau Oaks
Rapp, Mrs. Harold, 1011 N. Henderson
Rawlins, Mrs. Fred, 1607 Bertling
Riddings, Mrs. Ray, Rt. 2
Ridings, Mrs. Harold, 6 Sylvan La.
Ritter, Mrs. Carl, 1257 Rockwood
Ritter, Mrs. C. J., Schonoff La.
Ritter, Mrs. Raymond A., Jr., 2408 Terry Hill
Ritter, Mrs. Raymond A., Sr., 2542 Allendale Dr.
Seahaugh, Mrs. Loy, 811 E. Rodney
Shoss, Mrs. Milton, 1222 W. Cape Rock Dr.
Sides, Mrs. Stanley, 2014 Beth Dr.
Sparkman, Mrs. Thomas, 1629 Oxford Dr.
Spence, Mrs. Paul, 2530 Timber La.
Stewart, Mrs. Wendell, 2550 Allendale
Talhert, Mrs. Clifford R., 2747 Jewel Dr.
Terry, Mrs. James W., 2122 Woodhaven
Tygett, Mrs. Joe, 2112 Woodhaven
Weeks, Mrs. George, P.O. Box 1812
Whitten, Mrs. Stephen, 3036 Bernice
Wilson, Mrs. Charles, Oak Lei Dr.
Wolff, Mrs. Paul, 90 E. Cape Rock Dr.

CLAY COUNTY

(Kansas City)

Allan, Mrs. James, Betsy Ross La., Liberty 64068
Allen, Mrs. Louis, 501 S. Woodland Dr. 64118
Armstrong, Mrs. Jay H., 4812 Black Swan Dr., Shawnee Mission Ks. 66216
Arst, Mrs. Herbert E., 1201 N.E. 81st 64118
Balhuizen, Mrs. John, 600 N.W. 42nd Terr. 64116
Bates, Mrs. G. Comer, 102 N.E. 43rd 64116
Benson, Mrs. Larry E., 3600 Appletree La. 64119
Boone, Mrs. Daniel C., 5800 N. Grand 64116
Bowles, Mrs. Richard, 414 N. Ridge, Liberty 64068
Burk, Mrs. E. K., 630 N.W. 42nd Terr. 64116
Castillo, Mrs. Michael E., 4504 N.W. 79th Terr. 64151
Chastain, Mrs. Maurice W., 3 N.E. 47th 64116
Chatkupt, Mrs. Suthon, 2002 W. Norma Ct. Excelsior Springs 64024
Chiles, Mrs. David R., 405 Maple, Smithville 64089
Cooper, Mrs. Gary D., 9948 N. Charlotte 64155
Del Muro, Mrs. F., 5902 Poplar Dr. 64118
Denton, Mrs. Robert, 716 Manzonola, Smithville 64089
Dernoncourt, Mrs. John, 603 Quincy, Smithville 64089
Devine, Mrs. Mark W., 6910 Overhill Rd., Shawnee Mission, Kan. 66208
Dolan, Mrs. C. Terrance, Rt. 2, Smithville 64089
Dy-Ragos, Mrs. Ramon R., 5432 N.W. 70th 64151
Edwards, Mrs. Theodore F., 512 N.W. 43rd Terr. 64116
Fakhoury, Mrs. Donald A., 4332 N. Central 64116
Flanders, Mrs. Virgil E., 2022 W. 91st, Leawood, Kan. 66206
Fotopoulos, Mrs. Chris K., 1102 Broadway, Lamar 64759
Gauer, Mrs. Robert J., 525 N.W. 43rd Terr. 64116
Hagan, Mrs. John C., 3205 Shady Lane Dr. 64119
Haley, Mrs. Ted M., 4121 N. Briarcliff Rd. 64116
Hayes, Mrs. Lawrence L., 440 N. Woodland Dr. 64118
Hedges, Mrs. Richard C., 1017 Southwind Dr., Excelsior Springs 64024
Henry, Mrs. Joseph E., 1005 Brentwood Cir. 64112
Hodge, Mrs. Robert H., 2204 N.E. 39th 64116
Kirkland, Mrs. Jerry, 6604 N.W. Overland Dr. 64151
Kuenzi, Mrs. Donald E., 924 S. Woodland Dr. 64118
Lanning, Mrs. R. James, 3801 N. Central 64116
Latimer, Mrs. Walter N. A., 4915 N. Kansas 64119
Leslie, Mrs. Stephen A., 9704 N.W. 75th Terr. 64152
Lila, Mrs. Aram, 1001 Miss Belle, Excelsior Springs 64024
Littlejohn, Mrs. Robert, 5215 W. 63rd Terr., Shawnee Mission, Kan. 66208
McCluggage, Mrs. Newt C., 5921 High Drive, Shawnee Mission, Kan. 66208
McCormick, Mrs. James E., 309 Northcrest Dr. 64116
McPhee, Mrs. William R., 1205 W. 76th 64114
Mullins, Mrs. Bernard, 510 N.W. 106th 64155
Nourbakhsh, Mrs. Mahmoud, Box 839, Platte City 64079
Parker, Mrs. Robert H., 5204 N.W. 82nd Terr. 64151
Patterson, Mrs. Carroll D., 626 N.W. 42nd Terr. 64116
Perico, Mrs. Carlos, 8729 Rosewood, Prairie Village, Kan. 66207
Pileggi, Mrs. Felix A., 424 N.W. Briarcliff Rd. 64116
Reeder, Mrs. Charles C., 3 Maple Circle, Smithville 64089
Revare, Mrs. Paul, 3245 Chippewa Dr. 64116
Robinson, Mrs. Van M., 415 N.W. Briarcliff Ct. 64116
Schertz, Mrs. Truman, 428 N.W. Briarcliff Rd. 64116
Schutz, Mrs. John P., 304 Virginia, Excelsior Springs 64024
Slaughter, Mrs. Carl, 1001 N. Woodland 64118
Smith, Mrs. Charles H., 6203 Circle Dr. 64118
Somoza, Mrs. Jose, 15 N.E. Hill 64116
Soper, Mrs. William, 1006 Forest La., Liberty 64068
Spelman, Mrs. Arch E., 500 N. Bridge, Smithville 64089
Sportsman, Mrs. Weldon L., Rt. 2, Smithville 64089
Stratman, Mrs. Clarence A., 405 N.W. 53rd 64118
Thomas, Mrs. Anthony, 940 N. Woodland Dr. 64118
Triplett, Mrs. Daniel A., 936 Scott Dr., Liberty 64068
Tumanut, Benesto, 3814 N.W. 60th 64151
Underwood, Mrs. J., III, 4222 N. Grand 64116
Vilmer, Mrs. Charles E., 6209 W. 65th, Shawnee Mission, Kan. 66202
Wald, Mrs. Donald, 1608 N.E. 69th 64118
Waterman, Mrs. Franklin M., 420 Glendale Rd., Liberty 64068
Werner, Mrs. Dean F., 4609 N. Main 64116
Werner, Mrs. Franklin C., Rt. 4, Box 479-B, Liberty 64068
Williams, Mrs. R. D., 6533 Rainbow, Shawnee Mission, Kan. 66208
Wilson, Mrs. David E., Rt. 1, Smithville 64089
Withrow, Mrs. John B., 3925 N. Main 64116
Workman, Mrs. Charles E., 6609 Milhaven Dr., Shawnee Mission, Kan. 66202
Wright, Mrs. Earl, 5213 N.W. 82nd Terr. 64151

COLE COUNTY

(Jefferson City 65101)

Allen, Mrs. James E., 846 Crestmere
Beldon, Mrs. E. A., 2124 Lowell
Bowe, Mrs. Ted, 2503 Shellridge Dr.
Bregant, Mrs. Robert, 3435 Country Club Dr.
Bushy, Mrs. William E., 523 Mesa
Cooper, Mrs. Charles W., Cedar Lake, Holts Summit 65043
Courter, Mrs. Larry, Rt. 4
Cox, Mrs. William A., 812 Swifts Highway
Doerhoff, Mrs. Alan, Shepherd Hills
Dorris, Mrs. Richard P., 1611 Ridgewood
Enloe, Mrs. L. David, 1200 Moreland
Exon, Mrs. C. Stuart, 916 Boonville
Falzone, Mrs. John, 321 Sterling Price Rd.
Garner, Mrs. Lynn M., 403 Meier Dr.
Giffen, Mrs. Lawrence E., 1915 Hayselton Dr.
Gordon, Mrs. James, 600 Boonville Rd.
Gove, Mrs. Herman S., 712 Broadway
Guhleman, Mrs. Henry V., Jr., 2018 Greenberry Rd.
Gurnee, Mrs. Landon H., 2941 Country Club Dr.
Handler, Mrs. Fred P., 614 Boonville Rd.
Hauser, Mrs. Robert J., Schott Rd.
Kanagawa, Mrs. Harold Hajime, 816 Houchin
Kanagawa, Mrs. Harold K., 314 Crest Dr.

Kelly, Mrs. Marshall W., 1916 Greenberry Rd.
Klebba, Mrs. Larry B., 3300 Country Club Dr.
Leslie, Mrs. James T., Jr., 1824 Brookside Blvd.
Loyd, Mrs. Earl L., Riviera Heights, Holts Summit 65043
Matthews, Mrs. John I., 1314 Moreau Dr.
McHaney, Mrs. John W., 1819 Brookside
McKnelly, Mrs. William V., 1106 Lee
Meier, Mrs. Francis X., 1913 Hayselton Dr.
Meinershagen, Mrs. Charles W., 111 Forest Hill
Ossman, Mrs. Julian A., 2407 W. Main
Ragland, Mrs. John, Box 517, Linn 65051
Russell, Mrs. Joseph P., 1717 Greenberry Rd.
Ryan, Mrs. Thomas J., 1804 Brookside
Sanders, Mrs. Jack Shelby, 1820 Brookside Blvd.
Schmidt, Mrs. Jerome H., 806 Boonville
Schokker, Mrs. Johannes, 3463 Hobbs La.
Sennott, Mrs. John Stephen, 706 Earl Lee
Shull, Mrs. G. Donald, 1925 Hayselton Dr.
Siu, Mrs. Kenneth C., 1009 Fairmount Blvd.
Stauffer, Mrs. Harry Beach, 830 Boonville Rd.
Stauffer, Mrs. Larry K., 2510 Screllridge
Stephens, Mrs. Sara, 1807 Sherrick Dr., Apt. A
Stricker, Mrs. Harold C., Rt. 5, Zion Rd.
Su, Mrs. Philo S., 311 Elm Tree Dr.
Sugarbaker, Mrs. Everett D., 2113 W. Main
Summers, Mrs. Joseph S., Jr., 2312 W. Main
Tanner, Mrs. Robert H., 1910 Greenberry Rd.
Taylor, Mrs. Leon A., 1104 W. Main
Tietjen, Mrs. Fred C., 2503 Green Tree Rd.
Van Vranken, Mrs. Eugene E., 2037 Tower Dr.
Wallace, Mrs. John K., 220 Ridgeway
Watts, Mrs. Byron Edward, 2112 Forest Dr.
Werth, Mrs. Joseph A., 325 Old Gibler Rd.
Westhoff, Mrs. D. Douglas, 2612 Schellridge Rd.

COOPER COUNTY
(Boonville 65233)

Abele, Mrs. William A., Krohn Dr.
Avery, Mrs. Willard B., 10 Oak Valley Rd.
Diekroeger, Mrs. Manuel L., Rt. 2
Hata, Mrs. Daikichi, 7 Morningside Dr.
Humphreys, Mrs. Edward T., 1123 Third St.
Stuart, Mrs. Byron M., 910 Shamrock Terr.
Winn, Mrs. George W., 607 Poplar

DUNKLIN COUNTY
(Kennett 63857)

Cash, Mrs. Charles R., 1112 White Oak Pl.
Croom, Mrs. D. W., Stokes Blvd., Malden 63863
Dunmire, Mrs. George, 504 S. Baker Dr.
English, Mrs. W. D., Cardwell 63829
Huang, Mrs. J. S., 1609 S. Lincoln Cir.
Legan, Mrs. John K., 617 Butler Dr.
Lopansri, Mrs. Somsak, 1017 Kenwood Dr.
Manubay, De Teresita I., M.D., 204 W. Linden Cir.
Miltenberger, Mrs. Paul C., 705 W. Washington
Morehead, Mrs. William E., 505 N. Beckwith, Malden 63863
Palenski, Mrs. R. L., Hornersville 63855
Pu, Mrs. Pin H., 1105 W. Eighth
Rigdon, Mrs. John, 201 Westgate Ave.
Sinasa, Mrs. Surat, 1624 N. Lincoln Cir.
Soonattrakal, Mrs. Withiska, 1616 W. Washington
Tarver, Mrs. Quinton, 1004 W. Washington
Wilson, Mrs. L. C., 915 S. Jackson
Zimmerman, Mrs. Joe A., 1105 White Oak Pl.

FRANKLIN-GASCONADE-WARREN COUNTIES

Baker, Mrs. Donald, 900 Clearview Dr., Union 63084
Bonney, Mrs. Samuel C., 2 Southpoint Pl., Washington 63090
Bozzo, Mrs. Raymond J., 6 Catawba Pl., Washington 63090
Brenner, Mrs. Paul A., 108 W. Washington, Owensville 65066
Eisenmann, Mrs. Benjamin B., New Haven 63068
Farrell, Mrs. S. L., Rt. 2, Washington 63090
Hoelscher, Mrs. H. F., Hickory Haven, Warrenton 63383
Muench, Mrs. Ludwig O., 2004 E. 3rd, Washington 63090
Murney, Mrs. Joseph A., 201 E. Elm, Washington 63090
Richardson, Mrs. G. A., 1 East Lane, Union 63084
Richardson, Mrs. W. R., 301 Hwy. 50 West, Union 63084
Schmidt, Mrs. Charles, Box 143, Gerald 63067
Strehlman, Mrs. Benjamin G., 510 West End Union 63084

GRAND RIVER COUNTIES
(Caldwell, Carroll, Livingston, Grundy Davies, Harrison, Linn, Mercer & DeKalb Counties)

Bales, Mrs. Eugene, 502 W. Third Terr., Carrollton 64633
Bohnsack, Mrs. Ralph, 635 Skyline Dr. Brookfield 64628
Broyles, Mrs. Watkins, Bethany 64424
Cofer, Mrs. Thomas N., 503 Elmdale, Chillicothe 64601
Conrad, Mrs. Joseph, 1202 Jackson, Chillicothe 64601
Cross, Mrs. Albert, 1903 Moberly Rd., Trenton 64683
Daley, Mrs. Frank, 508 E. Samuel, Hamilton 64644
Dixon, Mrs. John, 1005 Brookfield, Brookfield 64628
Dowell, Mrs. Donald, 1830 Calhoun, Chillicothe 64601
Ellsworth, Mrs. Willard, Trenton 64683
Fair, Mrs. William, 1705 Calhoun, Chillicothe 64601
Gale, Mrs. Joseph, 1710 Polk, Chillicothe 64601
Galvez, Mrs. Sisenando P., Santa Fe, Marceline 64658
Gearhart, Mrs. Merriam, 2100 Beekman, Bethany 64424
Howell, Mrs. Billy, Rt. 1, St. Catherine 64677
Mandler, Mrs. George, 1616 Clay, Chillicothe 64601
Platz, Mrs. John, 804 N. Main, Carrollton 64633
Rose, Mrs. John F., 1024 Grandview, Chillicothe 64601
Trinidad, Mrs. Hermanito, 1324 Dorney Dr., Chillicothe 64601
Vandiver, Mrs. V. D., Rt. 2, Chillicothe 64601
Yoon, Mrs. Jin S., 1424 Vine, Chillicothe 64601

GREENE COUNTY
(Springfield)

Allen, Mrs. Jerry H., 1324 S. Fairway Terr. 65804
Allison, Mrs. James B., 1527 S. Bedford Rd.
Ancheta, Mrs. Apolinario, 1417 E. Hanover, 65804
Anthony, Mrs. Dallas D., 1322 S. Pickwick, 65804
Ash, Mrs. Charles J., 743 Riverside 65807
Ashley, Mrs. Thomas E., 2740 Pythian 65802
Atkinson, Mrs. Thomas E., Anchor Hill Ranch, Rt. 1, Rogersville 65742
Auner, Mrs. Cecil R., 649 McCann 65804
Back, Mrs. Donald K., 2852 S. Glendale 65804
Bailey, Mrs. Alan, 2242 Barataria 65804
Baldwin, Mrs. Richard M., 2033 Prairie La. 65804
Barnhill, Mrs. Floyd, 3215 Bellhurst 65804
Beisner, Mrs. Don, 1512 Charing Rd. 65804
Benson, Mrs. Ronald, 4372 Valley Dr. 65804
Berry, Mrs. Paul T., 2135 Shady Glen 65804
Blades, Mrs. Ross, 2308 Barataria 65804
Bonebrake, Mrs. McDonald D., 1443 S. Delaware 65804
Boone, Mrs. Martin, Rt. 2, Box 315 65802
Borja, Mrs. E. R., 2912 S. Brentmoor 65804
Brent, Mrs. Lanny, 4430 S. Pratt 65804
Brian, Mrs. Wm., Jr., 2258 Barataria 65804
Broaddus, Mrs. Loren, 2409 E. Rosebrier 65804
Brown, Mrs. David, 2727 Melbourne Rd. 65804
Brown, Mrs. Lyman, 1410 N. Rogers 65802
Burkey, Mrs. Jordon W., 2405 Sheridan 65804
Busiek, Mrs. Urban J., 1635 E. Walnut 65802
Callaway, Mrs. Guy, 901 E. Portland 65804
Carr, Mrs. Phillip, 1260 E. Catalpa, 65804
Cheek, Mrs. Anne C., 1535 E. Meadowmere 65804
Cheek, Mrs. James W., 2342 Fritts La. 65804
Christensen, Mrs. Harold, 2941 Josselin Pl 65804
Christy, Mrs. Raymond, Jr., 2738 S. Marlan 65804
Ciccone, Mrs. Pasquale, U. S. Medical Center, 65802
Clarke, Mrs. Michael J., Rt. 1, Box 422-A 65803
Clarke, Mrs. Michael S., 1227 S. Delaware 65804
Clary, Mrs. William, 2224 Edgewater 65804
Clayton, Mrs. E. L., 2446 Brentwood Blvd. 65804
Coller, Mrs. Frederick C., 2108 E. Cambridge 65804
Cooper, Mrs. C. Wesley, 2266 S. Inglewood 65804
Cordonnier, Mrs. James K., Rt. 2, Box 272A 65802
Corry, Mrs. Francis, 2859 Utica 65804
Coulter, Mrs. James W., 2134 Shady Glen 65804
Crawford, Mrs. Oral, Rt. 1, Box 443 65803
Crosthwait, Mrs. Ed L., 2532 S. Luster 65804
Dillard, Mrs. Erin M., 2130 S.W. Pleasant Valley Rd. 65804
Domann, Mrs. Darrel, 4305 Ridgeview Rd. 65804
Duncan, Mrs. Robert D., 1234 E. Loren 65804
Ellis, Mrs. Francis J., 2235 E. Glenwood 65804
Ellis, Mrs. Harry L., 2375 E. Rosebrier 65804
Evans, Mrs. E. L., 2457 E. Barataria 65804
Farthing, Mrs. Gene W., 1235 E. Walnut 65802
Ferguson, Mrs. John P., 1219 S. Clay 65804
Ferguson, Mrs. Lynn, 4111 Ridge Dr. 65804
Fessenden, Mrs. Ersel M., 634 E. Kingsbury 65804
Fitch, Mrs. Max, Rt. 1, Box 285, Brighton 65616
Fogle, Mrs. Phillip, 2140 S. Meadowview 65804
Francis, Mrs. William C., 2820 E. Glenwood 65804
Freeman, Mrs. S. F., 1339 S. Pickwick 65804
Gentry, Mrs. Michsel A., 2151 E. Rosebrier 65804
Gerdes, Mrs. John, 3041 Lamonta 65804
German, Mrs. Walter A., 2971 Southern Hills Blvd. 65804
Giddings, Mrs. Frank C., 1211 S. Pickwick 65804
Giffin, Mrs. James, Rt. 2, Box 91 65802
Gill, Mrs. Paul J., 2712 S. Hillsboro 65804
Glynn, Mrs. Robert, 1101 Benton 65802
Gorelick, Mrs. David F., 1041 Linwood Terr. 65807
Gose, Mrs. Don F., 1339 S. Delaware 65804
Gwin, Mrs. Edward, 5650 S. Southwood 65804
Hall, Mrs. David, Rt. 2, Rogersville 65742
Hamburg, Mrs. Fredrick, 1910 Cardinal 65804
Harmon, Mrs. Ben C., Rt. 1, Nixa 65714
Harrison, Mrs. S. W., Rt. 9, Box 122 65804
Harvey, Mrs. Harold D., 2531 Brentwood 65804
H'Doubler, Mrs. Alice, Rt. 7, Box 207 65802
H'Doubler, Mrs. F. T., Jr., 2445 Melbourne Rd. 65804
H'Doubler, Mrs. Peter B., 1137 S. Pickwick 65804
Herfkens, Mrs. Kenneth, 2818 Natural Bridge 65804
Hills, Mrs. Joe E., 2917 Natural Bridge 65804
Hinds, Mrs. Paul A., Rt. 5, Box 532 65803
Holland, Mrs. Robert, 2225 E. Edgewood 65804
Hollis, Mrs. Richard, 2236 S. Inglewood 65804
Holmes, Mrs. Daniel E., Rt. 9, 4318 Sunset 65804
Holmes, Mrs. David R., 2539 Melbourne Rd. 65804
Huewe, Mrs. Douglas H., 2204 Claiborne 65804
Jobe, Mrs. Charles, 2415 E. Edgewood 65804

Johnson, Mrs. Fritz, 3015 White Oak Dr. 65804
Johnson, Mrs. Joe C., 2240 Cherryvale 65804
Johnson, Mrs. Warford, 2244 Edgewood 65804
Johnson, Mrs. William F., 973 E. Linwood Dr. 65807
Johnston, Mrs. Joseph L., 2855 Southern Hills 65804
Jones, Mrs. Harold L., 3042 Ridge Dr. 65804
Kelly, Mrs. James C., 5709 S. Clay 65807
Key, Mrs. James S., 2278 Inglewood 65804
Khalil, Mrs. Tamer, 2016 S. Pleasant Valley Rd. 65804
Kipfer, Mrs. Robert, 4328 S. Pratt 65804
Klingner, Mrs. George M., Jr., Rt. 3, Box 202, Rogersville 65742
Knabb, Mrs. Kenneth E., 1229 E. Catalpa 65804
Langston, Mrs. W. Roland, 1453 S. Fairway 65804
Lemmon, Mrs. G. Bruce, 1462 Virginia 65807
Lewis, Mrs. Noel R., Rt. 1, Strafford 65757
Lin, Mrs. Chi-Hsi, 2245 Raynell 65804
Litton, Mrs. Lyle, 3044 Shalimar 65804
Lockhart, Mrs. Charles E., 1600 E. Catalpa 65804
Loeb, Mrs. Richard, 4133 E. Ridge Dr. 65804
Lorenc, Mrs. Ernest, 2819 Canyon Dr. 65804
Lovett, Mrs. Robert L., 3117 Glenhaven 65804
Lowe, Mrs. Arch, 1700 E. Walnut 65802
Lundman, Mrs. Hugh I., 3740 E. Linwood Dr. 65804
Lurie, Mrs. Harold, 2440 Skyline Dr. 65804
Luzecky, Mrs. Michael H., 1324 Royal Dr. 65804
Lynch, Mrs. Thomas W., Rt. 2, Box 323 65804
Maddux, Mrs. William, 2634 Inglewood Rd. 65804
Maple, Mrs. Francis M., 2115 Edgewood 65804
Maples, Mrs. F. H., 1435 E. Elm, #205 65802
McAlhany, Mrs. Howard J., 1643 E. Catalpa 65804
McCrea, Mrs. Wm. A., Rt. 1, Box 15A, Republic 65738
McKinsey, Mrs. John, 2802 Natural Bridge 65804
McLaughlin, Mrs. Richard, 2249 Wildwood Circle 65804
Menchetti, Mrs. Don E., Rt. 9, Box 425A 65804
Mentgen, Mrs. Carl, 5759 Wildwood Circle-S Dr. 65804
Michael, Mrs. Harvey R., 2838 Canyon Dr. 65804
Milne, Mrs. Jay, 2947 White Oak Dr. 65804
Moore, Mrs. DeArmand, 2306 S. Meadowview 65804
Moseley, Mrs. F. Thomas, 2837 Lomita Circle 65804
Neu, Mrs. Leo T., 3008 Carlisle Circle 65804
Olson, Mrs. E. Rule, 2645 Wildwood Rd. 65804
Overend, Mrs. Don, 3020 Ridge Dr. 65804
Palcheff, Mrs. Chris L., Rt. 9, Box 400L 65804
Park, Mrs. William I., 815 E. Portland 65804
Penninger, Mrs. William H., 2246 Claiborne 65804
Peterson, Mrs. Stanley S., 721 E. Stanford 65807
Plumlee, Mrs. W. C., 919 E. Walnut 65806
Podrecca, Mrs. Guido, 2925 Chambery 65804
Powell, Mrs. Edwin, 1226 S. Weller 65804
Prater, Mrs. Bill George, 3000 Carlisle Circle 65804
Pruett, Mrs. Paul L., 2000 S.W. Pleasant Valley Rd. 65804
Quinn, Mrs. Paul, 2857 Chantilly 65804
Raborar, Mrs. Arteso C., 5650 Woodcliff Dr. 65804
Salas, Mrs. Rene A., 807 S. Jefferson, Apt. D 65806
Sammon, Mrs. T. James, 1526 S. Devon 65804
Schaeffer, Mrs. Edward, 2356 Wildwood Circle 65804
Schreiber, Mrs. Norman, 3754 E. Cherry 65804
Schroff, Mrs. Carle H., 2448 E. Broadmoor 65804
Schwartz, Mrs. Eugene J., 1315 E. Loren 65804
Schweitzer, Mrs. Fred C., 2550 S. Luster 65804
Shackter, Mrs. Bruce, 1538 Essex 65804
Shane, Mrs. Ramon, 2910 Wildwood Rd. 65804
Shelton, Mrs. R. Wayne, 1314 Woodgate 65804
Siceluff, Mrs. Joseph G., 609 Cherry 65806
Silsby, Mrs. Don J., 800 E. Brookside 65807
Simpson, Mrs. E. L., 2133 Meadowview 65804
Smith, Mrs. Wallis, 1223 S. Kentwood 65804
Snead, Mrs. William H., 2532 Sheridan 65804
Spalding, Mrs. David, Rt. 1, Box 94-A, Rogersville 65742
Sponenberg, Mrs. Don, 2905 Versailles 65804
Stamatis, Mrs. John J., 2875 S. Rochelle 65804
Stufflebaum, Mrs. Robert E., 2323 E. Rosebrier
Sturtevant, Mrs. Harwood N., 3935 E. Primrose 65807
Sullivan, Mrs. Dan T., 3801 E. Catalpa 65802
Suva, Mrs. Morfeo M., 1915 E. Swallow 65804
Tarrasch, Mrs. Ernest, 2114 Langston 65804
Tendai, Mrs. Mark M., 2244 Edgewater 65804
Terry, Mrs. James F., Jr., 2830 Chambery 65804
Thomasson, Mrs. David D., 2311 E. Glenwood 65804
Tillman, Mrs. Walter, 1220 E. Loren 65804
Tombridge, Mrs. T. L., 2830 S. Marlan 65804
Trotter, Mrs. W. Yates, 1243 E. Catalpa 65804
Tsang, Mrs. John, 3514 E. Cherry 65804
Turner, Mrs. Glenn O., 1462 S. Dollison 45804
Upshaw, Mrs. Paul, 2118 S. Fairway 65804
Vensel, Mrs. Lee H., Jr., 2255 Meadowview 65804
Waddell, Mrs. Kenneth, 1126 S. Kentwood 65804
Wakeman, Mrs. J. Newton, 1402 Meadowmere 65804
Walker, Mrs. William M., 2845 Southern Hills Bld. 65804
Warres, Mrs. Herbert L., 2614 Inglewood Rd. 65804
Webb, Mrs. Richard, 1243 E. Loren 65804
White, Mrs. R. Ned, 3634 Cherry 65804
Whitlock, Mrs. Courtney C., 2238 S. Blackman Rd. 65804
Wilson, Mrs. Roy E., Rt. 1, Box 210-A, Rogersville 65742
Winsky, Mrs. Arlen D., 3031 E. Rocklyn 65804
Wise, Mrs. Gordon F., 2850 Southern Hills 65804
Wittmer, Mrs. Samuel C., 2314 E. Washita 65804
Wolf, Mrs. Marion L., 4303 E. Valley Rd. 65804
Wooldridge, Mrs. Wilfred E., 1126 E. Stanford 65807
Wyrsch, Mrs. Leo, 2222 S. Meadowview 65804
Yancey, Mrs. Daniel L., 1133 S. Weller 65804

JACKSON COUNTY
(Kansas City)

Abella, Mrs. Ben Z., 8967 E. 62nd Terr. 64133
Abend, Mrs. Melvin N., 848 W. 52nd Terr. 64112
Abercrombie, Mrs. Keith, 8100 El Monte, Shawnee Mission, Kan. 66208
Abrams, Mrs. Bernard M., 1021 W. 69th 64113
Adelman, Mrs. Arthur, 6305 Aberdeen, Shawnee Mission, Kan. 66208
Agee, Mrs. Loren Glenn, Rt. 1, Rantoul, Kan. 66079
Aks, Mrs. Daniel, 3100 W. 68th, Shawnee Mission, Kan. 66208
Alderman, Mrs. Donald, 3221 W. 83rd, Leawood, Kan. 66206
Alderman, Mrs. Thomas F., 309 E. 127th 64145
Ammatelli, Mrs. F. J., 1235 W. 57th Terr. 64113
Amoury, Mrs. Raymond A., 2016 W. 81st, Leawood, Kan. 66206
Andrus, Mrs. Bailey C., 6508 Overbrook Rd., Shawnee Mission Kan. 66208
Arbab, Mrs. Ali A., 2415 W. 67th, Shawnee Mission, Kan. 66208
Arms, Mrs. Arnold V., 302 W. 99th Terr. 64114
Arms, Mrs. Richard A., 9918 High Dr., Leawood, Kan. 66206
Atcheson, Mrs. Bellfield, 2111 W. 70th Terr., Shawnee Mission, Kan. 66208
Badeen, Mrs. Louis, 3400 Shady Bend Dr., Independence 64052
Ballard, Mrs. V. Bryce, 6618 Rainbow, Shawnee Mission, Kan. 66208
Barelli, Mrs. Pat A., 5609 Mission Dr., Shawnee Mission, Kan. 66208
Barloon, Mrs. James H., 2109 W. 70th, Shawnee Mission, Kan. 66208
Barnard, Mrs. John L., 825 W. 52nd 64112
Barr, Mrs. Glenn A., 9615 Grandview Rd. 64137
Barry, Mrs. John W., 5510 W. 84th, Shawnee Mission, Kan. 66207
Barry, Mrs. William B., Sulgrave Apts., 121 W. 48th 64112
Basantz, Mrs. F. Victor, 2025 W. 91st, Shawnee Mission, Kan. 66206
Battmer, Mrs. Robert E., 4964 Westwood Terr. 64112
Bauer, Mrs. Lafe W., 4818 W. 80th, Prairie Village, Kan. 66208
Beall, Mrs. M. S., 9029 High Dr., Shawnee Mission, Kan. 66206
Beatty, Mrs. Eugene C., 4923 W. 96th Terr., Shawnee Mission, Kan. 66207
Becker, Mrs. Rolphe A., 6501 Wenonga, Shawnee Mission, Kan. 66208
Beesley, Mrs. Charles V., 741 W. 121st 64145
Behrends, Mrs. Steven H., 10921 E. 71st Terr., Shawnee Mission, Kan. 66208
Bell, Mrs. William F., 214 Oxford La., Lee's Summit 64063
Bennett, Mrs. J. D., 4315 W. 111th Terr. Leawood, Kan. 66211
Benoit, Mrs. Hector W., 2501 W. 64th, Shawnee Mission, Kan. 66208
Berenson, Mrs. Sheldon E., 832 W. 63rd 64113
Bickley, Mrs. James E., 3004 W. 83rd Terr., Leawood, Kan. 66206
Biggs, Mrs. Alfred D., Jr., 6551 Wenonga Terr., Shawnee Mission, Kan. 66208
Bikales, Mrs. Victor W., 5810 High Dr., Shawnee Mission, Kan. 66208
Bishop, Mrs. Francis, 3208 W. 83rd Terr., Leawood, Kan. 66206
Black, Mrs. Eugene C., 3201 W. 67th, Shawnee Mission, Kan. 66208
Black, Mrs. Thomas C., 7929 Outlook, Shawnee Mission, Kan. 66208
Blim, Mrs. Richard Don, 2209 W. 68th, Shawnee Mission, Kan. 66208
Bohan, Mrs. Peter T., 4545 Wornall Rd. 64111
Bordy, Mrs. Marvin D., 1911 Romany Rd., Shawnee Mission, Kan 66208
Borenstine, Mrs. Joseph, 7307 Holmes 64131
Borsuk, Mrs. Greogry M., 16525 E. 36th, Independence 64055
Bowser, Mrs. John F., 3701 Madison 64111
Boyd, Mrs. George K., 4810 W. 80th, Shawnee Mission, Kan. 66208
Boylan, Mrs. Peter C., 3308 W. 87th, Shawnee Mission, Kan. 66206
Braby, Mrs. Howard, 512 Linwood Terr., Independence 64050
Brams, Mrs. Jack B., 5050 Oak St., Apt. 1015 64112
Braverman, Mrs. Abe E., 2701 W. 68th, Shawnee Mission, Kan. 66208
Brick, Mrs. Jeffrey, 3012 W. 83rd Terrace, Shawnee Mission, Kan. 66206
Brower, Mrs. Clyde, 118 S. Willis, Independence 64050
Brown, Mrs. Adrian J., 12 E. 63rd 64113
Brown, Mrs. Elwyn S., 200 W. 115th 64114
Brown, Mrs. Menzie H., 9421 Ralston 64138
Brown, Mrs. Robert S., 6635 Belinder, Shawnee Mission, Kan. 66208
Browne, Mrs. Don E., 2501 N. 69th, Shawnee Mission, Kan. 66208
Brown, Mrs. William R., 8717 Rosewood Dr., Shawnee Mission, Kan. 66207
Brumm, Mrs. L. W., 7421 Wyoming 64114

Buckner, Mrs. Robert C., 3507 W. 87th, Leawood, Kan. 66206
Budke, Mrs. Harold A., 1219 W. 66th Terr. 64113
Buhler, Mrs. Victor B., 5212 Bellview 64112
Buie, Mrs. Bruce R., 4601 E. 110th 64137
Caffrey, Mrs. Raymond J., 1314 W. Red Bridge Rd. 64114
Calovich, Mrs. Emery, 3500 W. 49th, Shawnee Mission, Kan. 66205
Campbell, Mrs. Frederick B., 1032 W. 55th 64113
Campbell, Mrs. John, 429 W. 69th 64113
Capps, Mrs. Eugene C., 7921 El Monte, Shawnee Mission, Kan. 66208
Carder, Mrs. George A., 1011 Scott Dr., Liberty 64068
Carlson, Mrs. Hjalmar E., 2709 W. 66th, Shawnee Mission, Kan. 66208
Carmichael, Mrs. Francis A., 5841 High Dr., Shawnee Mission, Kan. 66208
Caruso, Mrs. Alfred A., 2018 W. 70th Terr., Shawnee Mission, Kan. 66208
Case, Mrs. William F., 4913 W. 97th, Shawnee Mission, Kan. 66207
Casford, Mrs. Ralph, 1236 W. 72nd 64114
Cattaneo, Mrs. Ernest A., 9200 Cherokee La., Shawnee Mission, Kan. 66206
Centner, Mrs. Paul J., 4304 W. 66th, Shawnee Mission, Kan. 66208
Chambers, Mrs. James Q., 5500 Belinder Ave., Shawnee Mission, Kan. 66205
Chandler, Mrs. Robert A., 6435 Indian La., Shawnee Mission, Kan. 66208
Childs, Mrs. Richard M., 5325 Mission Woods Terr., Shawnee Mission, Kan. 66205
Chowdhury, Mrs. Dipak, 16812 Larkspur La., Independence 64055
Chung, Mrs. Richard, 4406 North Lake, Lee's Summit 64063
Clark, Mrs. Irving H., 2811 Blue Ridge Ext., Grandview 64030
Cline, Mrs. Merle A., 6115 Karen Rd. 64151
Clough, Mrs. Charles A., 2400 W. 59th, Shawnee Mission, Kan. 66208
Cockerell, Mrs. Sanford F., 3051 S. Crysler, Independence 64050
Coffey, Mrs. Ralph R., 5211 Wornall Rd. 64112
Cohen, Mrs. Lawrence S., 6724 Willow La., Mission Hills, Kan. 66208
Coleman, Mrs. Robert L., 5610 Aberdeen Rd., Shawnee Mission, Kan. 66205
Colom, Mrs. George A., 4002 W. 56th, Shawnee Mission, Kan. 66205
Conn, Mrs. Robert, 3725 W. 64th, Shawnee Mission, Kan. 66208
Coppinger, Mrs. Thomas A., 8 E. 55th Terr. 64113
Cowan, Mrs. George, Arapaho Tr., Lake Quivira, Kansas City, Kan. 66106
Crocker, Mrs. Albert, 7512 Crisp 64138
Crouch, Mrs. Thomas T., 6800 W. 66th Terr., Shawnee Mission, Kan. 66202
Crow, Mrs. Martin, 3011 W. 84th, Leawood, Kan. 66206
Curts, Mrs. Calvin J., 5730 Metcalf Ct., Shawnee Mission, Kan. 66202
Dalton, Mrs. Timothy, 11841 Oak 64114
Darnell, Mrs. Dale, 8317 Fontana, Prairie Village, Kan. 66207
Davis, Mrs. Donald R., 2501 W. 67th, Shawnee Mission, Kan. 66208
Davis, Mrs. Herbert V., 4601 Holmes 64110
Davis, Mrs. Jack M., 7110 Harecliff Dr. 64133
DeFeo, Mrs. Theodore, 4100 W. 90th Terr., Shawnee Mission, Kan. 66207
Demott, Mrs. John D., 4402 Homestead Dr., Prairie Village, Kan. 66208
Dempsey, Mrs. Herbert A., 806 Chestnut, Lee's Summit 64063
Dennie, Mrs. Charles C., 121 W. 48th 64112
Dimond, Mrs. E. Grey, 5049 Wornall Rd. 64112
Dixon, Mrs. George D., 10416 Mohawk La., Leawood, Kan. 66206
Dlabal, Mrs. L. J., 3729 Blue Ridge Blvd., Independence 64052
Dlabal, Mrs. Luke J., Jr., 3930 Sequoia, Lee's Summit 64063
Dodge, Mrs. Mark, 5820 State Line Rd., Shawnee Mission, Kan. 66208
Dombeck, Mrs. Stan, 8927 Maple Dr., Shawnee Mission, Kan. 66207
Downey, Mrs. James W., 6906 W. 52nd Pl., Shawnee Mission Kan. 66202
Drake, Mrs. Roy F., 6600 Outlook, Shawnee Mission, Kan. 66202
Dunleavy, Mrs. James D., 11330 Madison 64114
Durnell, Mrs. Monaford D., 308 Lincolnwood, Lee's Summit 64063
Earnest, Mrs. James B., 1250 W. 59th 64113
Egea, Mrs. Fernando M., 9916 Perry Dr., Shawnee Mission, Kan. 66212
Eisemann, Mrs. Gustave, 6520 Overhill Rd., Shawnee Mission, Kan. 66208
Elias, Mrs. David J., 22 E. Tapawingo, Blue Springs 64015
Ellfeldt, Mrs. Howard, 8544 Roe Blvd., Prairie Village, Kan. 66207
Elliott, Mrs. R. Glenn, 6136 Reinhardt Dr., Shawnee Mission, Kan. 66205
Englemann, Mrs. Calvin E., 2000 W. 68th, Shawnee Mission, Kan. 66208
Engleman, Mrs. Reinhold, 11905 Avila Ct. 64114
Ericsson, Mrs. Samuel E., 9065 Rosewood, Shawnee Mission, Kan. 66207
Etzenhouser, Mrs. Merrill, 3318 Oxford, Apt. D, Independence 64052
Etzenhouser, Mrs. Russell F., 1317 W. College, Independence 64052
Eubank, Mrs. Dillard M., 6020 Elm 64133
Eubank, Mrs. Will R., 6113 Lane 64133
Eubank, Mrs. William Y., 1020 W. 60th Terr. 64113
Euprasert, Mrs. Pricha, 6401 Dearborn Dr., Mission, Kan. 66202
Evans, Mrs. Lawrence L., 1025 W. 64th Terr. 64113
Fairchild, Mrs. Robert C., 8425 Reinhardt La., Leawood, Kan. 66206
Farney, Mrs. Jacob P., 2712 W. 69th, Shawnee Mission, Kan. 66208
Farnsworth, Mrs. Jesse J., 5608 Fairway, Shawnee Mission, Kan, 66205
Farrales, Mrs. Franklin, 9801 Mission Rd., Shawnee Mission, Kan. 66206
Fayez, Mrs. Jamie A., 9805 Shepherd's Dr. 64131
Fedotin, Mrs. Michael S., 3019 W. 84th, Shawnee Mission, Kan. 66206
Fee, Mrs. Chester, Rt. 1, Stillwell, Kan. 66085
Feist, Mrs. William E., 10618 W. 98th Terr., Shawnee Mission, Kan. 66214
Fischer, Mrs. Jose, 8515 W. 71st, Shawnee Mission, Kan. 66204
Fitzgerald, Mrs. Robert H., 8505 Cherokee Pl., Shawnee Mission, Kan. 66206
Flanders, Mrs. Horace F., 5161 W. 75th, Shawnee Mission, Kan. 66208
Flately, Mrs. John A., 827 Huntington Rd. 64113
Flynn, Mrs. James M., 5720 High Dr., Shawnee Mission, Kan. 66208
Folck, Mrs. William P., 5804 N.W. 72nd 64151
Forman, Mrs. Louis H., 2801 W. 67th, Shawnee Mission, Kan. 66208
Fouts, Mrs. Dallas, Sr., Box 124, Rt. 1, Lee's Summit 64063
Fowler, Mrs. Fred D., 1247 W. 67th Terr. 64113
Fowler, Mrs. James, 200 W. 53rd Terr. 64112
Fredeen, Mrs. Robert C., 5437 Canterbury Rd., Shawnee Mission, Kan. 66205
Frick, Mrs. J. Paul, 4740 Roanoke Pkwy., Apt. 905 64112
Fritzlen, Mrs. Thomas J., 825 W. 63rd 64113
Ganley, Mrs. William Coyle, 9927 Walnut Dr., Apt. 103 64114
Garner, Mrs. James H., 8000 Sagamore Rd., Shawnee Mission, Kan. 66206
Garrison, Mrs. Roy F., 404 W. 67th Terr. 64113
Gauthier, Mrs. Charles P., 11319 Summit 64114
Geha, Mrs. Braham J., 4 Wycklow, Shawnee Mission, Kan. 66207
Geiger, Mrs. W. A., Jr., 3506 W. 92nd Terr., Leawood, Kan. 66206
Gibbons, Mrs. Robert T., Jr., 8422 Reinhardt La., Shawnee Mission, Kan. 66206
Gilgore, Mrs. Alfred, 8935 Rosewood Dr., Shawnee Mission, Kan. 66207
Ginsberg, Mrs. Norman A., 1220 W. 67th 64113
Gist, Mrs. W. W., 1230 W. 66th 64113
Givler, Mrs. Robert L., 408 Hargis La., Belton 64012
Glasscock, Mrs. Ernest L., 6214 High Dr., Shawnee Mission, Kan. 66208
Goheen, Mrs. John R., 3681 Madison 64111
Goldman, Mrs. Stanley, 5734 Windsor Dr., Shawnee Mission, Kan. 66205
Goldsich, Mrs. Edward, 5115 W. 81st, Shawnee Mission, Kan. 66208
Goldstein, Mrs. Marvin F., 901 W. 113th Terr. 64114
Goodson, Mrs. W. H., 815 W. 59th 64113
Goolsbee, Mrs. Robert, 6438 Sagamore, Shawnee Mission, Kan. 66208
Gordon, Mrs. Morris P., 10527 Walnut Dr. 64114
Gottsch, Mrs. Joseph C., 7904 Granada, Prairie Village, Kan. 66208
Green, Mrs. John R., Jr., 3143 Santa Fe Terr., Independence 64055
Growdon, Mrs. John A., 6508 Aberdeen Rd., Shawnee Mission, Kan. 66208
Guastello, Mrs. Joseph R., 5625 W. 81st Terr., Shawnee Mission, Kan. 66208
Guastello, Mrs. Mario J., 7020 Overhill Rd. Shawnee Mission, Kan. 66208
Gutek, Mrs. E. Philip, 6855 W. 52nd Pl., Mission, Kan. 66020
Haas, Mrs. Henry D., 5330 W. 100th, Shawnee Mission, Kan. 66207
Habib, Mrs. Henry N., 440 E. 74th Terr. 64131
Hagar, Mrs. David L., 8800 E. 62nd, Raytown 64133
Hahn, Mrs. Fred, 12001 E. 48th Terr. 64133
Haight, Mrs. J. Max, 5609 Blue Ridge Blvd. 64133
Hall, Mrs. Ralph R., 3900 W. 57th, Fairway, Kan. 66205
Halperin, Mrs. Phillip H., 8348 Summersit Dr., Prairie Village, Kan. 66207
Hamill, Mrs. Robert W., 7311 Eby Dr., Shawnee Mission, Kan. 66204
Hamlin, Mrs. Howard, 4017 W. 100th Pl., Shawnee Mission, Kan. 66207
Hamtil, Mrs. Lawrence W., 9622 Sagamore, Shawnee Mission, Kan. 66206
Hanson, Mrs. E. Jerome, Jr., 3801 W. 63rd, Shawnee Mission, Kan. 66204
Hartwig, Mrs. Fred H., 5204 Pawnee Dr., Shawnee Mission, Kan. 66205
Hartwig, Mrs. Raymond W., 6546 Wenonga Rd., Shawnee Mission, Kan. 66208
Hausheer, Mrs. Herman, 12900 E. 36th Terr., Independence 64050
Haynes, Mrs. Solon, 121 W. 73rd 64114
Hays, Mrs. Larry V., 4000 W. 67th Terr., Prairie Village, Kan. 66208
Hazuka, Mrs. David F., 8904 Mohawk La., Leawood, Kan. 66206
Hellman, Mrs. Richard, 4817 W. 81st, Shawnee Mission, Kan. 66208
Helman, Mrs. Richard G., 6540 Wenonga Rd., Shawnee Mission, Kan. 66208
Herdoiza, Mrs. Alfonso W., 5300 W. 98th Terr., Overland Park, Kan. 66207
Herman, Mrs. Edwin, 8 W. Bridlespur 64114
Hervey, Mrs. William H., II, 6601 Overhill Rd., Shawnee Mission, Kan. 66208
Hibbard, Mrs. Blaine Z., 2900 W. 53rd, Shawnee Mission, Kan. 66205
Hickerson, Mrs. William H., 4207 S. Crysler, Independence 64050
Hill, Mrs. J. H., 8115 Meadow La., Leawood, Kan. 66206
Hink, Mrs. Fred W., 524 S. Hardy, Independence 64053
Hoadley, Mrs. William D., 2608 W. 70th, Shawnee Mission, Kan. 66208
Hodgson, Mrs. Frank H., 1049 W. 55th 64113
Hoeper, Mrs. Samuel D., 13009 12th 64030
Hoeper, Mrs. Sam D., 12516 Grandview Rd., Grandview 64040
Hoffman, Mrs. Alan L., 12301 W. 57th 64133
Hollinger, Mrs. Lloyd A., 4403 W. 93rd Terr., Shawnee Mission, Kan. 66207
Holman, Mrs. Joseph, 5208 Bekkeview 64112
Hollweg, Mrs. Kenneth C., 808 W .Meyer Blvd. 64113
Holton, Mrs. Edward B., 2817 Westport Rd., Independence 64052
Huet, Mrs. Raul, 2512 W. 90th, Shawnee Mission, Kan. 66206
Hughes, Mrs. Michael, 4930 W. 97th, Shawnee Mission, Kan. 66207
Hunkeler, Mrs. John D., 5421 Fairway Rd., Shawnee Mission, Kan. 66205
Hunt, Mrs. Thomas R., 6336 Ensley La., Shawnee Mission, Kan. 66208
Hunzicker, Mrs. Warren, 1248 Stratford Rd. 64113
Huse, Mrs. William J., II, 8713 Birch La., Shawnee Mission, Kan. 66207

Hyde, Mrs. Lawrence L., 5020 W. 67th, Shawnee Mission, Kan. 66208
Ingham, Mrs. Walton C., 9723 Overbrook Rd., Shawnee Mission, Kan. 66206
Irvine, Mrs. John, 2500 Red Bridge Terr. 64131
Irwin, Mrs. Douglas H., Jr., 9818 Rosewood Dr., Shawnee Mission, Kan. 66207
Jacob, Mrs. Walter P., 5301 W. 83rd Terr., Shawnee Mission, Kan. 66207
Jacobs, Mrs. Morton, 6416 Verona Rd., Shawnee Mission, Kan. 66208
Jacobs, Mrs. Walter H., 6656 Milhaven Dr., Shawnee Mission, Kan. 66202
Janes, Mrs. Donald R., 14831 W. 90th, Lenexa, Kan. 66215
Johnson, Mrs. C. Laurence, 729 S. 53rd, Kansas City, Kan. 66106
Johnson, Mrs. Dallas A., 5321 96th Terr., Shawnee Mission, Kan. 66207
Jonas, Mrs. Harry S., 11711 Markham Rd., Independence 64052
Jones, Mrs. Gale O., 817 W. 61st Terr. 64113
Jones, Mrs. Samuel T., 9915 Cherokee La., Shawnee Mission, Kan. 66206
Jones, Mrs. T. Reid, 6341 Roe, Shawnee Mission, Kan. 66208
Justus, Mrs. John B., 5221 Howe Dr., Shawnee Mission, Kan. 66205
Kanarek, Mrs. Joseph, 6112 W. 87th Terr., Shawnee Mission, Kan. 66207
Kandt, Mrs. Ray E., Jr., 8900 Maple Dr., Shawnee Mission, Kan. 66207
Kantor, Mrs. Julius M., 6708 High Dr., Shawnee Mission, Kan. 66208
Kantor, Mrs. Samuel, 3604 W. 87th, Leawood, Kan. 66206
Katf, Mrs. Nichola Y., 11812 Central 64114
Kay, Mrs. Billy F., 10326 Sagamore La., Leawood, Kan. 66206
Kayanan, Mrs. Jose, 200 W. 100th Terr. 64114
Keairnes, Mrs. Harold W., 5323 Oak 64112
Keeler, Mrs. James E., 425 E. Meyer Blvd. 64131
Keeling, Mrs. Douglas, 7705 W. 102nd, Shawnee Mission, Kan. 66212
Keltner, Mrs. Raymond O., 8900 Pawnee La., Leawood, Kan. 66206
Kendall, Mrs. Charles A., 604 Red Rd., Independence 64055
Kendall, Mrs. Forrest H., 2505 W. 71st, Prairie Village, Kan. 66208
Kennard, Mrs. G. Keith, 3658 Madison 64111
Kennedy, Mrs. Fred R., 8022 El Monte, Prairie Village, Kan. 66208
Kent, Mrs. Bela, 5839 Cherokee, Shawnee Mission, Kan. 66205
Kettner, Mrs. Edward G., 6510 Milhaven Dr., Shawnee Mission, Kan. 66202
Kiene, Mrs. Richard H., 6429 Overbrook Rd., Shawnee Mission, Kan. 66208
Killen, Mrs. Duncan A., 1909 W. 70th, Shawnee Mission, Kan. 66208
Kindred, Mrs. Lynn H., 4606 W. 82nd Terr., Prairie Village, Kan. 66208
Kitchen, Mrs. W. M., 2700 W. 68th, Shawnee Mission, Kan. 66208
Knoch, Mrs. H. Kermit, 6606 Willow La., Shawnee Mission, Kan. 66208
Koppers, Mrs. Lawrence E., 9304 Lee Ct., Leawood, Kan. 66206
Kurtz, Mrs. Karl J., 10012 Wedd Dr., Shawnee Mission, Kan. 66212
Kyger, Mrs. John E., 3612 Blue Ridge, Independence 64052
Lamar, Mrs. Robert F., 800 W. 53rd Terr. 64112
Lambie, Mrs. Rodger W., 10317 Grant La., Shawnee Mission, Kan. 66212
Landers, Mrs. Burnell, 13101 Delaware Dr., Independence 64055
Landis, Mrs. George K., 9826 Shepherd's Cir. 64131
Larsen, Mrs. William E., 10311 Belinder Rd., Leawood, Kan. 66206
Latham, Mrs. Raymond W., 3008 W. 67th, Shawnee Mission, Kan. 66208
Lauer, Mrs. Daniel J., 8718 Cherokee La., Leawood, Kan. 66206
Layle, Mrs. John K., 5800 High Dr., Shawnee Mission, Kan. 66208
Layton, Mrs. Ira, 6511 W. 67th, Shawnee Mission, Kan. 66202
Lee, Mrs. Gerald B., 13412 E. 51st 64133
Lee, Mrs. Henry A., 9821 Sagamore Rd., Leawood, Kan. 66206
Lee, Mrs. King Y., 10811 W. 100th St. Terr. Shawnee Mission, Kan. 66214
Lentz, Mrs. Clark H., 2600 W. 69th, Shawnee Mission, Kan. 66208
Leo, Mrs. William A., 4505 W. 66th, Prairie Village, Kan. 66208
Lindgren, Mrs. Charleton J., 12805 E. 38th, Independence 64055
Link, Mrs. Vance E., 1201 W. 36th, Independence 64050
Liston, Mrs. Stephen, 9824 Overbrook Rd., Leawood, Kan. 66206
Lockwood, Mrs. Gary F., 6840 Linden, Shawnee Mission, Kan. 66208
Long, Mrs. R. Stacy, Lot Z-56, Lake Latawana 64063
Lotito, Mrs. Carlos, 2603 W. 70th Terr., Shawnee Mission, Kan. 66208
Loutzenhiser, Mrs. James K., 11405 Jefferson 64114
Lowell, Mrs. Paul, 4742 Liberty 64112
Lundgren, Mrs. Fred H., Jr., 201 W. 116th 64114
Lulo, Mrs. Antonio, 8726 Cherokee La., Leawood, Kan. 66206
Lyddon, Mrs. H. R., Jr., 1221 W. 67th 64113
Lytton, Mrs. George J., Regional Mental Health Center, Hastings, Neb. 68901
MacNaughton, Mrs. Ralph E., 17 Wycklow, Overland Park, Kan. 66207
Mallouck, Mrs. Alexander G., 6508 W. 102nd, Shawnee Mission, Kan. 66212
Mangels, Mrs. Kenneth A., Jr., 1103 W. 36th Terr., Independence 64055
Manley, Mrs. Joseph W., 6814 Metcalf, Shawnee Mission, Kan. 66204
Mantz, Mrs. Herbert L., 1209 Romany Rd. 64113
Marks, Mrs. Mark M., 6537 Summit 64113
Martin, Mrs. Clyde V., 5531 E. Mission Dr., Shawnee Mission, Kan. 66208
Masucci, Mrs. Joseph M., 11800 Washington 64114
Mathews, Mrs. Robert, 9244 Riggs La., Shawnee Mission, Kan. 66212
Mayer, Mrs. John H., Jr., 5739 Windsor Dr., Shawnee Mission, Kan. 66205
McAnelly, Mrs. George, 511 Park 64127
McCallister, Mrs. Ben D., 6431 Norwood, Shawnee Mission, Kan. 66212
McCanse, Mrs. Lynn, 7334 Mercier 64114
McClanahan, Mrs. Robert C., 310 W. 49th, Apt. 502 64112
McConahay, Mrs. David R., 6225 Indian La., Shawnee Mission, Kan. 66208
McCoy, Mrs. Frederick J., 5814 Mission Dr., Shawnee Mission, Kan. 66208
McDonald, Mrs. Herbert L., 11830 Central 64114
McDonnell, Mrs. John F., 5411 Central 64112
McFarland, Mrs. Harry R., 1005 W. 69th Terr. 64113
McGannon, Mrs. Paul, 2201 Arno Rd., Shawnee Mission, Kan. 66208
McIntosh, Mrs. Donald E., 12709 Oakmont Dr. 64145
McKee, Mrs. Wallace P., 2335 Guilford La., Shawnee Mission, Kan. 66208
McMillan, Mrs. Thomas E., 8201 Dearborn, Shawnee Mission, Kan. 66208
McNabney, Mrs. W. Kendall, 5319 Oak 64112
Medlicott, Mrs. William, 426 N. Winnebago, Greenwood 64034
Meegan, Mrs. Robert J., 401 W. 119th Terr. 64145
Mehta, Mrs. Satish K., 2307 E. 109th 64131
Melgaard, Mrs. S. Ross, 1012 W. 61st Terr. 64113
Meyer, Mrs. Paul W., 5160 Sunset Dr. 64112
Meyers, Mrs. Harold L., 1901 Brookwood Rd., Shawnee Mission, Kan. 66208
Miles, Mrs. George O., 9020 Mission Rd., Shawnee Mission, Kan. 66206
Milgram, Mrs. Byron A., 6927 Belinder, Shawnee Mission, Kan. 66208
Miller, Mrs. Gerald L., 836 W. 51st 64112
Miller, Mrs. Gerald L., Jr., 2500 W. 69th, Shawnee Mission, Kan. 66208
Miller, Mrs. Max I., 4001 W. 66th, Prairie Village, Kan. 66208
Miller, Mrs. Wilson H., 6400 Verona Rd., Shawnee Mission, Kan. 66208
Mitchell, Mrs. Andrew D., 4013 W. 73rd Terr., Shawnee Mission, Kan. 66208
Mitchell, Mrs. John D., 6104 Lockton La., Shawnee Mission, Kan. 66205
Mitra, Mrs. Nirmal, 2007 W. 81st Terr., Shawnee Mission, Kan. 66206
Mixson, Mrs. William C., 6501 Sagamore Rd., Shawnee Mission, Kan. 66208
Montello, Mrs. Samuel A., 4109 Delmar Dr., Prairie Village, Kan. 66208
Mooney, Mrs. Marcel L., 6439 Ensley La., Shawnee Mission, Kan. 66208
Moore, Mrs. Jack D., 4922 State Line Rd., Shawnee Mission, Kan. 66205
Moore, Mrs. Robert A., 10818 W. 102nd, Shawnee Mission, Kan. 66214
Moreano, Mrs. Aramando H., 8417 Nall, Prairie Village, Kan. 66207
Morgan, Mrs. David B., 6513 Jefferson 64113
Morris, Mrs. Joseph H., 5017 George 64133
Morrow, Mrs. Raymond L., 17 W. 69th 64113
Mosbacher, Mrs. Hugh E., 919 Court Lake Dr., Independence 64055
Mueller, Mrs. M. J., 11723 Central 64114
Mullen, Mrs. Leo M., 1900 W. 68th, Shawnee Mission, Kan. 66208
Murphy, Mrs. Robert J., 6428 High Dr., Shawnee Mission, Kan. 66208
Murray, Mrs. W. Lee, 16 Wycklow, Overland Park, Kan. 66207
Myers, Mrs. George H., 12712 High Dr., Leawood, Kan. 66209
Naime, Mrs. Mansour J., 9625 Linden Dr., Shawnee Mission, Kan. 66207
Nesselrode, Mrs. John H., 12000 Marbec Trail, Independence 64052
Neumann, Mrs. James, 5850 Pembroke Ct., Shawnee Mission, Kan. 66208
Nickson, Mrs. Charles E., Jr., 4425 Larson 64133
Noback, Mrs. R. K., 628 W. 67th 64113
O'Farrell, Mrs. Thomas, 2000 Stratford Rd., Shawnee Mission, Kan. 66208
Osborne, Mrs. J. O., 644 W. 69th Terr. 64113
Overesch, Mrs. Harry B., 10804 Grandview Rd. 64137
Owens, Mrs. James, 1258 Huntington Rd. 64113
Ozar, Mrs. Milton B., 1206 W. 62nd 64113
Padfield, Mrs. Earl G., D145 Tanager Dr., Greenwood Springs, Colo. 81601
Parker, Mrs. Hubert M., 1200 W. Red Bridge Rd. 64114
Penner, Mrs. Stanley, 4302 W. 93rd Terr., Shawnee Mission, Kan. 66207
Perico, Mrs. Carkos, 8729 Rosewood, Shawnee Mission, Kan. 66207
Perll, Mrs. Maurice F., 830 W. 61st Terr. 64113
Perry, Mrs. Ralph, 7140 Sni-A-Bar Rd. 64129
Peterson, Mrs. Eugene G., 108 Hackberry, Lee's Summit 64063
Peterson, Mrs. George, 4806 W. 68th, Shawnee Mission, Kan. 66208
Peterson, Mrs. Jay T., 4312 W. 74th, Prairie Village, Kan. 66208
Pfeutz, Mrs. Edwin L., 5407 W. 100th Terr., Shawnee Mission, Kan. 66207
Piebenga, Mrs. Larry W., 4010 W. 57th, Fairway, Kan. 66205
Piepergerdes, Mrs. Larry G., 1410 W. 5th, Lee's Summit 64063
Pinkerton, Mrs. Joseph A., Jr., 2019 W. 70th Terr., Shawnee Mission, Kan. 66208
Piper, Mrs. Donald K., 9929 High Dr., Shawnee Mission, Kan. 66206
Porter, Mrs. Louis, 6017 McGee 64113
Porter, Mrs. Michael, 6925 Belinder, Shawnee Mission, Kan. 66208
Pugh, Mrs. Richard G., 102 Golfview Dr., Blue Springs 64015
Quer, Mrs. Erich A., 1901 Stratford Rd., Shawnee Mission, Kan. 66208
Raich, Mrs. Robert A., 828 Greenway Terr. 64113
Ramey, Mrs. Ehret O., 8108 Ward Parkway Plaza 64114
Rector, Mrs. Joe Lee, Jr., 3915 W. 53rd, Shawnee Mission, Kan. 66205
Reinhardt, Mrs. G. Robert, 1201 Romany Rd. 64113
Richards, Mrs. Jose T., 6564 W. 49th, Shawnee Mission, Kan. 66202
Riller, Mrs. L. E., 1267 W. 61st 64113
Robinson, Mrs. Arthur W., 6600 Wenonga Rd., Shawnee Mission, Kan. 66208
Robinson, Mrs. James Travis, Jr., 4203 W. 92nd Terr., Shawnee Mission, Kan. 66207
Robinson, Mrs. William J., 9931 Lee Circle, Shawnee Mission, Kan. 66206
Robles, Mrs. Luis H., 10121 Hemlock Dr., Overland Park, Kan. 66212
Rodgers, Mrs. George H., 10041 El Monte La., Shawnee Mission, Kan. 66207

Rofail, Mrs. Amin, 9206 England, Shawnee Mission, Kan. 66212
Romito, Mrs. Anthony J., 9015 Lamar, Shawnee Mission, Kan. 66207
Roth, Mrs. Alfred D., 6644 Outlook, Mission, Kan. 66202
Rozen, Mrs. Jay D., 2408 Arno Rd., Shawnee Mission, Kan. 66208
Rubin, Mrs. Harvey P., 4606 W. 87th Terr., Shawnee Mission, Kan. 66207
Rubin, Mrs. Sidney, 1287 W. 72nd 64114
Sabates, Mrs. Felix, 2503 W. 70th Terr., Shawnee Mission, Kan. 66208
Sanders, Mrs. Donald, 11721 Oak 64114
Sanders, Mrs. William F., 1004 W. 66th Terr. 64113
Sauer, Mrs. Gordon C., 830 W. 58th Terr. 64113
Schaerrer, Mrs. W. W., 5245 Mercier 64112
Schiffmacher, Mrs. Jack E., 4517 W. 65th, Prairie Village, Kan. 66208
Schillie, Mrs. Gene A., 7010 Overhill Rd., Shawnee Mission, Kan. 66212
Schlozman, Mrs. Daniel L., 9315 Lamar, Shawnee Mission, Kan. 66207
Schoolman, Mrs. Arnold, 8705 Catalina Dr., Shawnee Mission, Kan. 66207
Schottman, Mrs. Gerhard W., Jr., 5110 W. 96th Terr., Shawnee Mission, Kan. 66207
Seeley, Mrs. Clark W., 3000 W. 68th, Shawnee Mission, Kan. 66208
Seiden, Mrs. Gerald D., 2509 W. 71st, Prairie Village, Kan. 66208
Sells, Mrs. Kenneth J., 5930 Mission Dr., Shawnee Mission, Kan. 66208
Shalley, Mrs. Jack E., 14401 E. 44th, Independence 64055
Sheahon, Mrs. John, 7037 Lakeshore Dr., Raytown 64133
Sheldon, Mrs. Russell D., 816 W. 58th Terr. 64113
Shifrin, Mrs. Alexander, 1027 W. 69th Terr. 64113
Shuey, Mrs. Herbert H., 5339 W. 96th, Shawnee Mission, Kan. 66207
Simon, Mrs. Sanford, 5820 Mission Dr., Shawnee Mission, Kan. 66208
Sinclair, Mrs. Richard H., 3908 W. 91st, Shawnee Mission, Kan. 66207
Singleton, Mrs. Charles M., II, 4101 W. 57th, Shawnee Mission, Kan. 66205
Singleton, Mrs. John M., III, 9030 High Dr., Shawnee Mission, Kan. 66206
Skillman, Mrs. Robert K., 10335 High Dr., Shawnee Mission, Kan. 66206
Skinner, Mrs. John T., 824 Westover Rd. 64113
Slentz, Mrs. Edwin L., 4812 W. 66th Terr., Shawnee Mission, Kan. 66208
Slentz, Mrs. William A., 9835 Pembroke La., Shawnee Mission, Kan. 66206
Slickman, Mrs. Robert A., 4937 Wyoming 64112
Smith, Mrs. Arthur B., 8409 Wenonga Rd., Shawnee Mission, Kan. 66206
Smith, Mrs. D. D., 9009 Mission Rd. Leawood, Kan. 66206
Smith, Mrs. Greg, 2869 NE 59th St. Terr., Gladstone 64119
Smith, Mrs. Othello D., 5400 W. 83rd, Prairie Village, Kan. 66206
Sneid, Mrs. Philip, 4201 W. 90th Terr., Shawnee Mission, Kan. 66207
Snider, Mrs. Wilbur Ray, 7201 Mastin, Shawnee Mission, Kan. 66204
Soper, Mrs. Michael R., 8700 Lee Blvd., Leawood, Kan. 66206
Soper, Mrs. Steven J., 1210 W. Lexington, Independence 64050
Spafford, Mrs. Allen L., 5552 Belinder Ave., Shawnee Mission, Kan. 66205
Spalding, Mrs. Wilbur B., Jr., 5400 Ward Pkwy. 64112
Spurny, Mrs. Otto M., 6400 Cherry 64131
Staab, Mrs. Gerald E., 3515 W. 64th, Shawnee Mission, Kan. 66206
Stacey, Mr . Wallace R., 3407 Shady Bend Dr., Independence 64052
Staggs, Mrs. William A., 641 E. 45th 64110
Staley, Mrs. Harry R., 4740 Roanoke Pkwy. 64112
Statland, Mrs. Harry, 1016 W. 69th Terr. 64113
Statland, Mrs. Morris, 2911 W. 66th Terr., Shawnee Mission, Kan. 66208
Steffen, Mrs. L. F., 9606 Neiman Pl., Overland Park, Kan. 66214
Stelmach, Mrs. W. Jack, 5252 Sunset Dr. 64112
Stern, Mrs. Thomas L., 1235 W. 62nd 64113
Stribling, Mrs. Thomas L., 3808 S. Union, Independence 64055
Stuber, Mrs. Jack L., 5617 Pembroke Ln., Shawnee Mission, Kan. 66208
Sulit, Mrs. Arnulfo B., 11001 W. 100th Pl., Shawnee Mission, Kan. 66214
Szabados, Mrs. Ernest D., 1901 S. Leslie, Independence 64050
Thalblum, Mrs. Harvey, 8405 Ensley La., Shawnee Mission, Kan. 66206
Thomas, Mrs. Christopher Y., Jr., 5830 Mission Dr., Shawnee Mission, Kan. 66208
Thompson, Mrs. C. Leslie, 801 W. 53rd Terr. 64112
Throne, Mrs. Benjamin, 7919 Sagamore Rd., Shawnee Mission, Kan. 66208
Throne, Mrs. Elias M., 10621 W. 102nd, Overland Park, Kan. 66214
Tice, Mrs. Wayne K., 3504 S. Delaware, Independence 64050
Tillema, Mrs. David A., 8015 El Monte, Shawnee Mission, Kan. 66208
Toubes, Mrs. Daniel, 9718 Menonga, Leawood, Kan. 66206
Troeh, Mrs. Richard, 13000 Delaware Dr., Independence 64055
Trowbridge, Mrs. E. H., Jr., 32 Compton Ct., Shawnee Mission, Kan. 66208
Tuohy, Mrs. Gerald, 209 W. 125th Terr. 64145
Turano, Mrs. William, 7000 Lake Shore Dr., Raytown 64133
Tutera, Mrs. D. F., 1260 W. 63rd Terr. 64113
Tutero, Mrs. Gino, 5825 State Line 64113
Twin, Mrs. Edward, 8208 Tomahawk, Shawnee Mission, Kan. 66208
Underwood, Mrs. Dick H., 9828 Belinder, Shawnee Mission, Kan. 66206
Van Biber, Mrs. James T., 3705 Northern Blvd., Independence 64052
Vaughn, Mrs. James W., 5509 W. 86th, Shawnee Mission, Kan. 66207
Venegoni, Mrs. Robert L., 8701 Birch La., Prairie Village, Kan. 66207
Vera, Mrs. Enrique, 9218 W. 82nd Terr., Shawnee Mission, Kan. 66204
Vergara, Mrs. Gerardo G., 5200 W. 84th Terr., Prairie Village, Kan. 66204
Victor, Mrs. Frank, 9639 Chadwick, Shawnee Mission, Kan. 66206
Vidals, Mrs. V. G., 9509 W. 104th Terr., Overland Park, Kan. 66212
Vilmer, Mrs. Charles E., 6209 W. 65th, Shawnee Mission, Kan. 66202
Vincent, Mrs. Jack C., 2003 W. 67th Terr., Shawnee Mission, Kan. 66208
Virden, Mrs. Herbert H., 6533 High Dr., Shawnee Mission, Kan. 66208
Vogel, Mrs. Arthur P., 6524 Willow La., Shawnee Mission, Kan. 66208
Voth, Mrs. Harold W., 5413 Neosho, Shawnee Mission, Kan. 66205
Wade, Mrs. Frederick E., 413 W. 62nd 64113
Wagner, Mrs. Paul J., Greenwillow Farm, Rt. 1, Greenwood 64034
Walker, Mrs. Orville C., Jr., 604 Partridge, Independence 64050
Wall, Mrs. Leonard A., 5011 Neosho Ave., Shawnee Mission, Kan. 66205
Waxman, Mrs. Herbert, 2012 W. 81st, Shawnee Mission, 66206
Weir, Mrs. Robert K., 10015 E. 36th, Independence 64052
Wells, Mrs. Donald E., I-18 Lake Lotowana, Rt. 4, Lee's Summit 64063
Wheeler, Mrs. Charles B., 830 W. 53rd 64112
Wheeler, Mrs. John H., 5650 Mission Dr., Shawnee Mission, Kan. 66208
White, Mrs. Charles H., 6518 Overhill Rd., Prairie Village, Kan. 66208
White, Mrs. Stroughton F., 6815 Cherokee La., Shawnee Mission, Kan. 66208
Whiteman, Mrs. John R., 9729 Cherokee La., Leawood, Kan. 66206
Whitaker, Mrs. James, 7431 Mercier 64114
Whitman, Mrs. Doyle C., 6836 Cherokee La., Shawnee Mission, Kan. 66208
Whitmore, Mrs. J. Stewart, 5516 Tahoe La., Shawnee Mission, Kan. 66205
Wicks, Mrs. Edwin D., 506 N.W. 43rd Terr. 64116
Wilber, Mrs. Robert D., 6056 Mission Dr., Shawnee Mission, Kan. 66208
Wilhelm, Mrs. Warren F., 3100 W. 67th, Shawnee Mission, Kan. 66208
Williams, Mrs. Frank, 5921 Ward Parkway 64113
Williams, Mrs. George P., 9413 Ralston 64138
Williams, Mrs. Joseph C., Jr., 2209 Arno Rd., Shawnee Mission, Kan. 66208
Willoughby, Mrs. James W., 420 N. Ridge, Liberty 64068
Willoughby, Mrs. Jean B., 1019 W. 69th Terr. 64113
Winer, Mrs. Herbert J., 2103 W. 69th Terr., Shawnee Mission, Kan. 66208
Winer, Mrs. Nathaniel, 1007 Brentwood Circle 64112
Winston, Mrs. Bernard H., 1006 W. 67th 64113
Wise, Mrs. Morris F., 2610 W. 105th, Leawood, Kan. 66206
Wolf, Mrs. Jack, 6125 Morningside Dr. 64113
Woods, Mrs. S. Dwight, 3201 W. 68th, Shawnee Mission, Kan. 66208
Woods, Mrs. Walton C., 9004 E. 73rd 64133
Woodward, Mrs. William, 3610 S. Delaware, Independence 64055
Wortmann, Mrs. Robert F., 2819 W. 66th Terr., Shawnee Mission, Kan. 66208
Wright, Mrs. R. Paul, 9119 Riggs La., Shawnee Mission, Kan. 66212
Wu, Mrs. William, 6700 Troost 64131
Wurster, Mrs. Jerry B., 5218 W. 98th Terr., Shawnee Mission, Kan. 66207
Youll, Mrs. Donald V., 8711 Ensley La., Shawnee Mission, Kan. 66206
Youmans, Mrs. Ronald, 3901 W. 73rd, Shawnee Mission, Kan. 66208
Young, Mrs. James E., 9700 Overbrook Rd., Leawood, Kan. 66206
Young, Mrs. J. W., 5443 Mohawk, Shawnee Mission, Kan. 66205
Zahony, Mrs. Ivan, 8720 Rosewood, Shawnee Mission, Kan. 66207
Zoglin, Mrs. Nathan, 333 W. Meyer Blvd. 64113
Zoller, Mrs. David D., 74 Lake Shore Dr., Lake Quivera, Kansas City 66106
Zwerenz, Mrs. Bruno, 15 A Lake Tapawingo, Blue Springs 64015

JASPER COUNTY
(Joplin)

Adams, Mrs. Robert, 1302 Mississippi 64801
Allen, Mrs. David O., Rt. 4, Box 85 64801
Barnett, Mrs. Norman, Box 271, Rt. 3 64801
Bhend, Mrs. David, 2435 E. 12th 64801
Bird, Mrs. William F., Rt. 2, Box 144, Lot 17 64801
Bladow, Mrs. Terrence, 2703 Mississippi 64801
Bopp, Mrs. Ronald, 505 Glenview 64801
Brandon, Mrs. Frederick, 2609 E. 12th 64801
Browning, Mrs. Ronald, 1602 Connecticut 64801
Burch, Mrs. John E., 200 Medical Arts Bldg.
Burleigh, Mrs. Bruce, 601 Jaccard Pl. 64801
Carnes, Mrs. Victor, 1418 Crestwood Dr. 64801
Chase, Mrs. Ned, 2931 Indiana 64801
Chesney, Mrs. George W., Jr., 2416 E. 12th 64801
Clark, Mrs. Frank, 2206 E. 10th 64801
Cohle, Mrs. Richard, 1609 Lilac La., Carthage 64836
Crawford, 2931 Pearl Ave. 64801
Crispell, Mrs. Lawrence, 911 Kensington Rd. 64801
Curl, Mrs. Howard, 2031½ Pearl 64801
Dandridge, Mrs. Curt, 2902 Jefferson 64801
Detar, Mrs. Burleigh, Sr., 410 Jackson 64801
Dixon, Mrs. Herbert, Rt. 2, Box 221 64801
Esther, Mrs. John, 612 Glenview 64801
Ferguson, Mrs. Ralph, 420 E. 33rd 64801
Ferguson, Mrs. Robert M., 2319 E. 10th 64801
Fritsch, Mrs. Andrew, 2920 Pearl 64801
Gardner, Mrs. Joe, 1002 N. Moffet 64801
Gaston, Mrs. Samuel, 2720 Ohio 64801
Grim, Mrs. Edward, 1402 Mississippi 64801
Hallaba, Mrs. Moheb, Rt. 2, Box 197C 64801
Hilton, Mrs. Paul, 1612 Murphy Blvd. 64801
Hwang, Mrs. Yung, 1309 Highland, Carthage 64836
Isbell, Mrs. C. H., 1046 S. Garrison, Carthage 64836
Koehler, Mrs. John W., 1001 Manitou 64801
MacLaughlin, Mrs. James, 728 N. Pearl 64801
Majzoub, Mrs. Hish, 2802 Illinois 64801

Manalo, Mrs. Gil B., 1320 S. Main, Carthage 64836
Martin, Mrs. Clarence, 2419 E. 10th 64801
McGonigle, Mrs. James, 1037 Campbell Pkwy. 64801
McGonigle, Mrs. Michael, 4624 Hickory La. 64801
McPike, Mrs. Lloyd H., 2217 Brownell 64801
Mueller, Mrs. Adolph, 615 Hampton Pl. 64801
Papp, Mrs. Sandor D., 3343 Pearl 64801
Patterson, Mrs. Donald R., 210 Duquesne 64801
Patterson, Mrs. Grover, 1727 River, Carthage 64836
Pottenger, Mrs. L. Ken, Rt. 2, Box 144, #28 64801
Powell, Mrs. Robert, 1818 Galena, Galena, Kan. 66739
Pryor, Mrs. I. Joe, 2625 Wisconsin 64801
Ray, Mrs. David J., 2510 Markwardt 64801
Roberts, Mrs. Howard, 650 Jaccard Pl. 64801
Schoeberl, Mrs. C. B., 3111 E. 4th 64801
Schulte, Mrs. Gregory A., 2515 E. 12th 64801
Simons, Mrs. Jess, 2700 McClelland Blvd. 64801
Smith, Mrs. Roland T., 1444 Crestwood 64801
Smith, Mrs. Russell W., 315 Euclid, Carthage 64836
Stidman, Mrs. Fred, 4619 Wall
Turfhoer, Mrs. Robert, 2615 W. 32nd 64801
Upsher, Mrs. Albert E., 69 Canterbury 64801
Wilcoxson, Mrs. Robert, 1330 Valle Dr. 64801
Wood, Mrs. George H., 530 E. Highland, Carthage 64836
Wooldridge, Mrs. Bart, 1435 Crestwood 64801
Young, Mrs. C. C., 2518 Markwardt 64801

JEFFERSON COUNTY

Albano, Mrs. Benjamin, 114 Mississippi Ave., Crystal City 63019
Bai, Mrs. Sangzin, 24 Tree Brook Dr., Crystal City 63019
Bonifacio, Mrs. Andres, 121 Mississippi Ave., Crystal City 63019
Carson, Mrs. Rick, 120 Boyd St., De Soto 63020
Conant, Mrs. James, Rt. 2, Summer Set Lake, De Soto 63020
Deles, Mrs. Vincente D., 121 Mississippi Ave., Crystal City 63019
Donnell, Mrs. Robert H., 112 Mississippi Ave., Crystal City 63019
Glasgow, Mrs. David S., 113 Mississippi Ave., Crystal City 63019
Judge, Mrs. Walter T., 125 Mississippi Ave., Crystal City 63019
Mayfield, Mrs. J. Logan, 106 Mississippi Ave., Crystal City 63019
Park, Mrs. Duk J., 106 N. Mill, Festus 63028
Sirintrapum, Mrs. Seyvee, 1515 Sweeney Dr., Festus 63028
Verzola, Mrs. Eufenio G., Main, Herculaneum 63048

JOHNSON COUNTY
(Warrensburg 64093)

Cooper, Mrs. R. Lee, Rt. 1
Cooper, Mrs. Robert, II, 801 E. Gay
Damron, Mrs. O. H., 308 Jones
Folkner, Mrs. Albert L., Rt. 1
Hanna, Mrs. Hugh, Rt. 3
Hobbs, Mrs. George H., Grandview Dr., Rt. 2
Johnson, Mrs. Charles S., 502 Hurricane Hill
Jones, Mrs. Keith D., 711 S. Holden
Lederer, Mrs. Charles M., 617 Clark
Maxson, Mrs. T. Reed, Arilen Acres
Ragland, Mrs. Jerry, Rt. 4
Reynolds, Mrs. Wayne, 604 N. Hwy 13 64093
Sicat, Mrs. Alfonso V., Rt. 4

LAFAYETTE-RAY COUNTIES

Brady, Mrs. Hugh, Concordia 64020
Cook, Mrs. Thomas B., Richmond 64085
Cope, Mrs. Joseph S., Lexington 64067
Crozier, Mrs. Frank, Sr., Rt. 2, Richmond 64085
Davault, Mrs. George, Rt. 4, Box A 22, Richmond 64805
Kelling, Mrs. Jordan, Waverly 64096
Koppenbrink, Mrs. W. E., Sr., Higginsville 64037
Kuangparichat, Mrs. Manoch, Rt. 1, Box 165-B, Lexington 64067
LaHue, Mrs. William, Sleepy Hollow Dr., Lexington 64067
Meyer, Mrs. Jerry, 302 Sunset Hill Dr., Concordia 64020
Pavlu, Mrs. Robert R., 14 W. 13th, Carrollton 64633
Riley, Mrs. Charles, Rt. 4, Box A13, Richmond 64085
Vajaranant, Mrs. Manit, N. 17th, Lexington 64067
Ward, Mrs. Joe W., 1004 Francis, Lexington 64067

MILLER-MORGAN-MONITEAU COUNTIES

Buehler, Mrs. Carl T., Eldon 65026
Fulks, Mrs. Richard B., California 65018
Gallagher, Mrs. Lionel M., California 65018
Gunn, Mrs. Jack, Versailles 65084
Hall, Mrs. C. Robert, 2 Country Pl., Versailles 65084
Latham, Mrs. Kenyon, 200 S. High St., California 65018
Lyle, Mrs. Ray, 209 S. Maple, Versailles 65084
Shelton, Mrs. E. O., Eldon 65026
Washburn, Mrs. J. L., Versailles 65084

MINERAL AREA
(Farmington 63640)

Tuttle, Mrs. Jay F., Farmington State Hosp.

PETTIS COUNTY
(Sedalia 65301)

Azan, Mrs. Kenneth, 2603 Clarendon Rd.
Block, Mrs. Jerome E., Rt. 2
Boger, Mrs. John W., 2803 Skyline Dr.
Braverman, Mrs. Elliott M., Rt. 3, Walnut Hills
Brazos, Mrs. John, Rt. 6, Box 137
Campbell, Mrs. Albert J., 1500 W. 16th
Cole, Mrs. William R., Rt. 1, Smithton 65350
Edwards, Mrs. David R., 1619 S. Moniteau
Edmonds, Mrs. Robert, 2413 S. Stewart
Eldenburg, Mrs. Donald, Rt. 2
Emert, Mrs. Frank, 410 Dal-Whi-Mo Ct.
Erickson, Mrs. H. John, Rt. 3, Walnut Hills
Farkas, Mrs. J. Robert, Rt. 4
Fisher, Mrs. Stanley D., 2200 S. Kentucky
Hopkins, Mrs. Thomas J., 1506 W. Broadway
Horochowski, Mrs. Alex, 711 W. Broadway
Lackey, Mrs. J. M., 1718 S. Ingram
Owens, Mrs. John H., 3003 Wing
Roberts, Mrs. Paul A., 101 E. Marshall, Sweet Springs 65351
Stauffacher, Mrs. Gordon C., 1313 W. Broadway
Stockwood, Mrs. Robert C., Rt. 3
Stewart, Mrs. Robert H., 201 Driftwood Dr.
Sull, Mrs. Won J., 2605 Plaza
Van Dyke, Mrs. Elmer, Rt. 4
Walter, Mrs. A. L., 1000 W. 7th
Worley, Mrs. Charles A., 102 W. Ray, Sweet Springs 63351

ST. CHARLES-LINCOLN COUNTIES
(St. Charles 63301)

Baird, Mrs. Keim L., 16 Warrwick Ct.
Brown, Mrs. Richard, 31 Normandy Dr., Lake St. Louis 63367
Canty, Mrs. Eugene, 1825 Sibley
Carpenter, Mrs. James, Rt. 5, Box 42, O'Fallon 63366
Clay, Mrs. Calvin, 808 Oak
Clever, Mrs. Henry, 815 Indian Hills
Coya, Mrs. Reno B., 12255 De Paul Dr., Bridgeton 63044
Commerford, Mrs. John, 10 Rio Vista
Connelly, Mrs. Michael, 18 Huntleigh Downs, Frontenac 63131
Crider, Mrs. Russell, 1875 S. River Rd.
Damron, Mrs. Edward, 602 N. 5th, Elsberry 63343
Davis, Mrs. Marlov, 8417 Midland, Charlack 63114
Del Pizzo, Mrs. Ferdinand, 900 Westminster Dr.
Di Flippo, Mrs. Emil, 14825 Woodford Way, Bridgeton 63044
Duncan, Mrs. David. 12911 Cedarledge Ct., Creve Coeur 63141
Goldkamp, Mrs. John, 10 Shawnee
Hammes, Mrs. Roman, 505 Concordia
Hanlon, Mrs. Russell, 2616 Brookridge La.
Keller, Mrs. Robert, 712 Parr, Wentzville 63385
Keohane, Mrs. Mark, 623 Emerson Rd., Creve Coeur 63141
Kingsbury, Mrs. Robert, 3631 Collingwood
Lensenmeyer, Mrs. Charles, 455 Nantucket
Muhm, Mrs. Yale, 548 Riverview La.
Muenster, Mrs. Vincent, 29 Shawnee Dr.
Perna, Mrs. Vincent, #14 Rio Vista
Poggemeier, Mrs. William, 23 Shawnee
Reisa, Mrs. Ronald, Rt. 3, Box 147, Chesterfield 63017
Rice, Mrs. Ron, 301 Oriole
Rother, Mrs. Paul, #7 Elmwood Park
Roxas, Mrs. Gene, 20 Anglers Ct., Lake St. Louis 63367
Schncider, Mrs. Thomas, 3716 Runnymede
Shuetz, Mrs. Alfred, 904 Indian Hills Dr.
Smoller, Mrs. Martin, 14 Colonial Hills Pkwy., Creve Coeur 63141
Stergen, Mrs. Nick, 5647 Bermuda, St. Louis 63121
Suarez, Mrs. Pedro, 236 S. Greentrail
Szoko, Mrs. Edward, 151 Shelburne Ct.
Tassi, Mrs. Albert, 601 Indian Hills
Thiele, Mrs. Otto, 3100 W. Adams
Towers, Mrs. Orville W., Rt. 1, Box 1
Vafi, Mrs. Houshang, 159 Bellechasse Dr., Chesterfield 63017
Vart, Mrs. Gary, 2620 Park Ave.
Vighi, Mrs. James, 14780 Sugarwood Trails, Chesterfield 63017
Walsh, Mrs. Martin, 8 Mill Race Ct., St. Peters 63376
Westerfeld, Mrs. Roy A., 32 Ayrshire, Rt. 5, Box 57
Wipfler, Mrs. Earl, 405 Duckett

ST. LOUIS CITY
(St. Louis)

Arnot, Mrs. John P., 28 Countryside La. 63131
Barden, Mrs. Frank, 41 Beaver Dr. 63141
Bartlett, Mrs. Willard, Sr., 6459 Wydown 63105
Benjamin, Mrs. Durand, 12567 Chardin Pl., Apt. 3 63124
Bergmann, Mrs. Dwayne, 801 S. Skinner Blvd. 63105
Bergman, Mrs. Hugo F., 2920 Moniteau Dr. 63121
Bohigian, Mrs. George, 21 Roclare La. 63131
Bradley, Mrs. F. R., 7404 Oxford Dr. 63105
Brennan, Mrs. George A., 10546 Hanford 63128
Brennen, Mrs. Robert A., 6030 Highfield 63109
Brown, Mrs. Clyde O., 7419 York Dr. 63105
Brown, Mrs. Seymour, 2421 Baxton Way, Chesterfield 63017
Bruns, Mrs. Kenneth, 1 Salem Estates 63124
Budd, Mrs. John J., Jr., 501 Overhill Dr. 63130
Burroughs, Mrs. W. H., 7327 Pershing 63130
Burst, Mrs. Donald O., 61 Trent Dr. 63124
Carney, Mrs. Joseph, 6625 Penrod 63139
Cherre, Mrs. Charles J., 10 Ridgetop 63117
Ciapciak, Mrs. Stanley, 30 Log Cabin Dr. 63124
Costa, Mrs. Dominic, 10 Devondale 63131
Daake, Mrs. John, 48 Portland Pl. 63108
Dewald, Mrs. Paul A., 60 Conway La. 63124
Diehr, Mrs. Alvin H., Park Towers Apts., 200 S. Brentwood 63105
Diehr, Mrs. Lou A., 200 S. Brentwood Blvd. 63105
Dorton, Mrs. Robert, 12065 Heatherdane 63131
Edwards, Mrs. Joseph, 610 W. Polo Dr., Clayton 63105
Eigel, Mrs. Edwin G., 10111 Hilltop Dr. 63128
Feller, Mrs. Harold, 5834 Bermuda Rd. 63121
Finn, Mrs. M. E., 47 Portland Pl. 63108
Fish, Mrs. Virgil O., 2500 Town & Country La. 63131
Fitzgerald, Mrs. Leo, 7219 Cornell Ave. 63130
Franklin, Mrs. Max, 7536 Buckingham 63105
Gandlmayr, Mrs. J. M., 13600 Peacock Farm 63141
Ganter, Mrs. George E., 233 Woodbourne Dr. 63105
Gantz, Mrs. John A., 10 Muirfield La. 63141
Glaser, Mrs. Martin J., 3550 Hawthorne Blvd. 63104

Glick, Mrs. Harry N., Friendship Village, 15201 Olive Blvd., Apt. 461, Chesterfield 63017
Goldman, Mrs. Melvin, 8650 Barby La. 63124
Green, Mrs. William R., 10311 N. Sunswept 63141
Gresick, Mrs. Robert, 11 Coach-N-Four 63131
Grogan, Mrs. Frank, 4166 Flora Pl. 63110
Gunn, Mrs. Walter, 6742 Itaska 63109
Haddock, Mrs. James, 111 Firwood, Webster Groves 63119
Harkins, Mrs. William, 7 Kingsbury Pl. 63112
Hassett, Mrs. Henry A., 4440 Lindell 63108
Hawk, Mrs. Bray, 3534 Hawthorne 63104
Haynes, Mrs. Pugh, 8006 Gannon 63130
Hazan, Mrs. Joseph, 13211 Dunroyal 63131
Henschel, Mrs. Eugene, 55 Broadview, Clayton 63105
Hilbert, Mrs. Paul, 5701 Pernod 63109
Hogan, Mrs. Patrick, 9036 Laurel Crest 63126
Hollo, Mrs. Vencel W., 8 Country Estates 63131
Jensen, Mrs. Joshua, 3 Brazilian Ct. 63124
Jones, Mrs. Otey, 2010 Longfellow 63104
Karl, Mrs. Michael M., 14 Thorndell Dr. 63117
Kelley, Mrs. Robert, 5317 Waterman Pl. 63112
Kendig, Mrs. John, 841 Rolfe Dr. 63122
Klein, Mrs. Saul J., 11 Huntleigh Downs 63131
Kloecker, Mrs. Richard J., 1022 Hampton Park 63117
Kneal, Mrs. Ellsworth, 725 S. Skinner 63105
Knight, Mrs. William A., Jr., 12 Briar Cliff 63124
Koon, Mrs. Bernard T., 774 Wenneker 63124
Kountz, Mrs. William B., 2619 Gurney Ct. 63110
Kowert, Mrs. Edward H., 330 Planthurst Dr. 63119
Krojanker, Mrs. Rolf J., 1060 Purdue 63130
Kuhlman, Mrs. Robert E., 12 Upper Barnes Rd. 63124
Lembeck, Mrs. Joseph A., 4103 Flora Pl. 63110
Lerwick, Mrs. E. R., 40 Portland Pl. 63108
Lewis, Mrs. J. Eugene, Jr., 7129 Kingsbury Ave. 63130
Lohr, Mrs. Curtis H., 300 S. Grand Ave. 63103
Lottes, Mrs. J. Otto, 1028 Winwood Dr. 63124
MacNish, Mrs. James M., 229 Bompart 63119
Mathae, Mrs. George H., 3167 S. Grand Blvd. 63118
Mendonsa, Mrs. Lawrence E., 138 Ridgecrest Dr., Chesterfield 63017
Merenda, Mrs. Sam J., 1215 Kings Glen Ct. 63131
Meyerhardt, Mrs. Milton H., 665 S. Skinker 63105
Montgomery, Mrs. A. F., 18 Southcote 63144
Morfit, Mrs. John C., 7627 Wydown Blvd. 63105
Mowrey, Mrs. William, 7071 Lindell Blvd. 63130
Muether, Mrs. Raymond, 1509 Hedgeford Dr., Chesterfield 63017
Neilson, Mrs. Arthur W., 6349 Alexander Dr. 63105
Neun, Mrs. William F., 5862 Delor 63109
Niesen, Mrs. Frank, 1304 Brynnwood 63124
Nye, Mrs. Robert, 4910 S. Broadway 63111
Oppenheimer, Mrs. Henry E., 9444 Old Bonhomme Rd. 63132
Orenstein, Mrs. Joseph M., 417 Jackson Ave. N. 63130
Peden, Mrs. Joseph C., Jr., 51 Fair Oaks 63124
Peeler, Mrs. J. O., 10000 Knoll Crest Ct. 63136
Portugal, Mrs. A. Q., 10222 Gregory Ct. 63128
Powers, Mrs. Pierce W., 4 Crestwood Dr. 63105
Pyne, Mrs. Herbert S., 5329 Mardel Ave. 63109
Raybuck, Mrs. H. E., Jr., 22 Rolling Rock Ct. 63124
Rendleman, Mrs. George F., 2 Vista Brook 63124
Ries, Mrs. Douglas, 8 Portland Dr. 63131
Ritter, Mrs. Hubert A., 26 Briarcliff 63124
Rodrigo, Mrs. Bernardo R., 435 Hickory Glen La. 63141
Rosell, Mrs. Louis V., 88 Conway Cove, Chesterfield 63017
Sanders, Mrs. Robert D., 4212 Flora Pl. 63110
Schmidt, Mrs. Edwin H., 10240 Schuessler 63128
Schweiss, Mrs. John F., 1414 Westwind Dr. 63131
Sexton, Mrs. Daniel L., 14 Crestwood Dr. 63105
Shah, Mrs. Anwar, 9810 Log Cabin Ct. 63124
Shaw, Mrs. Edward, 3105 Longfellow 63104
Sherwin, Mrs. Charles S., 3971 Flora Pl. 63110
Smith, Mrs. Benjamin, 5 Fordyce Manor 63131
Stokes, Mrs. James M., 7121 Washington 63130
Strominger, Mrs. Donald B., 701 Yale Ave. 63130
Stroud, Mrs. C. Malone, 3736 Rock Hill Rd., Birmingham, Ala. 35223
Sudholt, Mrs. Alfred F., Jr., 13398 Conway Rd., Normandy 63121
Sullivan, Mrs. Clement J., 7740 Mohawk Dr. 63105
Sweet, Mrs. Herbert C., 3 St. James Ct. 63119
Thale, Mrs. Thomas, 351 Meadow Brook, Ballwin 63011
Tjoflat, Mrs. Oliver E., 252 Woodbourne 63105
Tremain, Mrs. Irl G., 4254 Flora Pl. 63110
Virant, Mrs. John A., 119 S. Spoede Rd. 63141
Werner, Mrs. William A., 6015 Childress Ave. 63109
Witt, Mrs. Clyde M., 11 Deer Creek Woods 63124
Wittgen, Mrs. Edward M., 8901 Rock Forest Dr. 63123
Zink, Mrs. Oscar C., 9 The Orchards 63132

ST. LOUIS COUNTY

Alex, Mrs. Morris, 18 Crosswinds 63132
Alvarez, Mrs. Ulises C., 635 Spring Meadows Dr., Ballwin 63011
Antoniou, Mrs. Chris, 13508 Clayton Rd. 63141
Aronson, Mrs. Abraham, 11 Conway La. 63124
Ayata, Mrs. Sedat, 2 Bon Aire Dr., Olivette 63132
Bagby, Mrs. J. W., 7 Country Life Acres 63131
Bailey, Mrs. William Harold, 9157 E. Milton Ave., Overland 63114
Balster, Mrs. Vernon H., 10140 Sakura Dr. 63128
Bauer, Mrs. Robert, 11 Harneywold 63136
Bergman, Mrs. John F., 550 Bonhomme Woods Dr. 63132
Berwald, Mrs. David M., 725 Champlix La., Creve Coeur 63141
Berwald, Mrs. Irvin I., 747 Old Bonhomme Rd. 63132
Bonfanti, Mrs. Albert, 907 Milldale, Ballwin 63011
Brown, Mrs. Sidney W., 1106 N. Hanley Rd. 63130
Burnside, Mrs. Charles, 750 N. Taylor, Kirkwood 63122
Cabral, Mrs. Galileu, 15244 Lochcrest Ct. 63011
Cacioppo, Mrs. Joseph E., 1525 Hampton Hall Dr., Chesterfield 63017
Carlson, Mrs. Arne E., 89 Pebblebrook La., Creve Coeur 63141
Carmona, Mrs. Gilberto V., 23 Black Oak Dr. 63127
Catanzaro, Mrs. R. E., 412 Tregaron Pl. 63131
Chinsky, Mrs. Murraym 7200 Colgate Ave., University City 63130
Codilla, Mrs. Sostenese G., 1005 Parkwatch Dr., Ballwin 63011
Costrino, Mrs. Joseph A., 12567 Conway Rd., Creve Coeur 63141
Cuento, Mrs. Oblendo A., 7339 Goff 63117
Davidson, Mrs. Morris, 128 Frontenac Forest 63131
Davis, Mrs. Edgar W., 936 Mansion Hill Dr., Ballwin 63011
Deitchman, Mrs. Robert, 1 Ridgegate Dr., Olivette 63132
Del Rosario, Mrs. Horacio O., 1984 Pick Fair Dr. 63141
Dennison, Mrs. Carl F., 52 Briarcliff 63124
Diehr, Mrs. Maurice A., 28 Dromara Rd., LaDue 63124
Dowell, Mrs. George H., Jr., 726 Briarfarm La. 63122
Dumadag, Mrs. Virgilio P., 2280 Whitby Rd., Chesterfield 63017
Dyer, Mrs. Clyde P., Box 2710, Carmel, California 93921
Ehrlich, Mrs. Carl F., Rt. 4, Box 152 Clayton Rd., Chesterfield 63017
Eidelman, Mrs. Jack, 8001 Watkins Dr. 63105
Exharou, Mrs. Klark, 139 Heather Ridge Dr., Chesterfield 63017
Figueroa, Mrs. Eliseo O., 2448 Camberwell Ct. 63131
Fischer, Mrs. John, 18 Cricklewood Pl., Frontenac 63131
Fletes, Mrs. James W., 5601 Lindell Blvd. 63112
Floro, Mrs. Mariano N., 110 S. Graeser Rd., Creve Coeur 63141
Forsman, Mrs. Waldo W., 4128 S. Lindbergh Blvd. 63127
Fox, Mrs. Leon J., 903 S. Warson Rd. 63124
Friedman, Mrs. Ira J., 22 Ridgemoor, Clayton 63105
Fuchs, Mrs. George J., R.R. 2, Barnett 65011
Gaines, Mrs. Quentin M., 136 W. Mermod Pl. 63122
Gall, Mrs. Ira C., 8989 Moydalgan Rd. 63124
Gearhart, Mrs. Wilbur H., 14084 Deltona Dr., Chesterfield 63017
Gomez, Mrs. Cesar A., 18 Portland Dr., Frontenac 63131
Goodman, Mrs. Nathaniel, 9 Scarsdale La., Richmond Heights 63117
Grundmann, Mrs. William H., 12028 Rosevalley La. 63138
Hallazgo, Mrs. Santiago Y., 14540 Coeur D'Alene Ct., Chesterfield 63017
Hardy, Mrs. Guerdan, 9009 Green Ridge 63117
Hardy, Mrs. Patrick J., 14300 Ladue Rd., Chesterfield 63017
Hobbs, Mrs. John E., 25 Woodcrest Dr. 63124
Hobson, Mrs. Gerald, 1312 Havenhurst, Manchester 63011
Ismirlian, Mrs. Grant, 525 Fairview Ave., Webster Groves 63119
Kamuran, Mrs. Ozgoncu, 332 Laduemont, Creve Coeur 63141
Kendis, Mrs. Joseph B., 19 Warson Terr. 63124
Kimelman, Mrs. Nathan, 21 Granada Way 63124
King, Mrs. E. E., III, 2915 Bellerive Dr., Normandy 63121
Klippel, Mrs. Allen, 6229 S. 118th Plaza, Omaha, Neb. 68137
Knight, Mrs. Franklin, 11465 Fairlane Dr. 63136
Knock, Mrs. Henrym, 135 S. Rock Hill Rd., Webster Groves 63119
Kopp, Mrs. Jules H., 23 Arbor Rd. 63132
Korenblat, Mrs. Phillip, 11249 Tureen Dr., Creve Coeur 63141
Laird, Mrs. John, 604 Chartier Dr. 63135
Lansche, Mrs. W. Edward, 39 Muirfield La. 63141
Lewin, Mrs. Wilbur H., 8 Ridgecreek Rd. 63141
Linder, Mrs. Howard E., 15275 Denwoods Dr. 63011
Liss, Mrs. Jay L., 22 Crestwood Dr., Clayton 63105
Lord, Mrs. Richard, 8 Mayfair Rd. 63124
Luehrs, Mrs. Robert O., 14471 Bantry La., Chesterfield 63017
Lund, Mrs. Herluf G., 58 Portland Dr. 63131
Luther, Mrs. George A., 177 Ladue Oaks Ct. 63141
Magness, Mrs. Guy N., 7727 Blackberry La., University City 63130
Malles, Mrs. A. Conrad, 68 Woodoaks Trail 63124
Mayer, Mrs. Robert A., 614 Spring Meadows Dr., Ballwin 63011
McLean, Mrs. Royal C., 520 W. Jewell Ave., Kirkwood 63122
McNalley, Mrs. M., #23 Dement Rd., Sikeston 63801
Meador, Mrs. James R., 10367 Oxford Hill Dr., Apt. 15 63141

Merenda, Mrs. Sam, 1215 Kings Glen Ct. 63131
Meyer, Mrs. Jay, 1146 Conwyck, Frontenac 63131
Meyers, Mrs. Ivan, 232 Chasselle La. 63141
Mezera, Mrs. Raymond A., 7345 Whitehaven Dr., Affton 63123
Middleton, Mrs. Jerry N., 24 Foxboro Rd. 63124
Miles, Mrs. Paul W., 15 Ridge Creek Rd., Creve Coeur 63141
Miller, Mrs. Charles, Jr., 206 N. Fillmore Ave., Kirkwood 63122
Molden, Mrs. Charles A., 36 Bellerive Acres, Normandy 63121
Montes, Mrs. Arturo, 11542 Rosary 63138
Moore, Mrs. William E., 452 G. Chapel Ridge Dr., Hazelwood 63042
Mueller, Mrs. Robert J., 40 Huntleigh Woods 63131
Murphy, Mrs. John, 7245 Princeton Ave. 63130
Nakada, Mrs. James R., 2 Huntleigh Downs 63131
Ott, Mrs. Harold J., 29 Bopp La. 63131
Ottolini, Mrs. James L., 12523 Trammell La. 63141
Pennoyer, Mrs. James, 117 Plant Ave., Webster Groves 63119
Perry, Mrs. William D., 955 N. Geyer Rd. 63122
Phillips, Mrs. Hanford, 215 Graybridge Rd. 63124
Probst, Mrs. Raymond E., 23 Godwin La. 63124
Racadio, Mrs. Severo, 223 Orrick La., Kirkwood 63122
Rachlin, Mrs. Maxwell, 42 Rio Vista Dr. 63124
Redington, Mrs. James C., Jr., 1 Tuscany Park 63105
Reiches, Mrs. Aaron J., 11 Brazilian Ct. 63124
Repp, Mrs. Theodore J., Jr., 81 Bellerive Acres 63121
Roberts, Mrs. Harold K., 434 S. Hanley Rd., Clayton 63105
Robertson, Mrs. Frank G., 642 N. Forest Ave., Webster Groves 63119
Roufa, Mrs. Joseph, 12390 Montsouris Dr. 63141
Ruhling, Mrs. Rudy, 6 Webster Knolls, Webster Groves 63119
Schattyn, Mrs. J. Martyn, 9 Huntleigh Downs 63131
Schlansky, Mrs. Seymour, 612 Fairways Circle 63141
Schwartz, Mrs. Melvin M., 61 Lake Forest, Richmond Heights 63117
Schwarz, Mrs. Luis, 8145 University Dr. 63105
Shepherd, Mrs. Charles T., 10 N. Covington Meadows 63132
Simril, Mrs. Wayne A., 21 Somerset Downs 63124
Sisk, Mrs. James C., 146 Frontenac Forest 63131
Speno, Mrs. Angelo A., 11815 Point Oak Dr. 63131
Staehle, Mrs. Melvin E., 7325 Ravinia Dr., Normandy 63121
Steiner, Mrs. A. J., 8 Country Aire 63131
Stuart, Mrs. Wallace, White Horse Farm, 505 Lewis Rd., Eureka 63025
Sutter, Mrs. Richard A., 7215 Greenway Ave., University City 63130
Talaban, Mrs. Raymundo D., 302 Lee,
Toon, Mrs. Thomas J., 3932 Canterbury Dr. 63121
Valach, Mrs. Frank J., 4 Nassau Circle, Creve Coeur 63141
Vitale, Mrs. Nicholas S., 614 Coachlight La., Hazelwood 63042
Walker, Mrs. Harvey, Jr., 8142 Amherst Ave., University City 63130
Walther, Mrs. Roy A., Jr., 16094 Chesterfield Lakes Dr., Chesterfield 63017
Walton, Mrs. J. H., 106 Manlyn Dr., Kirkwood 63122
Whitener, Mrs. Paul R., c/o Friendship Village of West County, 15201 Olive, Apt. 274, Chesterfield 63017
Wittler, Mrs. Harry A., 1919 Karlin Dr. 63131
Yanow, Mrs. Mitchell, 8 Rolling Rock La., University City 63124

SALINE COUNTY
(Marshall 65340)

Aiken, Mrs. George A., 50 Ridgecrest Rd.
Baik, Mrs. K. Young, 411 E. Madison
Blalock, Mrs. Robert W., 526 E. Eastwood
Cole, Mrs. Bill, 405 E. Arrow
Haynes, Mrs. R. C., Big Bend Nursing Home, Slater 65349
Knipschild, Mrs. Bedford F., 505 N. Brunswick
McBurney, Mrs. C. Alex, 927 Hurt, Slater 65349
Raynor, Mrs. Richard C., Rt. 4
Reid, Mrs. James A., 310 E. Rosehill
Roehrs, Mrs. Marvin Emil, 756 E. Eastwood
Simmons, Mrs. Sterling P., Mar-Saline Manor

SOUTH CENTRAL

Coffee, Mrs. Amos L., Hwy. 60 E., Willow Springs 65587
Cooper, Mrs. C. W., 328 Chestnut, Thayer 65791
Fowler, Mrs. M. L., 1302 W. 3rd, West Plains 65775
Langevin, Mrs. Jack, Rover Rt., West Plains 65775
Mayuga, Mrs. L. G., P.O. Box 449, Cabool 65689
Morgan, Mrs. Tom, Rt. 3, Box 600, West Plains 65775
Runez, Mrs. N. W., 1124 W. Ozark, Houston 65483
Smith, Mrs. C. Franklin, Rt. 2, Box 314, Willow Springs 65793
Smith, Mrs. Rollin, 620 W. Main, West Plains 65775
Walker, Mrs. A. T., 414 S. 6th, Thayer 65791
Wall, Mrs. Joe A., 320 Cherry Ave., Houston 65483
Wiles, Mrs. Jack, 1212 W. Broadway 65775
Wray, Mrs. Rolla B., 701 S. Adams, Nevada 64772

MEMBERS-AT-LARGE

Allen, Mrs. S. Lloyd, 3809 N.W. 62nd Terr., Kansas City 64151
Bare, Mrs. Edward F., 1211 Main, Tarkio 64491
Bauman, Mrs. Henry C., 929 W. 3rd, Maryville 64468
Campbell, Mrs. James, Loch Forest, Macon 63552
Comeau, Mrs. Richard, Dexter Convalescent Manor, Dexter 63841
Comer, Mrs. J. Russell, Rt. 2, New London 63459
DeGenova, Mrs. Gerald H., 585 Cedar La., Ste. Genevieve 63670
Dowell, Mrs. J. Larry, Box 39, Strafford 65757
Eggleston, Mrs. Donald E., 410 N. Rutherford, Macon 63552
Ekern, Mrs. H. Peter, Rt. 2, Mexico 65265
Fischer, Mrs. Theodore, P.O. Box 146, Altenburg 63732
Fleming, Mrs. J. Will, Jr., 7 Urbandale, Moberly 65270
Froelich, Mrs. R. W., 1345 W. Madison, Lebanon 65536
Harms, Mrs. James F., Rt. 3, Nevada 64772
Huber, Mrs. L. E., 107 Brinkerhoff, Moberly 65270
King, Mrs. Richard, 501 S. 2nd, Clinton 64735
Kruse, Mrs. Carl R., 706 S. Dickerson, Palmyra 63461
Kwon, Mrs. Yongsoo, 6 Surrey Hill, Hannibal 63401
Magruder, Mrs. L. M., 810 W. Cherry, Nevada 64772
McDermott, Mrs. Alfred E., 1104 Reddick, Perryville 63775
O'Brien, Mrs. Harry F., 408 Harvard, Mexico 65265
Ozenberger, Mrs. Larry, P.O. Box 158 Plattsburg 64477
Palmer, Mrs. Russell H., 706 S. Dickerson, Palmyra 63461
Rao, Mrs. A. Ramamohana, 505 Allen, Fredericktown 63645
Roller, Mrs. Merrill, 1000 Country Club Dr., Box 768, Hannibal 63401
Scott, Mrs. Kenneth F., 421 S. 2nd, Clinton 64735
Stricker, Mrs. E. A., 501 Evergreen, St. James 65559
Torontow, Mrs. John, 823 N. Washington, Nevada 64772
Walterscheid, Mrs. J. H., 27 Settlers Tr., Hannibal 63401
Wheeler, Mrs. Robert L., 1202 E. South St., Harrisonville 64701

1977-1978 Policy Manual of the Missouri State Medical Association

---

This manual shall be a guide for MSMA members to the stand taken by the House of Delegates of the Missouri State Medical Association on issues involving Association policy.

The manual will be updated and revised according to House actions. The date in parentheses following each policy statement denotes the year it was adopted by the House.

Abortion

An abortion should be considered illegal if performed by anyone other than a licensed physician in a place other than a licensed hospital. (1970)

Acupuncture

The MSMA urges the Missouri State Board of Registration for the Healing Arts to utilize such legal and statutory powers as may be available to declare that the principles apparently involved in the practice of acupunture and shiatsu, if found to be scientifically valid and medically beneficial would fall under the definition of the practice of medicine. (1973)

Board of Healing Arts

The State Board of Healing Arts should be provided with a wide range of discipline powers including requiring errant doctors to seek counseling or additional education. Also, every state should be informed when any doctor has his license suspended, revoked or is placed on probation. (1976)

The MSMA opposes any legislation which would dilute the licensing power of the State Board of Registration for the Healing Arts to license those physicians of good ethical and moral character. (1975)

Certificate-of-Need

Any Certificate-of-Need law in Missouri should completely exempt private physicians and their offices from provisions of the legislation and contain a dollar limit of at least $500,000 before a Certificate is required in remodeling or constructing of health care facilities. (1976)

Chemotherapeutic Costs

The MSMA should sponsor appropriate legislation that would make mandatory the offering of insurance coverage for reimbursement of chemotherapeutic agents, particularly on an outpatient basis. (1977)

Chiropractic

It is the position of the medical profession that Chiropractic is an unscientific cult whose practitioners lack the necessary training and background to diagnose and treat human disease. Chiropractic constitutes a hazard to rational health care in the U. S. because of the substandard and unscientific education approach to disease causation. (1969)

Community Professional Directories

It is not unethical for a physician to authorize the listing of his name and practice in a directory for professional or lay use which is intended to list all physicians in the community on a uniform and non-discriminatory basis. The listing shall not include any self-aggrandizing statement or qualitative judgment regarding the physician's skills or competence. The *American Medical Directory* provides an example of the kind of information that may be properly listed in national as well as community directories for health service personnel. Likewise, specialties or specialty practices used in the *American Medical Directory* should set the pattern for specialty designations. (1975)

Confidentiality

The MSMA supports full confidentiality of patient record information provided by physicians, hospitals and other health care providers. (1975)

Death—Definition

A person shall be considered dead if in the announced opinion of a physician, based on ordinary standards of medical practice, he has experienced an irreversible cessation of spontaneous respiratory and circulatory functions. In the event that artificial means of support preclude a determination that these functions have ceased, a person shall be considered dead if in the announced opinion of a physician, based on ordinary standards of medical practice, he has experienced an irreversible cessation of spontaneous brain functions. Death shall have occurred at the time when the relevant functions ceased. (1976)

Drugs—Generic Prescribing

The MSMA opposes governmental interference into the practice of medicine through mandated generic prescribing of drugs. (1976)

Drugs—Use of Combination of

The Federal Food and Drug Administration should carefully study the prescribing habits of physicians before discontinuing a combination of drugs packaged together. (1974)

Drunk Drivers

The MSMA agrees to cooperate with the Legislature or proper agencies to remedy the dangerous problem of drunk drivers. (1974)

Education—Patient

The MSMA adopts the following guidelines for third party reimbursement for patient education:

1. The goal of patient education programs shall be to improve health and the delivery of health care services through cooperative efforts of informed patients and health professionals.
2. Patient education programs shall be provided under the guidance of an educational committee comprised of members of the health professions, and administration, and consumers.
3. Patient education committees will be responsible for the establishment, maintenance, and evaluation of all patient education programs.
4. Patient education services shall consist of planned efforts, with stated goals and objectives, based upon identifiable needs of patients and the resources of the health professionals.
5. Patient education services shall be provided under the direction of a practicing physician and a trained educator and must be appropriate to the immediate health needs of the patient.
6. Participation in such programs shall be by prescription of a practicing physician and shall be documented in the patient's chart. (1975)

Education—School Health

Factual, academically founded courses should be developed and implemented by the Missouri Department of Education to teach human physiology and pathophysiology at the elementary and secondary levels of the school system. (1974)

County medical societies are urged to work with local school districts to assist in providing comprehensive health education programs and the state colleges of Missouri are urged to prepare qualified health instructors trained to integrate health concepts into all the courses they teach. (1972)

Fireworks

The MSMA supports a ban on the sale of fireworks in Missouri. (1976)

Fluoridation

The MSMA, realizing the medical importance of natural occurring fluorine taken in proper concentration into the human body, recommends the adding of fluorine to all drinking water systems in Missouri in the concentration of one part per million. (1972)

Health Systems Agencies

All physicians must be mindful of the threat to quality medical care posed by Health Systems Agencies. Physicians should provide leadership through active involvement in the area HSA. (1977)

Home Health Care

The concept of home health care and visiting nurses care as a proper and economical way to bring quality health care to Missouri citizens not requiring more expensive and acute care is favored by the Association. (1972)

Hospital—Preadmission Certification

The MSMA will continue to oppose implementation of hospital preadmission certification. (1974)

Insurance—Charge for Extra Claim Forms

Physicians should feel free to charge for the additional service of filing more than one insurance claim form, especially if a different claim form is required rather than a photocopy of the original claim form. (1973)

Insurance—Maternity Coverage

The MSMA supports inclusion in all insurance policies for those in childbearing years of a clause providing complete maternity coverage.

In order to provide continuity of coverage, the following eligibility period should be written into all insurance policies concerning benefits for obstetric care: "A pregnancy which begins while the insurance is in force should be covered until the termination of the puerperium and until the newborn infant is discharged from the hospital to home care." (1974)

Insurance—Mental Illness

The MSMA supports a state health insurance act which would require minimum inpatient and outpatient mental health benefits in all health insurance policies issued in Missouri. (1974)

Licensing—Felon

As a general rule, the MSMA opposes the granting of a license to practice medicine to any physician who has been convicted of a felony. (1973)

Licensing—FMGs

The MSMA endorses the policy of accepting the "Fifth Pathway" for physician licensure in Missouri. (1975)

Licensure—Federal

The MSMA opposes any moves to require Federal licensure of health manpower. (1976)

Malpractice—Countersuits

Any Missouri physician found not to be negligent in a malpractice suit shall have the assistance of the MSMA in determining if there exists a reasonable basis for the physician to commence an action for malicious prosecution arising out of such case. (1976)

Medical Examiner System

The establishment of the county medical examiner system as a replacement for the county coroner system is strongly recommended. (1971)

National Health Insurance

Any system of national health insurance must be designed with the consultation and aid of practicing physicians with the welfare of the patient as the guiding principle. A mechanism should be provided so the patient realizes the value of medical services to the point of real participation in the payment for those services. (1974)

The MSMA endorses the American Medical Association's "Medicredit Bill" as the national health insurance plan best suited to maintaining the high quality of American Medicine. (1973)

Optometrists—Drugs

The Association opposes the expansion of the Missouri Optometric Act which would allow the use of drugs in the practice of optometry. (1977)

Osteopaths—Association With

Medical doctors may consult or associate with Doctors of Osteopathy and participate in postgraduate education specifically designed for their needs. (1965)

Osteopaths—Membership

Both local and state medical societies may accept for full membership osteopathic physicians who are licensed to practice medicine in Missouri. (1970)

Physician Assistants

The MSMA is opposed to the licensing of physician assistants pending further study by the Association. (1977)

Primary Medical Care

Primary medical care shall be defined as only that care given by a licensed graduate of a medical or osteopathic school. (1977)

PSRO

THE MSMA recommends a two-year trial period for PSRO in government-owned and operated hospitals before the law is applied to the private sector. A report on the benefits derived and the problems encountered would be made following the trial period. (1975)

If the Department of Health, Education and Welfare fails to return control of PSRO to the local level, the MSMA will promote non-participation by physicians, take appropriate legal action and, if these actions are unsuccessful, will work for the repeal of Public Law 92-603. (1975)

Seat Belts

The MSMA favors passage of state laws requiring use of seat belts in motor vehicles. (1974)

Unpaid Accounts—Interest

It is not in the best interest of the public or the profession to charge interest on an unpaid bill or note for professional services not paid within a prescribed period of time nor is it proper to charge a patient a flat collection fee if it becomes necessary to refer the account to an agency for collection.

It is not improper, however, for a physician to add a service charge, equal to the actual cost of rebilling, on accounts not paid within a reasonable time. Patients must be notified in advance about the existence of this practice. (1975)

Utilization Review—Participation

The MSMA supports the right of individual physicians voluntarily to elect not to participate in governmental review programs which they believe conflict with the principles of good medical practice when they have no contractual or ethical obligation to such program. (1976)

Utilization Review—Reimbursement

In those hospitals which conduct utilization review of any inpatient care, compensation of physicians for such review is a legitimate expense. The cost of such review should be included in hospital rates and reimbursable costs regardless of the source of payment. (1976)

If you have questions on these or other policy matters, please contact the Missouri State Medical Association, Box 1028, Jefferson City, Mo. 65101. Tel.—(314) 636-5151.

For Your Convenience—

New Members . . . Address Changes . . . Notes

This space is provided for your convenience in recording names and addresses of new members of your county society, address changes of members you know and other notations you may wish to make.

Missouri Voluntary Health Agencies and Organizations

In some instances, patients of MSMA members are eligible to receive assistance from various Voluntary Health Organizations in the state.

Assistance may be in the form of free or subsidized special equipment, rehabilitation training, counseling, specialized care and information and many other areas.

In an effort to assist MSMA members in attaining assistance for their patients, the following list of Voluntary Health Organizations has been compiled. In some cases, a statewide organization is listed. In instances in which an organization is limited to a certain portion of the state, several organizations may be listed under one heading.

This list will be expanded and updated annually.

Arthritis

Arthritis Foundation, Eastern Missouri Chapter
P.O. Box 1144, St. Louis 63118
(314) 421-3550

Arthritis Foundation, Kansas City Chapter
2727 Main, Kansas City 64108
(816) 221-5383

1. Literature for arthritis patients.
2. Medical care for a limited number of indigent patients through clinics.
3. Public education programs.

Birth Defects

National Foundation March of Dimes
P.O. Box 1403, Columbia 65201
(314) 449-0573

1. Perinatal seminars for physicians and nurses held three times per month across the state.
2. Perinatal reprint series, articles related to the improvement of the outcome of pregnancy.
3. Limited patient aid support on chapter level.
4. Educational materials and audio-visuals for distribution through hospitals, clinics and offices to community and professionals.
5. Computer information service for providing physicians with diagnostic information.

Cancer

American Cancer Society, Missouri Division, Inc.
715 Jefferson, Jefferson City 65101
(314) 636-3195

1. Trained volunteer visitation of mastectomies, ostomy patients and laryngectomies (with attending surgeon's permission).
2. Free loan of hospital beds, wheelchairs, commodes for home use.
3. Non-sterile cancer dressings.
4. Limited transportation services to and from treatment centers.
5. Limited assistance in the purchase of ostomy supplies.

Cerebral Palsy

United Cerebral Palsy Association of Missouri, Inc.
P.O. Box 611, Columbia 65201
(314) 449-2934

Extends services to all disabled persons:

1. Developmental training.
2. Diagnosis and evaluation at 27 cerebral palsy centers.
3. Family and interpersonal counseling.
4. Preschool education.
5. Communication skills.
6. Adult day care.
7. Recreation and social group skill.

Crippled Children

Easter Seal Society for Crippled Children and Adults of Missouri
8124 Delmar Blvd., St. Louis 63130
(314) 862-3000

1. Coordinates provision of services to physically handicapped through Regional Offices.
2. Information and counseling on employment of resources.
3. Variety of services including equipment and appliances, preschool programs, camping and recreation, in some areas.
4. Financial assistance for purchase of equipment and therapy on casework basis.

Cystic Fibrosis

Cystic Fibrosis Foundation, Gateway Chapter
7730 Carondelet, St. Louis 63105

Cystic Fibrosis Foundation, Heart of America Chapter
1125 Grand Ave., Kansas City 64106
(816) 363-5636

1. Free sweat testing and evaluation of Cystic Fi-

brosis Centers located in St. Louis, Kansas City and Columbia.
2. Assistance for drugs, laboratory work, x-rays, inhalation equipment and some hospitalization.

Diabetes

American Diabetes Association, Heart of America Affiliate
415 East 63rd, Suite 200, Kansas City 64110
(816) 361-3361

American Diabetes Association, Greater St. Louis Affiliate
3839 Lindell Blvd., St. Louis 63108
(314) 533-4143

American Diabetes Association, Missouri Regional Affiliate
Box 11, Columbia 65201
(314) 443-8611

1. Professional seminar for new treatment information for physicians.
2. Classes for outpatients.
3. Literature provided by drug companies and American Diabetes Association.
4. Summer camp for diabetic youth.
5. Cookbooks for sale.

Epilepsy

Missouri Epilepsy Federation
2337 S. Kingshighway, St. Louis 63110
(314) 771-1212

Greater Kansas City Epilepsy League
4049 Pennsylvania, Suite 301, Kansas City 64111
(816) 531-1247

1. Discount drug program makes anti-convulsants available at cost.
2. Medical identification bracelets and necklaces.
3. Counseling program including individual, family, vocational and referral to other resources.
4. Life insurance.

Heart

Missouri Heart Association
601 E. Broadway, Columbia 65201
(314) 442-3193

1. Sponsor for medical research.
2. Sponsor educational programs on cardiovascular disease for all professionals.
3. Sponsor educational programs for public.
4. Assist in development of community service programs.
5. Referral for financial assistance or special services.

Hemophilia

Bi-State Hemophilia Association
3109 S. Grand, St. Louis 63118
(314) 771-6080

1. Free summer camp for hemophiliac children.
2. Purchase of medical supplies.
3. Loan service for whirlpool baths and crutches.
4. Sponsor hemophilia clinic at Cardinal Glennon Hospital.

Kidney

Kidney Foundation of Eastern Missouri and Metro East
7 North Brentwood Blvd., St. Louis 63105
(314) 863-5858

Kidney Foundation of Greater Kansas and Western Missouri
3600 Broadway, Suite 25, Kansas City, Mo. 64111
(816) 531-3760

1. Assist in providing dialysis treatment.
2. Source for referral for information.
3. Education of emergency personnel on use of artificial kidney machine.
4. Drug bank.
5. Professional Education.

Lung

American Lung Association of Eastern Missouri
411 North 7th, St. Louis 63101
(314) 241-1554

American Lung Association of Western Missouri
2007 Broadway, Kansas City 64108
(816) 842-5242

1. Health education materials and services aimed at prevention of lung disease.
2. Publications on treatment of respiratory diseases.
3. Assistance to indigent patients for payment for diagnostic x-rays.
4. Transportation to chest clinic or hospital paid for qualified persons.

Multiple Sclerosis

Multiple Sclerosis Society, Greater Kansas City Area Chapter
6501 Johnson Dr., Shawnee Mission, Kan. 66202
(913) 432-3926

Multiple Sclerosis Society, Mid-Mo Chapter
802 East Broadway, P.O. Box 1071, Columbia 65201

1. Weekly MS clinic at Kansas University Medical Center.
2. Patient equipment pool (purchase and loan).
3. Counseling.
4. Prevention dental clinic at University of Missouri-Kansas City weekly.
5. Home care course for family education.
6. Sexual counseling.
7. Referral to community resources.
8. Transportation.

Muscular Dystrophy

Muscular Dystrophy Association of America
308 W. Commercial, Springfield 65803
(417) 866-5117

Muscular Dystrophy Association, Inc., Missouri Valley Chapter
3947 State Line, Kansas City 64111
(816) 931-7750

Muscular Dystrophy Association, Inc., Mississippi Valley Chapter
1023 S. Big Bend Blvd., St. Louis 63117
(314) 644-2828

1. Free diagnostic testing for 35 neuromuscular disorders.
2. Payment for orthopedic appliances.
3. Payment for limited amount of physical therapy.
4. Payment for influenza inoculations.
5. Transportation assistance.
6. Free services supplied at outpatient clinics.
7. Genetic counseling.
8. Professional education.

Myasthenia Gravis

Myasthenia Gravis Foundation, Inc., Kansas City Chapter
P.O. Box 5204, Kansas City 64112
(816) 276-8310

1. Outpatient clinic on referral from patient's physician for confirmation of diagnosis, consultation or patient maintenance.
2. Myasthenia gravis drug bank.
3. Professional and patient educational materials.
4. Free physician manual and nursing manual.

Pituitary

Human Growth Foundation, St. Louis Chapter
Box 9959, Kirkwood 63122
(314) 429-6893

1. Counseling for families about growth disturbances.
2. Referral source for information regarding financia assistance and growth problems.
3. Assists National Pituitary Agency in collection o human pituitary glands.

Red Cross

American Red Cross, St. Louis Bi-State Chapter
4050 Lindell Blvd.
St. Louis 63108
(314) 658-2000

American Red Cross, Greater Kansas City
3521 Broadway
Kansas City 64111
(816) 756-2365

1. Offers a number of courses to lay people, including "Preparation for Parenthood," "Multiple Sclerosis Home Care Course," "First Aid," "Cardiopulmonary Resuscitation" and "Health in the Home."
2. Vital Signs Module I and II provide a means of teaching lay persons to measure their own temperature, pulse, respiration rate and blood pressure.

Retarded Children

Missouri Association for Retarded Citizens
230 W. Dunklin, Jefferson City 65101
(314) 634-2220

1. Clearinghouse for information on mental retardation.
2. Referral services.
3. Professional and public information and consultation available.
4. Day care centers, recreational programs and parent counseling.

"Without your help . . . I simply would not have made it through medical school"

(The following letter was received from a physician who, as a student, received financial assistance from the Missouri State Medical Association members who have contributed to the Missouri State Medical Foundation. It is printed with his permission.)

Dear Doctor:

"Thank you very much for your thoughtful letter concerning receipt of my final payment on my medical student loan.

"I can well remember the feeling of destitution associated with being a reasonably good student but lacking funds with which to enroll for the next semester in medical school. Having always been, perhaps, more than adequately endowed with pride, it was a lesson in discipline and humility to go seeking financial assistance. However, the effort brought me in contact with some very nice people who really do a lot to keep one's faith in human nature alive.

"I sincerely appreciate the efforts which you and others put into the Missouri State Medical Foundation and all other student loan funds. You should feel a quiet heroism for the assistance you lend to needy students . . . without your help, I simply would not have made it through medical school."

The Missouri State Medical Foundation—MSMF—was created by the Missouri State Medical Association for the express purpose of giving financial assistance to deserving young Missourians who will be tomorrow's doctors.

Send a Check Today to MSMF!

MISSOURI STATE MEDICAL FOUNDATION

113 Madison St., Jefferson City, Missouri 65101

• SPONSORED BY THE MISSOURI STATE MEDICAL ASSOCIATION •

The Missouri State Medical Foundation is classified by the Internal Revenue Service under Section 501(c)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

ysicians
of Philadelphia, Library
19 South 22nd Street
Philadelphia 3, Pa. 1)103

MISSOURI STATE MEDICAL ASSOCIATION
UNITED WE STAND DIVIDED WE FALL
SALUS POPULI SUPREMA LEX ESTO
MDCCCXX

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

SEPTEMBER, 1977

VOLUME 74, NUMBER 9

Scientific Articles

WHAT'S NEW IN LOXOSCELISM—1978, Philip C. Anderson, M.D. 549

TROPHOBLASTIC DISEASE, Bruce E. Taylor, M.D. and Robert L. Newman, M.D. 553

ENURESIS: AN UPDATING, J. Kashani, M.D. and J. Chapel, M.D. 557

Special Article

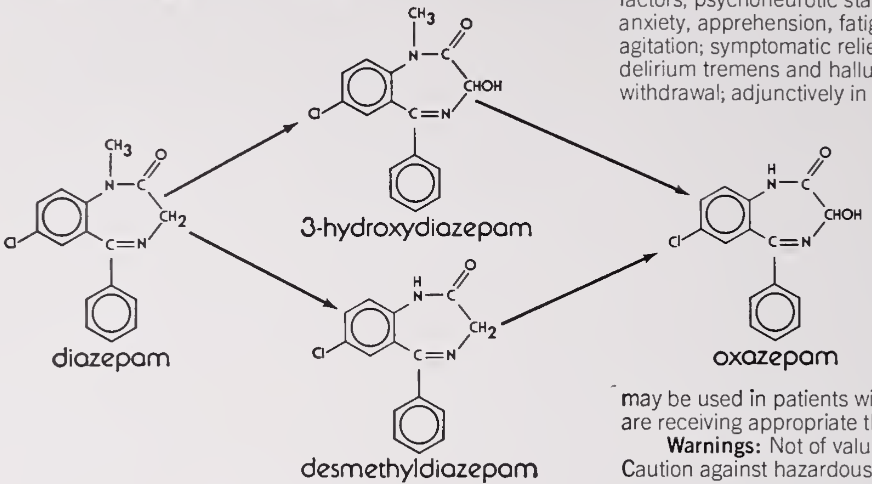
DEATH OF THE BRAIN, Robert M. Woolsey, M.D. 540

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
OCT 18 1977

Contents on Page 537

120th MSMA Annual Session
April 13-16, 1978, Kansas City

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (IV)
(diazepam)
2-mg, 5-mg, 10-mg scored tablets
a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

What's new at Bio-Science St. Louis?

Always the latest specialized diagnostic tests.

Chemistry
- Anti-convulsant group
- Cadmium in blood
- Darvon®
- Ferritin in serum
- Free erythrocyte protoporphyrins
- Pyridoxal phosphate (B_6)
- Riboflavin (B_2)
- Succinimides in serum
- Theophylline by HPLC
- Uroporphyrinogen-1-synthetase

Endocrinology
- Androstenedione in serum
- Calcitonin
- C-peptide
- Estriol in serum
- Placental Estriol in urine
- HCG- β - subunit
- Pregnanetriol in urine (GLC)
- Prolactin
- 7-OH Progesterone in serum
- Thyroglobulin in serum

Immunochemistry
- Anti-extractable nuclear antigen (Anti-ENA)
- Beta 2-microglobulin
- Fungus antibody group
- Gentamicin
- Intrinsic factor antibodies
- Tobramycin
- Anti-tissue antibodies

Bio-Science Laboratories

St. Louis Branch
1530 Page Industrial Blvd.
St. Louis, MO 63132
(314) 426-3474

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missou State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. MISSOURI MEDICINE (Public tion No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-0 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 P Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in MISSOURI MEDICINE is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MSMA

NEWS ROUND - UP

September, 1977

Work schedule set for Interim Session

The work schedule for the Interim Session of the issouri State Medical Association House of Delegates as been determined and official notification has been ailed to each component medical society Delegate and lternate.

All members of the Association are invited to attend he Interim Session, which will be held Nov. 2-3 Wednesday and Thursday), 1977, at Howard ohnson's Motor Lodge, Springfield.

Delegate Registration begins at 10 a.m., Wednesday. ov. 2. The Opening Session will be called to order at 1 .m., Wednesday. Following presentations by MSMA resident Howard J. McAlhany and other reports of mportance to the Association, all recommendations nd resolutions will be referred to Reference Commit-ees.

Reference Committees will meet immediately follow-ng the Opening Session and continue as late as neces-ary. Reference Committee reports will be prepared in ime for consideration by the House on Thursday morn-ng.

The Final Session of the House will begin with a reakfast from 7 to 8:30 a.m., Thursday. This will be ollowed immediately by House action on the reports of he Reference Committees.

Resolutions to be considered at the Interim Session ust be sent to MSMA Headquarters by Oct. 3 to be in-luded in the Delegate's Handbook.

Those members desiring to register for the Interim ession should clip the Reservation Card below and ail it directly to Howard Johnson's in Springfield.

Local Medical Society representatives to meet

The third annual "Meeting of Component Medical Society Representatives" will be held Sept. 30-Oct. 1, 1977, at the Lake of the Ozarks.

Each Component Society is requested to send two representatives to the meeting, which features a forum for open exchange of ideas regarding problems common to local medical societies and their officers.

The meeting begins at 3 p.m., Friday, Sept. 30, and continues until 5:30 p.m. On Saturday, the session runs from 10 a.m. to about 4:30 p.m.

Notice has been mailed to Component Society Presidents and Secretaries, but additional information is available by contacting MSMA Headquarters.

'Code' is available

Copies of a new revision of the "Interprofessional Code'" of the Missouri State Medical Association, Association of Osteopathic Physicians and Surgeons, and the Missouri Bar are available from the MSMA office.

The Code suggests rules of conduct to govern such areas of potential interprofessional conflict as medical reports, conference, subpoenas, court appearances, and fees for physician services. The revision is particularly useful in that it describes what is usually required in a complete medical report for legal purposes.

Reservation Request

"MSMA INTERIM SESSION"
November 2/ 3, 1977

Name ____________________

Address ____________________

City ____________ State ________ Zip ________ Tele. No. ____________

Arrival Date ____________ Departure Date ____________

Number of Persons ____________ Number of Rooms ____________

Amount of Deposit ____________________

Mail to: Howard Johnson's Motor Lodge, 2610 North Glenstone, Springfield, Missouri 65803.

MSMA requests names of alleged frauds.....

A list of names of the physicians in Missouri who are allegedly submitting fraudulent claims to the state Medicaid program was requested this month by the Missouri State Medical Association.

Howard J. McAlhany, M.D., of Springfield, president of the Association, asked the Missouri Department of Social Services to supply the names of those physicians accused of irregularities by the Department's chief investigator in late August. Dr. McAlhany said the physicians should be identified so the Association can begin disciplinary action and to prevent the guilt by innuendo of the vast majority of Missouri physicians.

"We are tired of the entire medical profession being made the whipping boy by bureaucrats for the corrupt actions of a very small minority," stated Dr. McAlhany. "If the Department of Social Services is aware of physicians committing fraud, it should immediately begin aggressive action. Those who are guilty of deliberate fraud should receive the punishment they deserve."

Dr. McAlhany added that when a state investigator issues a statement that indicated a lot of fraudulent Medicaid billings, it serves as an irresponsible blanket accusation of all physicians.

"The reduction of participating doctors in t Medicaid program will directly affect the poor Missouri by limiting the medical service available them," said Dr. McAlhany. "Our Medicaid progra needs definite improvements, not irresponsible blank allegations. Our Association is offering its assistance the state and we are hopeful of favorable response."

"Our profession has long-established ethics commi tees to deal with situations such as this," said D McAlhany, "but the state has not contacted us with th information these committees need to carry out the duties. Instead, the state chooses to cast a shadow ov the entire medical profession, which receives on about 10 percent of the total Medicaid dollar."

"Many Missouri physicians currently refuse to pa ticipate in the state Medicaid program because of lo reimbursement which fails to pay the actual cost of se vices and because of bureaucratic harassment," ex plained Dr. McAlhany. "And when the state begin issuing statements with overtones of guilty-by-assoc ation, I fear that the number of participating phys cians will drop even fruther."

....but Medicaid doubts information forthcoming

The director of the Missouri Department of Social Services, in response to a MSMA request for names of physicians allegedlv defrauding Medicaid, said he doubts any information on the findings will be furnished to the Association.

"Our fraud investigation unit, together with HEW, is indeed looking into potential fraud by those involved in Medicaid. We have prosecuted numerous recipients," said Director James F. Walsh. "We have obtained reimbursement on drug substitutions, and HEW is now developing parameters beyond which the medical or dental practitioner should rarely go, but several apparently have.

"I can insure you that we will aggressively investigate irregularities involving physicians, druggists, recipients and others, and prosecute. We have asked the FBI to assist us. We have obtained prima facie evidence and are developing these cases with professional police methodologies. We have seen irregularities. As a mat ter of fact, numerous medicaid prosecutions of physi cians, druggists, clinics, and recipients have been fac tually reported nationally, and our initial data in Missouri (our fraud unit is less than one year old) i seeing potentially similar cases.

"No guilt by innuendo is intended by publicly talking of problems. Few people defraud others. The fact that one lawyer, or one doctor, or one druggist would do so should not discolor the vast majority of others in these professions.

"The fraud investigation unit does not work under the medicaid program. I doubt that I will have it report any information on its findings to the Advisory Committee or to the Medical Association. Rather, we will make a case by case judgment in cooperation with the state or federal prosecutor, and thereafter pursue the proper legal recourse."

Malpractice Board active

The Professional Liability Review Board will hold its first hearing on Sept. 27 with a second to follow Oct. 13 in St. Louis. The Board was established as a result of legislation passed in 1976 by the Missouri General Assembly. It is charged with reviewing the 236 cases of medical professional malpractice filed with it since January 1.

The Review Panels have been chosen from a list of 100 physicians provided by the Board of Healing Arts, 100 attorneys provided by the Missouri Bar and 50 laymen chosen by the Missouri Attorney General. Some Constitutional challenges have been brought against the law, but so far no ruling with statewide effect has occurred. Mr. Ron Kennedy, who is in the Office of the Attorney General, Jefferson City, is Executive Secretary of the Board.

Reminder

When a physician accepts a Medicaid assignment, the physician must accept the Medicaid payment as payment-in-full and CANNOT bill the patient for additional payment. Additional billing is prohibited under law.

Insurance seminars set

The eighth annual Seminar on Health Insurance Topics will be conducted in five Missouri cities during the month of October.

The seminar provides physicians' front office personnel the opportunity to gain knowledge and ask questions pertaining to commercial insurance.

The main theme of the meetings will be paperwork involved in filing insurance claims and explaining the various problems experienced with the commercial carriers.

The seminars begin at 9:00 a.m. and conclude at about 2:30 p.m. Registration is $8 per person and should be sent to: E & R Trust, Missouri Hospital Association, P.O. Box 1044, Jefferson City, Mo. 65101.

Dates and locations of the seminars are:

October 6
Kansas City—Holiday Inn Sports Complex
St. Louis—Breckenridge Inn

October 13
Cape Girardeau—Holiday Inn
Springfield—Drury Inn

October 20
Columbia—Ramada Inn

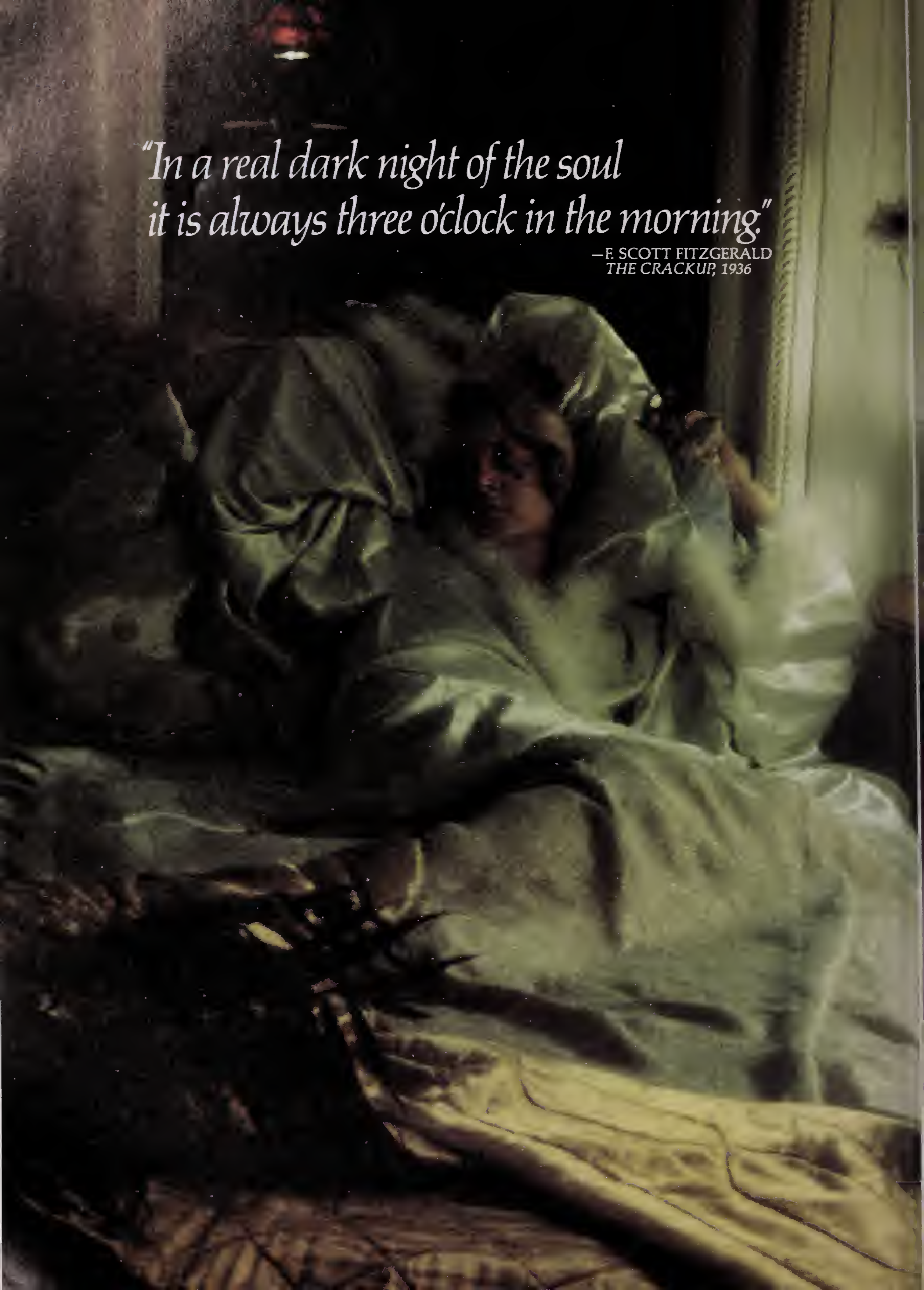
©1977 THE UPJOHN COMPANY J 6574 6 SEPTEMBER 1977

Upjohn

Orinase

tolbutamide, U.S.P., Upjohn

0.5 Gm tablets



"In a real dark night of the soul
it is always three o'clock in the morning."

—F. SCOTT FITZGERALD
THE CRACKUP, 1936

Insomnia
a shade of blue that often accompanies depression

And, in anxiety/depression, Adapin® (doxepin HCl) often helps restore disturbed sleep patterns, such as early morning awakening, with a single daily dose at bedtime.[1] Adapin quickly relieves the patient's anxiety, gradually brightens his mood and outlook, with optimal antidepressant response usually evident within two to three weeks.

1. Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

Brief Summary of Prescribing Information
ADAPIN® (doxepin HCl) Capsules

Indications—Relief of symptoms of anxiety and depression.

Contraindications—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

Warnings—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, or on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdosage.

Precautions—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind

Adverse Reactions—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

Dosage and Administration—In mild to moderate anxiety and/or depression: 10 mg to 25 mg t.i.d. Increase or decrease the dosage according to individual response. **Usual optimum daily dosage is 75 mg to 150 mg** per day, not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

How Supplied—Each capsule contains doxepin, as the hydrochloride: 10 mg, 25 mg and 50 mg capsules in bottles of 100 and 1000.

For complete prescribing information please see package insert or PDR.

When they see life in shades of blue... help them see life in all its colors.

Adapin®
(doxepin HCl)

single daily dose recommended h.s.

10-mg capsules
25-mg capsules
50-mg capsules

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603

LOOK WHAT CPT-4 CAN DO FOR YOU

- ☑ Make reporting your services easier, faster, more precise
- ☑ Reduce your paperwork
- ☑ Improve the accuracy of your record keeping
- ☑ Updates to keep your reporting current
- ☑ Convenient medical reference

The AMA's new 4th Edition of PHYSICIANS' CURRENT PROCEDURAL TERMINOLOGY can do all those things to improve the efficiency of your practice—as previous editions of CPT have done for thousands of physicians. CPT-4 is the most comprehensive and current system available for naming, coding, and reporting medical procedures and services. It contains over 2,000 new or revised procedures.

New Updating Service available at no additional cost! To insure that your CPT stays up to date as new terminology is added, you can receive new and revised procedures on a regular basis. Details in CPT-4 book.

ORDER YOUR COPY NOW.

$12.00 each in U.S., U.S. Poss., Canada, and Mexico

$12.50 all other countries

sg

Order Department
American Medical Association
535 N. Dearborn St.
Chicago, Ill. 60610

Please send me ____ copy(ies) of PHYSICIANS' CURRENT PROCEDURAL TERMINOLOGY, 4th Edition, OP-041. Enclosed is my payment for $____________, payable to AMA.

( ) Please send information on CPT-4 computer tapes.

Name____________________

Address____________________

City/State/Zip____________________

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper
Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

Contents for September, 1977

cientific Articles:

hat's New in Loxoscelism—1978, *Case Report;* Philip C. Anderson, M.D. 549

rophoblastic Disease, *Case Report;* Bruce E. Taylor, M.D. and Robert L. Newman, M.D. 553

nuresis: An Updating; J. Kashani, M.D. and J. Chapel, M.D. 557

pecial Article:

eath of the Brain; Robert M. Woolsey, M.D. 540

News and Features:

MSMA News Round-Up . . Insert (536-537)

In Brief 545

Continuing Education Coming Events . . 546

President's Message 563

Woman's Auxiliary 564

New Members 565

In Memoriam 565

From the Medical Schools 566

Index to Advertisers 568

Compliments

of

MUNNS MEDICAL SUPPLY

MUNNS
MEDICAL
SUPPLY

OVER 30 YEARS SERVICE

TOPEKA • K.C. • WICHITA

ST. LOUIS • TULSA

In Rochester
The dome makes the difference!

- Rochester's newest and finest hotel.
- Guest rooms surrounding a spectacular glass domed indoor pool and recreation area with whirlpool, saunas, sun lamps, exercise rooms, ping pong and billiards.
- Fine dining, entertainment and dancing in the Old World charm of the Hoffman House restaurant.
- The finest meeting facilities in Rochester, including a special 100-seat "Symposium" conference theater.
- Convenient location across from Apache Mall.
- Courtesy transportation to the airport and Mayo Clinic.

30% PROFESSIONAL COURTESY DISCOUNT ON ROOM ACCOMMODATIONS
(For physicians and spouses. Does not apply to groups. Be sure to specify upon registration that you are a doctor in order to qualify).

Midway Motor Lodge

1517 16th Street S.W. (Across from Apache Mall)
Rochester, Minnesota 55901 (507) 289-8866

Best Western
For reservations, call Best Western
toll-free: 800-528-1234

Special Article—

Death of the Brain

By

ROBERT M. WOOLSEY, M.D., ***St. Louis****

SEVERELY BRAIN-DAMAGED PATIENTS now survive in ever-increasing numbers. Important legal issues are raised by court petitions to terminate treatment in such cases as well as by malpractice litigation related to their care. The ethical dimensions of the problem are as complex and controversial as the medical and legal aspects. To deal with at least one clearly recognizable segment within the spectrum of brain-damaged patients, the Medicine and Law Committee of the American Bar Association has proposed a "Presumption of Death" which states: "For all legal purposes, a human body, with irreversible cessation of total brain function, according to the usual and customary standards of medical practice, shall be considered dead." It is likely that this definition or some variation of it will eventually become law by statute or judicial decision in many states, including Missouri. Legislation is the alternative of least risk. Procrastination invites Delphic judicial rulings sure to hatch a forensic Pandora's box.

While the concept that when the whole brain (all portions of the central nervous system within the skull) is dead, the person is dead is not contested by most reasonable people, there is less unanimity concerning what shall constitute "the usual and customary standards of medical practice" in the determination of whole brain death.

HISTORY

Brain death is a concept which evolved over the last decade and one half during which evidence accumulated indicating that the presence of a certain constellation of neurological findings in a comatose patient reflected, with infallible accuracy, a degree of nervous-system damage which had proven lethal for the brain.[1, 2] The most common causes of brain death are cerebral hypoxia due to cardiac arrest, head injury and intracranial mass lesions such as hematomas, tumors or brain abscess.[3, 4]

In 1968, an ad hoc committee of the Harvard Medical School translated knowledge into action by stating that "when the patient is hopelessly damaged as described (vide infra) . . . death is to be determined and then the respirator turned off."[5] The diagnostic criteria selected, subsequently called "The Harvard Criteria," indicated nonfunction of all brain segments and included the following:

1. Unreceptivity and unresponsivity in which there is no response to loud sound, to visual stimulation such as bright light or to pain, usually pin prick or strong compression of a distal interphalangeal joint. This finding indicates nonfunction of the cerebrum.
2. No movement or breathing. The lack of spontaneous movement or of movement in response to the stimuli detailed above indicates nonfunction of the cerebrum and mid-brain. Apnea indicates no medullary function.
3. No reflexes, which has come to mean cranial (not tendon) reflexes. Pupils do not constrict to bright light and are usually widely dilated. Irrigation of the ears with ice water (for one minute) produces no movement of the eyes. Touching the cornea or pharynx produces no blink or gag response. The absence of these reflexes indicates nonfunction of the midbrain, pons and medulla.
4. The patient must have received no central nervous system depressant drugs (including alcohol) and must have a body temperature above 90F.
5. The above condition should be present for 24 hours.
6. If available, an electroencephalogram (EEG) should be performed and, at maximum sensitivity and frequency response, should show no cerebral electrical activity during two continuous 30-minute recordings performed 24 hours apart.

Subsequently, at least five other studies of criteria of brain death have been published.[6, 7] All of these require (1) unresponsivity; (2) no breathing or movement; (3) absence of brain stem reflexes; and (4) no central nervous system-depressant drugs. Three studies require that the exact cause of brain damage be known. The observation period is shortened from 24 hours to 12 hours in two studies and to six hours in two studies. Two studies require that some test (an arteriogram or a radioisotope flow study) demonstrate a lack of cerebral perfusion. One set of criteria does not utilize the EEG in the determination of cerebral death.

---

* Dr. Woolsey is from Saint Louis University School of Medicine, where he is Professor of Neurology, and St. Louis Veterans Administration Hospital.

Regardless of what efforts are undertaken, cardiovascular function cannot be maintained for more than a week or, very rarely, several weeks in the "brain-dead patient."

The Law

According to prevailing legal opinion, the present common law definition of death in Missouri and most of the other states recognizes only permanent cessation of heart beat and respiration as an index of death. According to Sen. J. D. Schneider, Chairman of the Missouri Senate Select Committee on the Determination of Death, "a doctor who removes organs from a cadaver on a respirator or simply unhooks the machine following a determination of total brain death could be found guilty of homicide or wrongful death."[8]

A new law is required if the brain-death concept is to have legal legitimacy. After careful consideration of alternatives, the Committee endorsed the American Bar Association's definition of death (vide supra). Senator Schneider states that this law "determines the ultimate conclusion to be reached (irreversible cessation of total brain function), but . . . does not impose upon the doctor the method of forming the conclusion."[8]

Each hospital staff should formulate their own criteria, selected from those described, for the determination of brain death, thereby establishing "the usual and customary standards of medical practice" for their institution. The proposed "brain-death law" does not preclude the use of cardiorespiratory function as an index of death since total arrest of cardiac function for, in usual clinical situations, some time less than 15 minutes of itself proves the impossibility of brain survival.

Ethics and Religion

Some groups and individuals concerned with the moral and ethical aspects of medical practice have suggested that discontinuation of respiratory support in the "brain-dead patient" is a form of euthanasia. It is difficult to construct a reasonable argument to support this position. Human thought, memory, emotion, perception and movement are brain functions. All of these are possible when any other organ, including the spinal cord, ceases to function. If the brain is destroyed, all of these fundamental distinctly human operations totally and permanently cease. What remains is a human body but not a human person. Consequently, euthanasia, in the sense of killing a human person, is not a contingency under these circumstances. Total brain death is qualitatively absolutely distinct from all other degrees of brain impairment which are not total, and some or all brain functions continue, although, perhaps, in a very degraded manner. It is equally clearly distinct from the inactivity of the early fetal brain which, though, perhaps, total, is not permanent. No official Christian or Jewish group has expressed an opinion contrary to this point of view.

Some Problems

It is discomforting to realize that there are exceptions and uncertainties to the rule that a comatose patient with apnea and cranial areflexia is dead. Drug intoxication is certainly an exception and may produce this clinical state and yet the patient may completely recover.[9] Every physician with emergency room or intensive care unit experience knows how difficult it is to learn what drugs a comatose patient may have taken or has been given prior to arrival at the hospital.

A formidable exception concerns the application of brain-death criteria to infants. Cases are known of newborn infants with brain dysfunction of various causes who have satisfied the clinical criteria for cerebral death, including isoelectric electroencephalogram, and survived. At the present time, it is inadvisable to apply cerebral death criteria to children below the age of three years.[10]

Experience with coma due to metabolic derangements, i.e., uremia, hepatic failure, electrolyte imbalance and others, is insufficient. Patients dying of these conditions usually have fairly normal-appearing brains. It is possible that the cerebral symptoms seen in these conditions may be due to toxic factors analogous to poisoning with drugs and may be potentially reversible.

When brain death becomes the legal standard of death, its use will become mandatory. When the patient satisfies the clinical criteria, he will have to be declared dead. Utilization committees and insurance companies will not authorize or pay charges incurred beyond the time that brain death is diagnosed.

These problems exist only because knowledge is incomplete. The needed information is forthcoming. Meanwhile, physicians are accustomed by training and experience to applying general medical principles in the context of the individual case. It is unlikely that they would find any great difficulty in

Think you know all abou asthma?

Then you should know all about TEDRAL.
It provides—

☐ rapid symptomatic relief, as well as prophylaxis
☐ β-ADRENERGIC ACTION THAT RELAXES BRONCHIA SMOOTH MUSCLE
☐ α-ADRENERGIC ACTION THAT REDUCES BRONCHIA EDEMA AND SECRETIONS
☐ synergistic action of ephedrine and theophylline for effectiv and prolonged bronchodilation
☐ dosage forms to meet individual patient needs

For asthma management...

Tedral®/Tedral® SA/Tedral® Elixi

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); and 25 mg phenobarbital in the immediate release layer.

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

W|C **WARNER/CHILCOTT**
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-74-B/

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

(Continued from page 541)

properly utilizing the brain death diagnosis.

Acknowledgement: The author wishes to express appreciation to the following individuals for their comments on various aspects of this subject. The content of this article may or may not reflect the opinions of the Rev. Edward J. Drummond, S.J., Rabbi Simcha Krauss, the Rev. Edwin Lisson, S.J. and Mr. Edward W. Warner.

References

1. Mollaret, P. and Goulon, M.: Le coma dépassé. Rev. Neurol. 101:3-15, 1959.
2. Silverman, D., Masland, R. L., Saunders, M. G. and Schwab, R. S.: Irreversible Coma Associated With Electrocerebral Silence. Neurology 20:525-533, 1970.
3. Alderete, J. F., Jeri, F. R., Richardson, E. P., Sament, S., Schwah, R. S. and Young, R. R.: Irreversible Coma: A Clinical, Electroencephalographic and Neuropathological Study. Trans. Amer. Neurol. Assn. 93:16-18, 1968.
4. Walker, A. E., Diamond, E. L. and Moseley, J.: The Neuropathological Findings in Irreversible Coma: A Critique of the "Respirator Brain." J. Neuropathol. Exp. Neurol. 34:295-323, 1975.
5. Beecher, H. K.: A Definition of Irreversible Coma: Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death. JAMA 205:337-340, 1968.
6. Walker, A. E.: "Cerebral Death," in Tower, D. B. and Chase, T. N. (eds.): The Nervous System, Vol. 2, The Clinical Neurosciences, New York, Raven Press 1975, pp. 75-87.
7. Plum, F. and Posner, J. B.: The Diagnosis of Stupor and Coma, ed. 2. Philadelphia, F. A. Davis Co., 1972, p. 229.
8. Schneider, Senator J. D.: Report of the Select Senate Committee on the Definition of Death, 1977.
9. Bird, T. D. and Plum, F.: Recovery From Barbiturate Overdose Coma With a Prolonged Isoelectric Electroencephalogram. Neurology 18:456-460, 1968.
10. Kellaway, P.: Personal communication, 1977.

Reprints: Robert M. Woolsey, M.D.
Dept. of Surg. Neurology
1331 S. Grand Blvd.
St. Louis, Mo. 63104

Document on High Blood Pressure Control Now Available

The Report of the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure is now available from the Department of Health, Education and Welfare.

The Report marks the first time representatives of major medical associations have reached a consensus on hypertension management, according to Graham W. Ward, Program Coordinator, HEW National High Blood Pressure Education Program.

One important feature of the Report is its simple, economic approach to diagnosis and treatment, stated Ward. Blood pressures are specified as requiring further investigation, periodic follow-up or treatment. Updated guidelines for therapy have been formulated and the Report presents a pharmacologic rationale for the "stepped-care" approach to therapy.

The Report also offers guidance in increasing compliance through patient education and through approaches to patient management.

Copies of the Joint National Committee Report may be ordered from the High Blood Pressure Information Center, 120/80 National Institutes of Health, Bethesda, Md. 20014.

THE ST. LOUIS SURGICAL SOCIETY

presents

THE 1977 FALL PANEL DISCUSSION

"CURRENT STATUS OF MYOCARDIAL REVASCULARIZATION"

Moderator: Robert Frye, M.D.

MEDICAL ASPECTS

Pro—Robert Frye, M.D.
Con—Robert Roberts, M.D.

SURGICAL ASPECTS

Results—Clarence S. Weldon, M.D.
Controversies—Hendrick B. Barner, M.D.

PROGRAM PARTICIPANTS

Robert L. Frye, M.D.

Chairman, Division of Cardiovascular Diseases and Associate Professor of Medicine, Mayo Clinic and Mayo Foundation, Rochester, Minnesota

Robert Roberts, M.D.

Associate Professor of Medicine, Washington University School of Medicine, Director—Cardiac Care Unit, St. Louis, Missouri

Clarence S. Weldon, M.D.

Professor and Head, Division of Cardio-Thoracic Surgery, Washington University School of Medicine, St. Louis, Missouri

Hendrick B. Barner, M.D.

Director of Vascular Surgery, Professor of Surgery, St. Louis University Medical Center, St. Louis, Missouri

Tuesday, November 1, 1977

5:30 PM

St. Louis Medical Society Auditorium
3839 Lindell Boulevard
St. Louis, Missouri

BRIEF SUMMARY OF
PRESCRIBING INFORMATION

ANTIMINTH® (pyrantel pamoate)
ORAL SUSPENSION

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against *Enterobius vermicularis* (pinworm) and *Ascaris lumbricoides* (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13 μg/ml) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. *Usage in Pregnancy:* Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefit/risk should be considered.

Precautions: Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with preexisting liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. *Children and Adults:* Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 ml of Antiminth per 10 lb. of body weight. (One teaspoonful=5 ml.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

When you're good people recognize you.

Highly effective
Single-dose convenience
Non-staining
Economical
Pleasant tasting

Antiminth®
(pyrantel pamoate)
equivalent to 50 mg pyrantel/ml
ORAL SUSPENSION

a drug of choice in pinworm infections

Please see brief summary of prescribing information on facing page.

©1977 LONE RANGER T.V., INC.

BREATHING WITH COMFORT.

Choledyl – a highly soluble, true salt of theophylline – rapidly relaxes bronchospasm to promote easier breathing. And, gastric discomfort is minimal.

Because Choledyl is more stable...more rapidly absorbed from the G.I. tract than aminophylline.

Available in both tablets and elixir for patients with obstructive lung disease.

Choledyl® (oxtriphylline) Tablets and Elixir CAUTION: Federal law prohibits dispensing without prescription. Each partially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. Each teaspoonful of the elixir contains 100 mg oxtriphylline; alcohol 20%. *Indications.* Choledyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema. *Warning.* Use in pregnancy – animal studies revealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation or in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child. *Precautions.* Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly CNS stimulation in children. *Adverse Reactions.* Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. *Dosage.* Average adult dosage: Tablets – 200 mg. 4 times a day; Elixir – two teaspoonfuls, 4 times a day. *Supplied.* 200 mg yellow, partially enteric coated tablets in bottles of 100 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose – 200 mg tablets (N 0047-0211-11); 100 mg red, partially enteric coated tablets in bottles of 100 (N 0047-0210-51). Elixir – bottles of 16 fl oz (1 pint) 474 ml (N 0047-0215-16). *Toxicity.* Oxtriphylline, aminophylline and caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen. Full information is available on request.

CH-GP-51-4/C

W|C **WARNER/CHILCOTT**
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

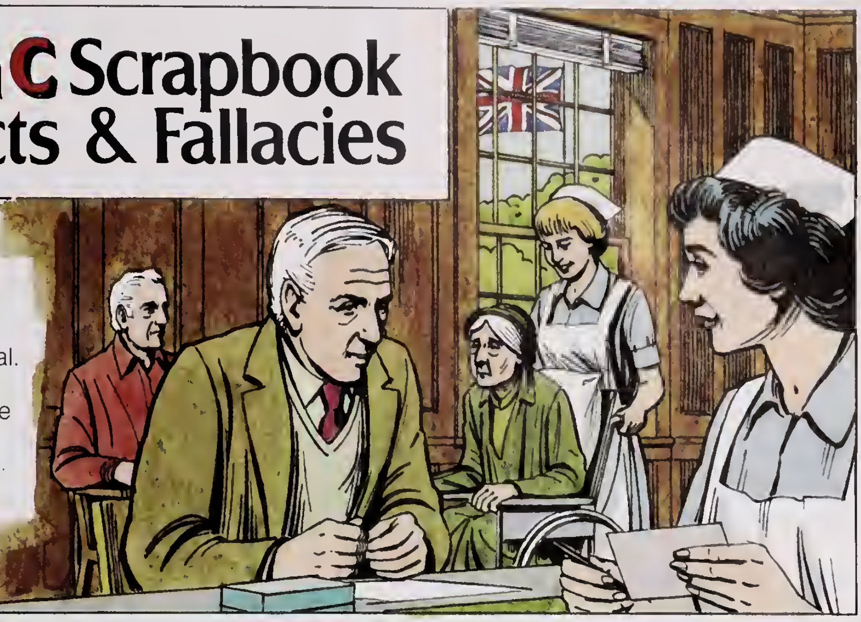
CHOLEDYL®
(OXTRIPHYLLINE)

SINGLE-ENTITY
BRONCHODILATION
MINIMAL GASTRIC DISCOMFORT

The ALLBEE® with C Scrapbook of Vitamin Facts & Fallacies

A study conducted among elderly patients in England showed that 41% were deficient in ascorbic acid on admission to the hospital. Even among those living at home and well, or not sufficiently ill for admission, 27% were deficient in ascorbic acid.

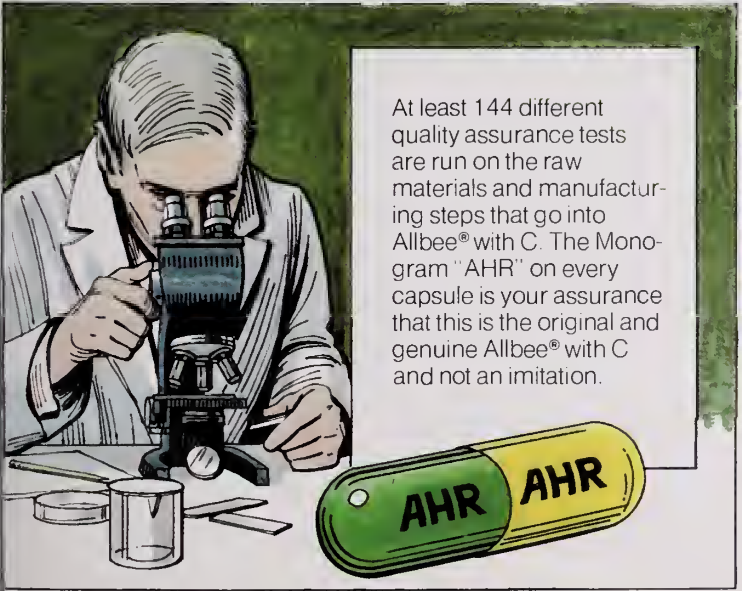
Griffiths, L.L., Brocklehurst, J.C., MacLean, R. et al. *Diet in Old Age*, Brit. Med. J., 1:739, 1966.



The loss of riboflavin in milk in a glass container exposed to sunlight for two hours may be as high as 95%.

Quick freezing of vegetables is accompanied by very little ascorbic acid loss. But blanching, washing, and prolonged standing at room temperatures results in considerable reduction in Vitamin C content.

In World War I a unit of 100 beds per division in the Russian army was set aside for scurvy patients. Yet, only 20 cases of scurvy were reported among all American troops in 1917-18.

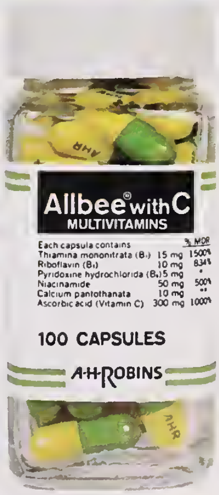


At least 144 different quality assurance tests are run on the raw materials and manufacturing steps that go into Allbee® with C. The Monogram "AHR" on every capsule is your assurance that this is the original and genuine Allbee® with C and not an imitation.

Available on your prescription or recommendation

ALLBEE® with C

High Potency B-Complex and Vitamin C Formula



AHR
Allbee® with C
MULTIVITAMINS
Each capsula contains
% MDR
Thiamina mononitrata (B_1) 15 mg 1500%
Riboflavin (B_2) 10 mg 834%
Pyridoxine hydrochlorida (B_6) 5 mg *
Niacinamide 50 mg 500%
Calcium pantothanata 10 mg **
Ascorbic acid (Vitamin C) 300 mg 1000%
100 CAPSULES
A·H·ROBINS
AHR

A.H. Robins Company, Richmond, Va. 23220 A·H·ROBINS

Spasm reactor?

Donnatal®!

	each tablet, capsule or 5 ml tsp of elixir (23% alcohol)	each Donnatal No. 2 Tablet
Phenobarbital (warning: may be habit forming)	(¼ gr) 16.2 mg	(½ gr) 32.4 mg
Hyoscyamine sulfate	0.1037 mg	0.1037 mg
Atropine sulfate	0.0194 mg	0.0194 mg
Hyoscine hydrobromide	0.0065 mg	0.0065 mg

Indications: Based on a review of this drug by the NAS/NRC and/or other information, FDA has classified the following indications as possibly effective: adjunctive therapy in the treatment of peptic ulcer; the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

Brief summary. Contraindicated in patients with glaucoma, renal or hepatic disease, obstructive uropathy (for example, bladder neck obstruction due to prostatic hypertrophy) or a hypersensitivity to any of the ingredients. Blurred vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur at higher dosage levels, rarely at the usual dosage.

A·H·ROBINS A H Robins Company Richmond Virginia 23220

in Brief

A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 527-1500 / TWX 910-221-0300

AMA's NEW SECTION on medical schools elected its first chairman and first delegate during the 1977 Annual Convention. Steven C. Beering, M.D., dean, University of Indiana School of Medicine, was named chairman, and Robert Stone, M.D., dean, University of Oregon School of Medicine, was elected delegate to the AMA's House of Delegates.

PHYSICIANS IN UNDESIGNATED PSRO areas were urged by the AMA House of Delegates recently to review decisions on establishing physician-controlled PSROs. After January 1, the HEW secretary will be authorized to name qualified alternate organizations as PSROs in areas where one is not sponsored by physicians. Such areas exist in eight states. The House also approved criteria for alternate PSROs and called on the AMA to urge their adoption by HEW. AMA-developed legislation has been introduced in Congress to extend the alternate PSRO deadline by one year.

THE AMA had submitted 56 testimonies, statements or letters, as of July 1, to Congress and federal administrative agencies on various topics.

THE RIGHT of housestaff to conduct collective bargaining at the University of Nebraska Medical Center was upheld last month in a 6-1 decision by the Nebraska Supreme Court. The court rejected he decision of the National Labor Relations Board ast year that housestaff are students and should iot have contract bargaining privileges. At the request of the House Officers Association of the medical center, the AMA submitted a "friend of the ourt" brief in the case. AMA policy states that iousestaff are considered both students and employees, and should have the same right to collective bargaining as other employees.

A NATIONWIDE print advertising campaign, itilizing state, county and specialty medical society ournals and bulletins, has been launched by the MA Department of Membership Development. he campaign's purpose is to promote membership nd to publicize AMA services and benefits available to the physician member. The ad slogan is Join Us. We Can Do Much More Together."

THE AVERAGE net income of physicians was $51,997 in 1974, the AMA told Congress in a letter listing fees by specialty from 1970-1974. Sen. Herman Talmadge (D-Ga.) had asked for the information when the AMA testified on the Medicare-Medicaid Administrative and Reimbursement Reform Act. The average net income was $41,789 in 1970, $45,278 in 1971, $47,240 in 1972 and $48,574 in 1973. The AMA pointed out in its letter that "variations in net income and expenses among specialties and geographical regions cannot be explained on the basis of simple generalizations . . . the demand for varying services and additional independent factors must be considered." Figures were taken from the 1977 edition of *Profile of Medical Practice*. "Profile" and its companion book, *Reference Data on the Socioeconomic Issues of Health* are prepared by the AMA's Center for Health Services Research and Development. Both books are available from the Order Department, AMA Headquarters. The cost for each book is $4.50.

THE U.S. OFFICE OF EDUCATION granted the Liaison Committee on Medical Education recognition as the accrediting agency for medical schools for a two-year period. LCME's eligibility had been challenged in March by the Federal Trade Commission's Bureau of Competition on grounds of "potential" conflict of interest.

A CHECK for $1,512,566 was presented by the AMA Auxiliary to the AMA Education and Research Foundation during this year's Annual Convention. The Auxiliary's gift set a record for contributions to AMA-ERF.

FIRST FELLOW in the AMA's Dr. Morris Fishbein Fellowship in Medical Journalism is Jeffrey R. M. Kunz, M.D., a recent graduate of the University of Wisconsin Medical School and former editor of the medical school newspaper. Dr. Kunz will spend ten months at AMA Headquarters, working in all aspects of professional publishing. The fellowship was established last year by the Board of Trustees in memory of the late Morris Fishbein, M.D., former editor of *JAMA*.

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132
(816) 276-4167

Oct. 5	Medical and Surgical Treatment of Coronary Artery Disease (Third Annual Seminar)
Dec. 7	Infectious Diseases
(1978) **Feb. 1**	Gynecology and Female Urology
Apr. 5	Hematology
June 2	Drug Actions and Interactions

University of Missouri-Columbia
M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

Sept. 28-30	13th Annual Midwest Conference on Endocrinology and Metabolism—Robert L. Jackson Day
Oct. 5-6	Annual Symposium: Growth and Feeding in Infancy and Childhood
Oct. 18	The Child With an Abnormal X-ray
Oct. 20	A Systematic Approach to Management of Pain
Nov. 4-5	18th Annual M.D. Day
Nov. 14-15	Farm Safety
Dec. 1-3	What Every Physician Wants to Know About Medical Problems and Dares to Ask!
(1978) **Feb. 7-8**	The Professional and Community Role of the Physician in Alcohol Abuse
Feb. 22-23	Dynamic Dietetics for Dedicated Diligent Doctors
Mar. 8-9	Preceptor's Day
Mar. 22-23	Common Problems in Cardiology
Apr. 6-7	24th Annual Urology Seminar (Kansas City)

St. Louis University Medical Center
Continuing Education
3544 Caroline, St. Louis 63104
(314) 664-9800, Ext. 127
Contact: **John A. Grellner, Director**

Oct. 6-7	Review of General Medicine for the Primary Care Physician

---

University of Missouri-Kansas City School of Medicine —Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: **Alta Bingham**

Sept. 30-Oct. 1	The Long Weekend—Infectious Diseases/Pulmonary Diseases
Oct. 27-29	Fall Clinical Conference (Kansas City Southwest Clinical Society)
Nov. 18-19	The Long Weekend—Appropriate Use of the Laboratory/Methods of Diagnosis
Dec. 8-10	The Heart 1977
(1978) **Jan. 22-27**	Mid-Winter Traveling Medical Education Course (Steamboat Springs, Colo.)
Feb. 17-18	The Long Weekend—Immunology/Oncology
Feb. 19-25	Mid-Winter Traveling Medical Educational Course (Scottsdale, Ariz.)
Feb. 25-Mar. 4	Late-Winter Traveling Medical Educational Course (Maui, Hawaii)
April 20-21	Surgical Techniques
May 4-6	Seminar: Update in Obstetrics and Gynecology
May 19-20	The Long Weekend—Cardiovascular Disease I and II
June 1-2	Symposium on Physical Fitness

(Continued on next page)

Greene County Medical Society
223 Professional Bldg., Springfield 65806
(417) 869-2531
***Contact:* James E. Thompson, Jr., Executive Director**

Oct. 21	Paul Carrick Arthritic Symposium

Dancinger Institute for the Health Sciences
Menorah Medical Center
4949 Rockhill Rd., Kansas City 64110

Oct. 19-21	Clinical Advances in Pediatrics (Cosponsored by The Children's Mercy Hospital, St. Luke's Hospital and Kansas City Academy of Family Physicians)

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
***Contact:* Richard B. Oglesby, M.D.**

Nov. 6	Corneal and External Disease for the Clinician (Cosponsored by American Society of Contemporary Ophthalmology)
(1978) Apr. 2	Annual Spring Seminar

Ellis Fischel State Cancer Hospital
115 Business Loop 70 West
Columbia 65201
(314) 449-2711
***Contact:* Nestor R. Canoy, M.D.**

Sept. 17	The Curative Management of Advanced Stage III-IV Oropharyngeal Cancer

Washington University School of Medicine
Continuing Medical Education
Box 8063, 660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
***Contact:* Loretta Giacoletto**

Sept. 24	Acute Hand Injuries: Recent Advances in Techniques of Management
Sept. 30	Review and Update of Some Common Problems in Renal Disease (Tan-Tar-A Resort, Lake of the Ozarks)
Oct. 1-2	North Central Dialysis Meetings (Tan-Tar-A Resort, Lake of the Ozarks)
Oct. 6-7	Clinical Allergy for the Practicing Physician
Oct. 20-21	Recent Advances in the Diagnosis and Therapy of Metabolic Bone Diseases
Oct. 27-28	Restoration of Function Following Hand Injuries
Nov. 11-13	Anesthesia and the Geriatric Patient
Nov. 17-18	Rehabilitation in the Management of Patients With Common Medical Problems
Dec. 2	An Update in Diabetes
Feb. 16-17	Current Topics in Pulmonary Disease
Mar. 2-3	Rheumatology for the Practicing Physician
Mar. 16-17	Current Topics in Infectious Diseases

The Edward Mallinckrodt Institute of Radiology—
Washington University School of Medicine
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
***Contact:* Ronald G. Evens, M.D.**

Oct. 10	Diagnostic Approach to the Gallbladder
Nov. 14	Pseudomalignancies of the Skeleton
Dec. 12	New Techniques in Ultrasound
(1978) Jan. 9	Genitourinary Radiology
Feb. 13	Recent Advances in Cardiovascular Nuclear Medicine
Mar. 13	CT Scanning for Treatment Planning and Follow-up of Primary Brain Tumors
Apr. 10	Newer Aspects of Neuroradiology
May 8	Hematologic Bone Disease

Give now . . .

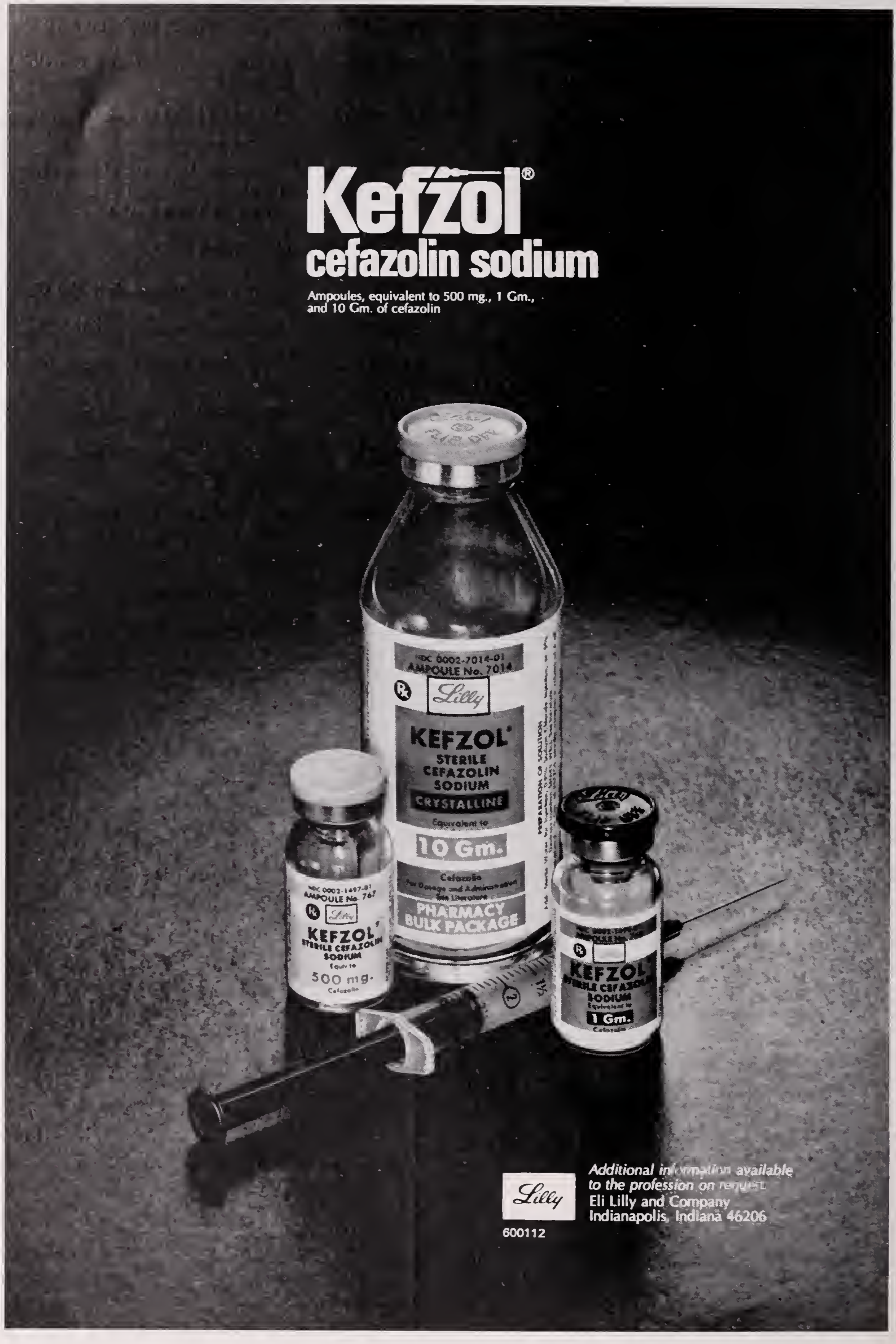
to the Missouri State
Medical Foundation
student loan fund.
Your gift is
100 %
tax-deductible!

Send Your Contribution To:

MSMF
113
Madison
Jefferson City,
Missouri 65101

• Sponsored By Missouri State Medical Assn. •

The Missouri State Medical Foundation is classified by the Internal Revenue Service under 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.


Kefzol®
cefazolin sodium

Ampoules, equivalent to 500 mg., 1 Gm.,
and 10 Gm. of cefazolin

Additional information available
to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Lilly
600112

Volume 74, Number 9—September, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

PHILIP C. ANDERSON, M.D., *Columbia*

What's New in Loxoscelism—1978

Case Report

The Missouri fiddleback spider, known properly as Loxosceles reclusa, is also called the brown recluse spider. This well-known nocturnal house spider is the most dangerous of all North American arachnids.[1] Its bite may cause a cutaneous ulcer, which occasionally can be as large as 40 cm across and may extend well into muscle. When absorbed into the circulation, the venom may cause hemolysis, abnormal clotting, injury to the brain, kidneys and other organs or even death.[2] Pleasantly, the spider tries to avoid humans and, if it can, often will flee across the skin without biting. Most bites result from inadvertently trapping the spider in clothing, e.g., when putting on a bathrobe. Once the spider bites, the resulting injuries still may be trivial; indeed, they usually are trivial.

Since the previous review in 1973,[3] the principal advancements have been in pathophysiology and in knowledge of the chemistry of Loxosceles venom. Clarifications of medical therapy have relied on the collection of well-studied, well-proven cases and concern, mainly, the management of hemolysis. The following brief case report illustrates the use of dialysis for treatment of systemic loxoscelism in a child.

Entomology—The Spider

The brown spider can be identified from small ragments of the body if an expert, experienced ntomologist is involved. Patients who squash the pider during the bite might be asked to supply hese few remains for study, particularly if the case s to be reported or if the therapy is part of a protocol study. A certain diagnosis of loxoscelism requires positive identification of either the spider or the venom in addition to the usual clinical recognition of "a typical necrotic brown spider bite."

Spiders other than Loxosceles reclusa can cause mild necrotic spider bites, some of which can deceive the expert clinician.[4, 5] In reporting on the therapy of brown spider bites, only proven cases of loxoscelism should be included; or in studying chiracanthism, only proven bites by that spider would be included.

Extermination of Loxosceles from the home is difficult, if not impossible, under the new restraints on the use of insecticides by authority of the Environmental Protection Agency. Simply, the best strategy for humans living in the same house with brown spiders is to warn the spiders when you intrude into their area. Turn on lights, shake out clothing and bedding, open storage areas a while before reaching in and generally show good manners. For the number of infested homes, the incidence of loxoscelism is very low.

The Venom

The isolation of the pure, skin-necrotizing fraction (SNF) of Loxosceles venom is very difficult. 99.98% of crude venom consists of spreading factors and other enzymes.[6-8] Compared to other venoms, the pure Loxosceles skin-necrotizing fraction is a large and complex protein molecule of about 30,000 daltons. The structure is not known but may resemble that class of large enzymes which can disassemble complex lipids.[9] Our best approach to im-

Since the author's review of research progress on loxoscelism in Missouri Medicine in 1973, the principal advancements have been in pathophysiology and in knowledge of the chemistry of Loxosceles venom. This article includes a case report which illustrates the use of dialysis as a new and effective treatment of systemic loxoscelism in a child. The prime indication is protection of the kidneys. The cutaneous loxocelism is then manageable by conservative means. Dr. Anderson is Chairman and Professor, Division of Dermatology, University of Missouri School of Medicine.

proved therapy at this time is by a better understanding of the venom. Studies are under way to discover the means by which the venom attacks the erythrocyte and a medication best able to block that attack. Similarly, clinicians need a treatment to be used immediately to prevent rapid injury to the capillaries of the skin at the site of the bite.

Pathophysiology of Venom Injury to the Skin

Purified venom has been proven to act directly on the cell wall of human strain cells in tissue culture to induce immediate injury and death. The energy systems of the cell are not employed in causing the injury. No mediation through serum or tissue factors is necessary. One principal means of injury by venom to blood vessel walls, erythrocytes and renal glomeruli is certainly this immediate, direct destruction of cell walls. It is with this in vitro system that studies of therapeutic effectiveness can be evaluated most convincingly.

Work in our laboratory in 1973 showed that an immediate cause of necrosis of skin was rapid coagulation and occlusion within the small capillaries touched by venom.[10] This injury to vessels is under way long before the physician has visible evidence of necrosis. Diffusion of venom in human dermis is much more rapid than in rabbits or guinea pigs. Human endothelial cells are very susceptible to injury by small amounts of venom. Once the coagulation process begins, a cascade of other mediators of clotting and inflammation follows, giving complex and variable progress toward a typical necrotic ulcer.

Platelets are trapped in large numbers at the beginning of the vascular coagulation induced by venom in the skin. As coagulation extends, not only does hemolysis result from direct action of the venom but also from mechanical injury to erythrocytes in clots.

What other factors might further aggravate the disseminated intravascular coagulation? We suspect that the venom acts on body fat, freeing nonphysiologic fragments into the circulation which act partly as emboli, partly as abnormal mediators. Observers of the severe brown spider bite have noted that the worst cases seem to involve necrosis into fat pads, often thigh or buttock. Comparable bites in a lean body seem less dangerous to life. These clinical concepts are being evaluated and elaborated by more detailed biochemical studies.

Early Surgery for Recluse Spider Bites

At our institution, brown recluse spider bites are never excised as initial treatment. I am unaware of any persuasive studies to show the merit of early excision. Frequently, in discussing surgical treatment, we find that no certain diagnosis of loxoscelism has been made beyond the clinical impression, and there are no available studies of the immune response to venom before and after excision. No systemic means of evaluating those cases preferred for surgery have been advanced.

Accepting only those cases in which the spider is identified, it is not evident that surgery will be beneficial. Some persuasive evidence that the excised bite was not one of the many trivial ones must be offered. Excision cannot improve on the prognosis of the common, small, brown spider bites which spontaneously heal well. It must be emphasized that for the patient, a great expense and loss of work may be involved in relying on early excision. The size of these added costs and hospitalizations should be stated. For surgery to be acceptable as early therapy, it must be proven that each spider bite selected for early excision was destined to become one of the very rare, large and deep bites. Our best clinical and immunologic techniques cannot assure us on this point, and I am unaware of other accurate predictive procedures.

It is quite typical, both in our animal studies and in natural human spider bites, for a rapidly developing necrotic lesion suddenly to arrest its spread, define a margin and remain a small, easily healed 2 cm lesion. After a skin lesion due to brown spider venom reaches 4 cm in 12 hours (measured across the axis of the avascular core, not across the ecchymosis), I would be suspicious that a severe lesion is developing, but my opinion still would be speculative. I suggest that most of the reports of successful cures of Loxosceles bites by early excision represent the overtreatment of small benign bites. No treatment would have been preferable, but this is a viewpoint difficult for the surgical therapist to accept. To resolve this disagreement to the satisfaction of the surgical advocates, a series of verified bites might be carefully photographed and measured, and, by a randomizing device, comparable bites assigned either to conservative medical care or to treatment by early excision. A few unbiased observers would verify the data. An accurate comparison in all cases of total costs, days disabled, comfort and healing and final function both of the wound and donor sites would be impressive. No such studies are published and the burden to justify must be with the advocates of the more invasive, more aggressive, more costly procedures.

LATE SURGERY FOR RECLUSE SPIDER BITES

Many patients with large and deep necrotic spider bites, especially those extending into fat, do benefit from surgical repair of the ulcer after the natural demarcation of the injured dermis has been fully established. Selected spider bites are ready for repair in six to 12 weeks. Earlier attempts to repair often fail because the necrotic ulcer often displays poor healing mechanisms. Repeated, expertly done grafts may fail to "take" or attach as several physicians, themselves the victims of Loxosceles reclusa, have described in detail. When the victim is willing to wait and persist in home therapy perhaps as long as a year, natural healing has always occurred.

STEROID THERAPY

From the time of the earliest therapy for brown spider bites with steroids, the impression was that high dose steroids used for three or four days were beneficial. These claims have not been verified. In animal studies, steroids cannot prevent cutaneous necrosis in the rabbit or guinea pig. However, the skin of humans is vastly different from the skin of these animals. My conclusion from clinical experience is that minor amelioration is the most obtained by the treatment of cutaneous loxoscelism with steroids. The important question is the worth of early steroid therapy to prevent systemic loxoscelism. In vitro studies with erythrocytes using purified venom suggest that steroids will prevent hemolysis and, thereby, may block intravascular coagulation.

When should steroids be given? Steroids are not needed at all in mild cutaneous loxoscelism; the esults of no therapy, except protection and reassurance, are excellent. Large cutaneous reactions, I believe, are minimized by steroids, but experimental evidence in humans is not obtainable. Preliminary clinical studies suggest that steroids may prevent some of the worst aspects of systemic loxoscelism, but further experience is needed.

In summary, I would prefer to give high-dose steroid therapy for most large bites and always at the first indication of systemic loxoscelism, particularly if I were the patient who had been bitten. In the management of large, deep bites in children which are over fat pads or in the more fatty areas of the skin, I would favor at least three days of treatment with 100 mg of prednisone per day or the equivalent while further observations are made as to kidney injury or hemolysis.

Studies in animals have led to discarding our former practice of injecting steroids into the bite area although this eventually may prove to be a more useful treatment than we can now determine, at least for early bites in humans. Definitive studies in human skin are not possible with this dangerous, painful venom. Until more basic understanding is possible from laboratory investigations, short term/high dose steroid therapy for the more severe forms of loxoscelism is our clear choice of early therapy.

SEVERE LOXOSCELISM MANAGED BY DIALYSIS

Those rare and frightening occasions when a child is bitten by Loxosceles and develops a severe hemolysis, leading quickly to coma, azotemia and anuria, are now more manageable using renal dialysis. These cases have been reported in the literature with death often being the outcome.[11-18] Actually, the usual Loxosceles bite in a child is as benign as those in adults. However, children may lack the protective humoral antibodies of most adults, and large envenomation may prove dangerous. This case illustrates the management of coma due to severe loxoscelism in a child.

CASE REPORT

On a day in late July, the common nocturnal house spider, Loxosceles reclusa, occupied the denim shorts of our patient, a five-year-old boy who had thoughtlessly dropped them to the floor by his bed. In the morning while putting on those shorts, he was stung on the right thigh but dismissed the bite as some trivial scratch, maybe "by a briar." By noontime, the scratch was painful and was described by his mother as "a blue lump." By early evening, the dark blue area was three or four inches across, sunken and surrounded by a widening red band. During the next four hours, the boy's general symptoms worsened alarmingly. A fever of 104F arose with increasing fatigue and pain. He became disoriented, which his mother attributed to the fever. Persistent, severe vomiting developed despite bed rest and repeated doses of aspirin. At midnight, when he passed grossly dark red urine and first complained of severe flank pain, it was decided he should be hospitalized. During the second day, his hematocrit fell to 20%, his mental status worsened, urine volume declined rapidly and a clotting disorder was evolving. He was transferred to the University of Missouri Medical Center in Columbia in anticipation of renal dialysis.

On admission to the pediatric unit 52 hours after the spider bite, he was in coma. His skin, strikingly pale and cadaver-like in color, was without jaundice. The bite on the right thigh was 24 cm by 20 cm; a blue-black, sunken, hard plaque eroded in the center. Around the bite, from umbilicus to the knee, was a patchy erythema and scattered purpura. Lymph nodes, pulses and reflexes were normal. Blood cells were prepared for the lymphocyte transformation studies, which later confirmed the diagnosis of severe loxoscelism.[8]

Hemolysis and intravascular coagulation were severe as defined by the following tests: hemoglobin 5.0 gm/100 ml; hematocrit, 15%; reticulocytes, 5%; platelets 100,000/cu mm; fibrinogen, 170-185 mg/100 ml in three tests; fibrin split products greater than 100 μg/100 ml; prothrombin time, 10.9 seconds; partial thromboplastin, 40.3 seconds; serum calcium, 7.5 mg/100 ml. Free serum hemoglobin was 320 mg/100 ml and bilirubin was 2.8 mg/100 ml.

Urine was red-black from erythrocytes, free hemoglobin and myoglobin; the quantity of urine declined steadily. Blood pressure had increased to 140/110. The serum blood urea nitrogen was over 100 mg/100 ml and creatine 8.6 mg/100 ml. The white blood cell count remained about 25,000-40,000/cu mm, increasing slowly.

Methyl prednisone therapy was started and cautious efforts were made to correct hyponatremia, to increase fluids and to replace erythrocytes. After 72 hours, however, the kidneys failed to respond and peritoneal dialysis was begun. As dialysis was started, the blood urea nitrogen had reached 180 mg/100 ml. Promptly after dialysis, the boy regained consciousness and in 48 hours was out of bed and active, with his thigh carefully protected from trauma. Dialysis was repeated regularly, and by the 13th day after the spider bite, the kidneys responded and urine output increased toward normal again. By the 21st day, the blood urea nitrogen was 25 mg/100 ml. By the 32nd day, the hemoglobin reached 10 gm/100 ml with the normal white blood cell profile restored. Protein and red blood cells continued to pass the damaged kidneys. Not until six months later was the first wholly normal urine recorded. The complete healing of the necrotic spider bite on the thigh required almost an entire year.

Several points are noted in this case. Initially, the bite evolved typically into a deep ulcer extending into fat, which is a prognostic sign for hemolysis to develop. Rapid evolution of fatigue and fever heralded hemolysis. The early onset of coma was threatening because consumptive coagulopathy may be the cause and heparin treatment may be valuable. The coma remained mild, however, and the coagulopathy was not progressive after th patient received steroids. Azotemia may have bee important after 72 hours in maintaining coma. Onc hemolysis is completed, in about 48 hours, steroid still may minimize vascular injury, especially in th brain. Proof of this clinical opinion is lacking. Fron the comfort of retrospective analysis, I would hav begun steroid therapy early in the first afternoo and have expected that hemolysis would have bee trivial.

The second point is that hemolysis and the ensuing kidney failure disturbed normal blood coagulation, upset acid base balance, impaired glucos metabolism and obstructed normal control of wate exchange, especially overloading the extracellula fluid volume. How does dialysis benefit these patients? Dialysis experts might claim that peritonea dialysis improves these very ill patients more because of the prompt and overall corrective effect on all of these imbalances than because of the usually cited effects of removing uremic poison and the enzymes of inflammation. Neither hemoglobin nor spider venom is removed in appreciabl amounts by dialysis.

Several children with severe loxoscelism hav been managed with dialysis, all with excellent results. The prime indication is to protect the kidneys. The initial 48 to 72 hours after the bite are the crucial hours in which to begin dialysis when the indications are well established. Having protected the kidneys and avoided inappropriate coagulation, the cutaneous loxoscelism is then manageable by conservative means at a later time.

REFERENCES

1. Dillaha, C. J., Jansen, G. T., Honeycutt, W. M. and Hayden, C. R.: North American Loxoscelism, Necrotic Bite of the Brown Recluse Spider. J.A.M.A. 188:33-36, April 1964.
2. Anderson, P. C.: Treatment of Severe Loxoscelism. Mo. Med. 68:609-611 and 618, August 1971.
3. Anderson, P. C.: What's New in Loxoscelism. Mo. Med. 70: 711-712 and 718, October 1973.
4. Minton, S. A., Jr.: Poisonous Spiders of Indiana and a Report of a Bite by Chiracanthium Mildei. J. Ind. State Med. Asso. 65: 425-426, May 1972.
5. Gorham, J. R. and Rheney, T. B.: Envenomation by the Spiders Chiracanthium Inclusum and Argiope Aurantia, Observations on Arachnidism in the United States. J.A.M.A. 206:1958-1962, November 1968.
6. Geren, C. R., Chan, T. K., Howell, D. E. and Odell, G. V.: Isolation and Characterization of Toxins From Brown Recluse Spider Venom (Loxosceles Reclusa). Arch. Biochem. and Biophys. 174(1): 90-99, May 1976.
7. Majeski, J. A. and Durst, G. G., Sr.: Necrotic Arachnidism. South. Med. J. 69(7):887-891, July 1976.
8. Geren, C. R., Chan, T. K., Howell, D. E. and Odell, G. V.: Partial Characterization of the Low Molecular Weight Fractions of the Extract of the Venom Apparatus of the Brown Recluse Spider and of Its Hemolymph. Toxicon 13(4):233-238, August 1975.
9. Campbell, B. J., Forrester, L. J. and Barrett, J. T.: Direct Lysis of Red Blood Cells by the Venom of Loxosceles Reclusa. Federation Proceedings 36(3):669, March 1977.
10. Berger, R. S., Adelstein, E. H. and Anderson, P. C.: Intravascular Coagulation—The Cause of Necrotic Arachnidism. J. Invest. Der. 61:142-150, September 1973.
11. Weiner, R. G., Stoffer, R. P. and Chornock, F. W.: Massive Intravascular Hemolysis. J. Kan. Med. Soc. 61:206-207, April 1960.
12. Nance, W. E.: Hemolytic Anemia of Necrotic Arachnidism. Am. J. Med. 31:801-807, November 1961.

(Continued on page 556)

Big Balanced Rock, Chiricahua Mountains, Arizona (approx. 1,000 tons)

- **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.
- **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo.*
- **Dosage for Vertigo***—The usual adult dosage for Antivert/25 is one tablet t.i.d.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children. Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy. See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

GET MOVING, AMERICA!

It feels good to feel fit
physically, mentally, emotionally
So learn a skill you can play for life.

Sponsored by
American Alliance for Health, Physical Education and Recreation
1201-16th Street, N W , Washington, D C. 20036

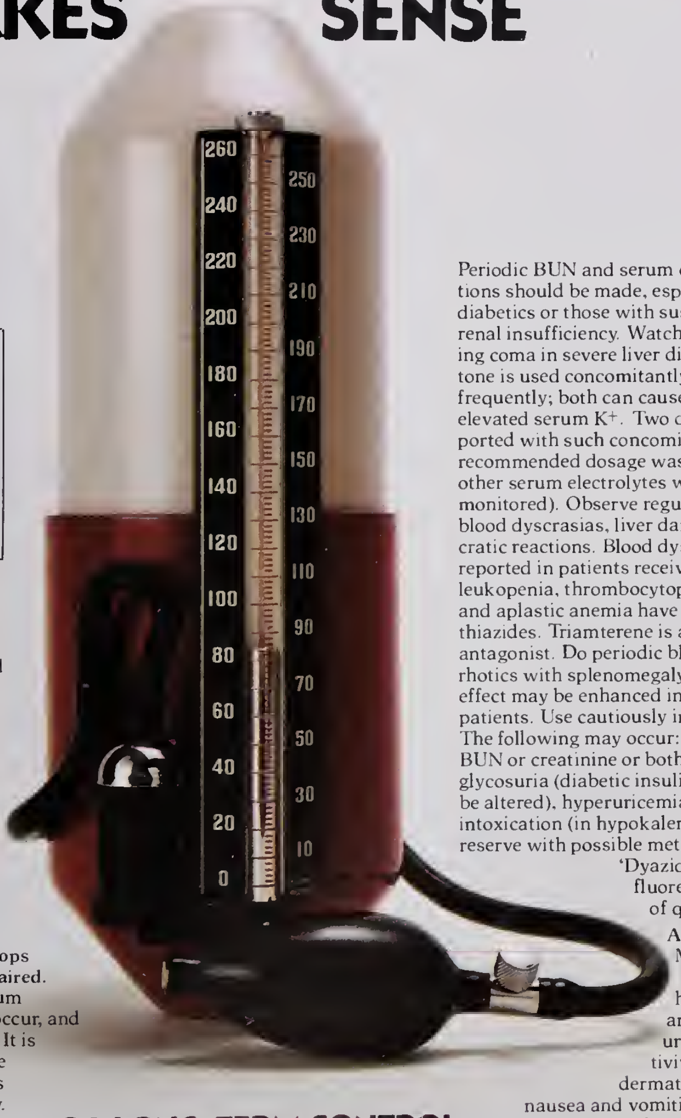
AAHPER

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.*
SERUM K⁺ AND BUN SHOULD BE CHECKED PERIODICALLY.
(SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company

B.W.CO.® HAS PUT MORE POTENCY IN THE LINE

EMPRACET® with Codeine Phosphate, 60 mg, No. 4 Ⓒ

EMPRACET® with Codeine Phosphate, 30 mg, No. 3 Ⓒ

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or codeine.
WARNINGS: Drug dependence. Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.
Usage in ambulatory patients. Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.
Interaction with other CNS depressants. Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.
Usage in Pregnancy. Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.
PRECAUTIONS: Head injury and increased intracranial pressure. Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.
Acute abdominal condition. These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.
Special risk patients. Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.
ADVERSE REACTIONS: Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritus.
DRUG INTERACTIONS: CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

For symptoms and treatment of overdosage and full prescribing information, see package insert.

Introducing
EMPRACET®
c̄ CODEINE #4

Each tablet contains: codeine phosphate, 60 mg (1 gr) (Warning—may be habit-forming); and acetaminophen, 300 mg. Ⓒ III

Our new non-aspirin/codeine analgesic for moderate to severe pain.

New peach-colored Empracet c̄ Codeine #4 offers a potent alternative for patients in whom aspirin is not indicated.

Unlike compounds containing oxycodone which afford comparable analgesia, new Empracet c̄ Codeine #4 gives you CIII prescribing convenience—up to 5 refills in 6 months at your discretion (where state law permits). And, prescribing by telephone is permissible in most states. Moreover, new Empracet c̄ Codeine #4 has less addiction potential than does oxycodone.

For those of your patients requiring a less potent analgesic, non-aspirin Empracet® c̄ Codeine #3 provides effective relief of moderate pain.

Burroughs Wellcome Co. makes codeine combination products. You make the choice.

Wellcome
Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

BRUCE E. TAYLOR, M.D. *and*
ROBERT L. NEWMAN, M.D., *Kansas City*

Trophoblastic Disease

Case Report

Gestational trophoblastic disease has been an intriguing dilemma since the Countess of Henneberg scorned a beggar woman with twins in 1276 and was punished by delivering 365 "babies" who were placed in two basins and were baptized alternately as Mary and John[1]—a hydatidiform mole.

In 1884, the term trophoblast was coined by Hubrecht. During the next 20 years, a controversy raged concerning the tissue of origin of choriocarcinoma. It was thought initially to be a decidual sarcoma. By 1902, however, it was generally accepted to originate from the trophoblast.[1]

Gestational trophoblastic disease is generally classified in three stages according to histopathology and extension of the disease, namely, gestational trophoblastic disease (hydatidiform mole), nonmetastatic trophoblastic disease (invasive mole) and metastatic trophoblastic disease (choriocarcinoma).

Gestational Trophoblastic Disease (Hydatidiform Mole)

Gestational trophoblastic disease is considered to be an abnormal conceptus with the following findings: (1) hyperplasia of trophoblastic elements, (2) hydropic degeneration of the villi and (3) avascularity of the villi.

It is typically characterized by grape-like vesicles which are passed spontaneously in 50% of the patients before the diagnosis is made clinically.

Molar pregnancy has an incidence in the United States of one in 2,000 deliveries compared to that in Taiwan where it is one in 82 pregnancies.

The risk of developing a second molar pregnancy is four to five times greater than that of the original mole, but the repeated molar pregnancies are less likely to have malignant sequelae.[2]

The ultimate etiology is unknown.[3] The high occurrence rate in the Orient has made various investigators blame nutrition and, perhaps, deficiency in folic acid, consanguinity, racial susceptibility, fetal-maternal histoincompatability and infectious agents as the cause. It is notable that 80% of hydatidiform moles are sex chromatin positive while choriocarcinomas have an even sex distribution.[2]

Diagnosis

The diagnosis of gestational trophoblastic disease can be made by passage of pathognomonic vesicle. It should be suspected in any woman with bleeding in the first half of pregnancy since 89% of patients with hydatid moles have that complaint. One in five patients develops signs and symptoms of pre-eclampsia, rarely advancing to eclampsia. Hyperemesis is seen in 30% of patients with molar pregnancy.[3] Physical examination may reinforce the suspected diagnosis by a uterus large for dates, absence of fetal heart tones or presence of bilateral cystic ovarian masses.

Hyperthyroidism is seen in one of ten hydatid moles and is due to the production of molar thyrotropic cells.[4] Another complication is trophoblastic embolization leading to right heart failure and, occasionally, pulmonary edema. The lesion generally subsides spontaneously within 72 hours and is not associated with a higher incidence of pulmonary metastases.[3]

Use of urinary human chorionic gonadotropin (HCG) excretion may be helpful. Measurements greater than 500,000 International Units (IU) every 24 hours are usual with moles and multiple pregnancies.

The suspected diagnosis may be confirmed by amniocentesis and amniography or ultrasound scan. Without the availability of ultrasound, if amniotic fluid is withdrawn on amniocentesis, the diagnosis of a normal pregnancy is presumed and dye is not injected. If no fluid is obtained, radiopaque dye is

This presentation of a case report of choriocarcinoma includes with a review of the literature and a review of cases of trophoblastic disease in the Tumor Registry of St. Luke's Hospital from 1967 to 1975. A overall cure rate of more than 90% is indicated. The authors are from the Department of Obstetrics and Gynecology, St. Luke's Hospital. This work was supported by the St. Luke's Hospital Foundation for Medical Education and Research.

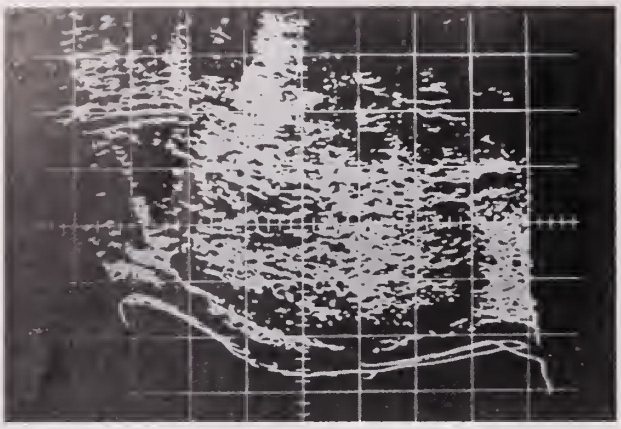


Fig. 1 Longitudinal ultrasound scan showing characteristic Hydatidiform mole.

injected and an X-ray of the pelvis is taken. Dispersion of the dye around the distended hydatid cysts give the typical honeycomb appearance.

On ultrasound, the characteristic multiple intrauterine echoes are present with absence of any fetal parts (Fig. 1).

TREATMENT

Evacuation is performed as soon as the diagnosis is made and the patient is adequately evaluated and prepared for therapeutic intervention. Suction curettage is the preferred method of evacuation. A sharp curettage is performed to complete removal of the molar tissue.

Termination of molar gestation by hysterectomy is another means when future reproductivity is not a consideration. Recently, prostaglandins have been used for evacuation of gestational trophoblastic disease with reported good results.[5]

NONMETASTATIC TROPHOBLASTIC DISEASE (Invasive Mole)

Nonmetastatic trophoblastic disease can seldom be diagnosed without removing the uterus and demonstrating hydropic villi invading the myometrium. The category represents 15% of all gestational trophoblastic disease.

The villi penetrate the uterus and spread into the broad ligament or pelvic cavity. Severe vaginal or intraperitoneal hemorrhages caused by invasion into blood vessels may occur.

Metastasis to the lung and vagina are also possible with an invasive mole, although some investigators believe that any metastasis probably represents metastatic trophoblastic disease.

METASTATIC TROPHOBLASTIC DISEASE (Choriocarcinoma)

Metastatic trophoblastic disease is the term designated to the malignant invasive trophoblast. It follows gestational trophoblastic disease in about 3% of the cases and is highly malignant as it spreads hematogenously.

In decreasing frequency, the organs involved by metastasis are the lung, lower genital tract, brain, liver, kidney and gastrointestinal tract.[6]

Microscopically, all metastatic trophoblastic disease is made up of sheets and masses of malignant trophoblast. Hemorrhage and necrosis are constant characteristics of metastatic trophoblastic disease with absence of villi.

When untreated from diagnosis to death of the patient, the course of the disease usually is less than six months.

Trophoblastic disease following a normal pregnancy is always choriocarcinoma and never a hydatid mole or invasive mole.[2] The clinical manifestation in that circumstance is delayed postpartum bleeding. It is seldom diagnosed prior to the curettage, which may not be diagnostic of trophoblastic disease. Occasionally, a very poorly differentiated choriocarcinoma may lose its ability to produce chorionic gonadotropin.

POSTMOLAR SURVEILLANCE

In the initial examination, the findings at pelvic examination should be well documented and a chest X-ray performed as a baseline. After evacuation, the patient should be placed on an adequate method of birth control (usually oral contraceptives) for a 12-month period. She should have a pelvic examination every two weeks until weekly HCG titers, either urine or serum, are normal for three consecutive weeks. Beta subunit human chorionic gonadotropin levels, a radioimmunoassay procedure, are at present the best means of following moles,[7] and many experts in the field believe that patients should be monitored only at those centers where adequate follow-up can be obtained.

After the patient has had three consecutive normal values, the Beta subunit titer can be performed every month for six months and then every two months for an additional six months.

If there is a significant rise in the titer or it plateaus for a two-week period, further therapy is initiated and a complete evaluation is indicated. Symptoms often seen in patients with active trophoblastic disease are abnormal bleeding and lactation. Evaluation of the patient includes an intravenous pyelogram, liver scan, brain scan, bone scan and chest x-ray in search for any metastatic lesions. Those lesions, if found, should not be biopsied because of possible profuse bleeding. A blood count and renal and liver function test should be performed for a baseline chemotherapy.

Methotrexate or actinomycin D are the two drugs of choice for therapy. The efficacy of those two drugs is similar, but some authors favor actinomycin D due to its less severe side effects. Methotrexate is not recommended in the presence of parenchymal liver disease and when renal function is impaired. The dosages used for invasive moles are actinomycin D–10 to 12 mcg/kg/day for five days (maximum daily dose usually 500 mcg) or methotrexate 14 mg/kg/day for five days (maximum daily dose usually 30 mg).[6]

The cycle can be repeated after a minimum of seven days providing granulocytes of 1,500+/cu mm, platelets greater than 100,000 cu mm, stomatitis and gastrointestinal toxicity have cleared with the liver and renal function tests normal.

Chemotherapy cycles should be continued until three consecutive Beta subunit titers are normal (on the average, this requires from three to four cycles of the single drug treatment) or the titers plateau or start to rise.

If the titers fall to normal, the patient should be managed as in a molar pregnancy with 12 months of contraception from the time of remission and with Beta subunit determinations every month for ix months and then every two months for six months.

With single agent chemotherapy, plateauing or elevation of titers is usually due to metastatic rather han nonmetastatic trophoblastic disease. The reistant focus is usually deep in the myometrium.

If the titer does not fall after two cycles of treatment, the drug therapy should be changed. There s no cross resistance between the two drugs.

If the patient no longer desires reproductive apabilities, she should have a hysterectomy. Prior o surgery, she should have a repeat metastatic valuation.

For a woman who strongly desires to maintain er capability to reproduce, Hammond and Parker ave suggested a bilateral hypogastric artery inusion of methotrexate or actinomycin D with reorted success, when the disease is limited to the terus.[8]

The prognosis for patients with nonmetastatic rophoblastic disease is very good and a cure rate f about 100% should be expected.

METASTATIC TROPHOBLASTIC DISEASE THERAPY

With metastatic trophoblastic disease, the paents are divided into good and poor prognosis ategories. Patients with good prognosis are treated as those with invasive mole; those with poor prognosis need additional treatment.

TABLE 1

COMBINATION CHEMOTHERAPY FOR POOR PROGNOSIS METASTATIC TROPHOBLASTIC DISEASE[6]*

1)	Actinomycin D:	8-10 mcg/kg/day IV (maximum 500 mcg) × 5 days.
	Methotrexate:	0.3 mg/kg/day IV or IM (maximum 15 mg) × 5 days.
	Chlorambucil:	0.2 mg/kg/day PO (maximum 12 mg) × 5 days.
2)	Repeat cycle after minimum gap of nine days if bone marrow and gastrointestinal toxicity recovered.	
3)	Continue cycle until two courses given after first normal HCG value.	
4)	Remission: Three consecutive weekly HCG values normal.	
5)	HCG determination monthly for 12 months, every two months for 6 months then every 6 months.	
6)	Monitor closely for toxicity.	
7)	Pregnancy phophylaxis.	

* Permission for reproducing this table was granted by the author.

To be classified in the poor-prognosis group established by Ross *et al* (1965), one of the following criteria is needed (used with authors' permission).

1. Metastatic disease with urinary HCG excretion greater than 100,000 IU/24 hours.
2. Metastatic disease with duration of the disease greater than four months.
3. Patients with brain or liver metastasis have a poor prognosis regardless of titer or duration of disease.
4. Metastatic disease resistant to single agent chemotherapy.

One means of treating patients with poor prognosis disease is outlined by Hammond *et al* (1973) (Table 1). They modified the use of Li's triple therapy and successfully treated seven of ten patients who had not previously received single agent therapy.[2]

If brain or liver metastasis is present, the addition of whole organ irradiation over a two-week period is instituted while the patient is simultaneously receiving triple agent chemotherapy.[8] Using this combined therapy, a complete remission rate of about 50% can be obtained.

One can rely only on the gonadotropin levels as a basis for improvement, since radiographic lung lesions may persist for months following complete destruction of all viable trophoblastic elements.[2]

Review of trophoblastic disease at St. Luke's

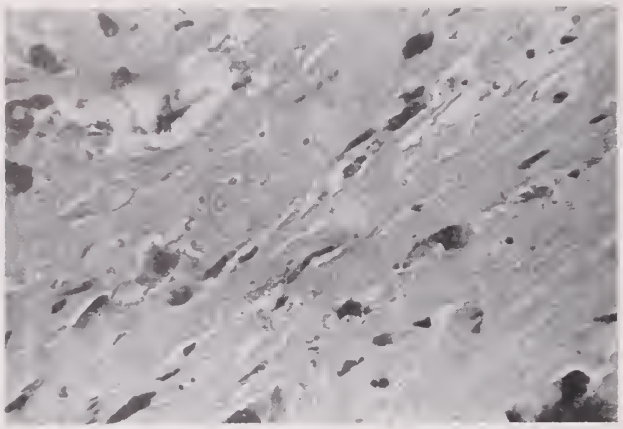


Fig. 2 Curettement consistent with myometrial invasion.

Hospital from 1967 to 1975 revealed an incidence of one in 745 deliveries. The high incidence is due, perhaps, to the fact that several of those patients were referred to St. Luke's Hospital for treatment. Review of these cases revealed 24 cases of hydatidiform mole, two invasive moles and one choriocarcinoma, all with a 100% cure.

Case Report

The patient was a 22-year-old married white woman, gravida 1, para 0 with a last menstrual period (LMP) on June 2, 1974. She presented at St. Luke's Hospital for her first hospitalization on Sept. 27, 1974 with the diagnosis of threatened abortion. At that time, she had uterine bleeding and cramping. Her past medical history, family history and review of systems were negative. Results of physical examination were negative with uterus palpable. The patient was discharged on the third hospital day after cessation of bleeding.

She was readmitted on October 16 with intermittent uterine bleeding and a gestational age by dates of 19 weeks. Physical examination was normal with the uterus at the umbilicus. No fetal heart tones were heard with doptone. Vital signs were normal. Laboratory values were as follows:

Blood type	O Negative
Glucose	130 (N=65-110)
Cholesterol	130 (N=150-300)
Alkaline Phosphagase	60 (N=30-85)
WBC	12,600
Hemoglobin	11.7 HCT—34
Serology	Nonreactive
UA	1.031 sq
blood	small
glucose	negative
protein	2+
WBC	6 to 10
bacteria	few
UCG-qual	positive

On October 17, the patient had an ultrasound scan performed which was consistent with a hydatidiform mole. Suction curettage was performed on October 18. The uterus sounded to 8½ inches. The pathology specimen demonstrated a hydatidiform mole.

She was readmitted on December 5 because of elevated Beta subunit human choronic gonadotropin titer of 16,000 mIu/ml. The uterus was enlarged and tender. A second curettage demonstrated endometrial tissue showing marked atypical trophoblastic proliferation with some myometrial invasion, most likely representing choriocarcinoma (Fig. 2).

Using the prescribed treatment regimen of the Mid-America Trophoblastic Disease Center, the patient was treated with dactinomycin 16 mg IV for five days, this being .12 μg per kg of body weight. Prior to initiation of treatment, results of chest tomograms, liver scan, brain scan and bone scan were normal. Blood studies remained stable and she had no side effects from the therapy.

She received two other courses of actinomycin D, with the only problems being hair loss and the last course delayed because of leukopenia. She has remained symptom-free on Ovulen 21 since her last discharge on Feb. 21, 1975.

Thus, even with choriocarcinoma, the principles of early diagnosis, evacuation, close follow-up with beta subunit radioimmunoassays and the availability of effective chemotherapy has produced an overall cure rate, including malignant trophoblastic disease, of more than 90%.

References

1. Gore, H.: Trophoblastic Disease. Ala. J. Med. Soc. 9:289-298, 1972.
2. DiSaia, P. J., Morrow, C. P. and Townsend, D. E.: Synopsis of Gynecologic Onocology. New York, N. Y., John Wiley & Sons, 1975.
3. ACOG Technical Bulletin: The Management of Molar Pregnancy No. 33, August 1975.
4. Hershman, J. M.: Hyperthyroidism Induced by Trophoblastic Thyrotropin. Mayo Clinic Proc. 47:913-918, 1972.
5. Roberts, G.: Induction of Labor and Abortion by Intravenous Prostaglandins in Pregnancies Complicated by Intrauterine Fetal Death and Hydatidiform Mole. Current Medical Research and Opinion 2:342-350, 1974.
6. Behrman, S. J. and Gosling, J. R.: Fundamentals of Gynecology. New York, N. Y., Oxford Univ. Press, 1966.
7. Goldstein, D. P. *et al:* A Rapid Solid Phase Radioimmunoassay Specific for Human Chorionic Gonadotropin in Gestational Trophoblastic Disease. Obstet. Gynecol. 45 (5):527-530, 1975.
8. Hammond, C. B. *et al:* Treatment of Metastatic Trophoblastic Disease: Good and Poor Prognosis. Am. J. Obstet. Gynecol. 115: 451-457, 1973.

Loxoscelism

(Continued from page 552)

13. Nicholson, J. F. and Nicholson, B. H.: Hemolytic Anemia From Brown Spider Bite, Necrotic Arachnidism. J. Okla. Med. Asso. 55:234-236, June 1962.
14. Denny, W. F., Dillaha, C. J. and Morgan, P. N.: Hemotoxic Effect of Loxosceles Reclusus Venom—In Vitro and In Vitro Studies. J. Lab. and Clin. Med. 64:291-298, August 1964.
15. Minton, S. A. and Olson, C. A.: A Case of Spider Bite With Severe Hemolytic Reaction. Pediatrics 33:283-284, February 1964.
16. Taylor, E. H. and Denny, W. F.: Hemolysis, Renal Failure and Death, Presumed Secondary to Bite of Brown Recluse Spider. South. Med. J. 59:1209-1211, October 1966.
17. Madrigal, G. C., Ercolani, R. L. and Wenzi, J. E.: Toxicity From a Bite of the Brown Spider (Loxosceles Reclusus); Skin Necrosis, Hemolytic Anemia, and Hemoglobinuria in a Nine-Year-Old Child. Clin. Ped. (Phila.) 11:641-644, November 1972.
18. Vorse, H., Seccareccio, P., Woodruff, K. and Humphrey, G. B.: Disseminated Intravascular Coagulopathy Following Fatal Brown Spider Bite (Necrotic Arachnidism). J. Ped. 80:1035-1037, June 1972.

Reprints: Philip C. Anderson, M.D.
Division of Dermatology
University of Missouri
M473 Medical Center
Columbia, Mo. 65201

J. KASHANI, M.D. *and* J. CHAPEL, M.D., *Columbia*

Enuresis: An Updating

A review of the literature revealed that the worldwide prevalence of enuresis appears to be about 15% in children five to 18 years of age. The authors outline the etiology of enuresis and discuss in detail the diagnosis of this condition and its treatment. One of their interesting findings in a study is that a significant number of children seen at the child psychiatry clinic had parents who were depressed. Dr. Kashani is a Special Fellow and Dr. Chapel is Professor and Chief, Section of Child Psychiatry, Department of Child Psychiatry, University of Missouri-Columbia School of Medicine.

ENURESIS is one of the most common complaints of childhood, far exceeding the prevalence of learning disabilities, hyperactivity, mental retardation and other conditions seen in children. Fortunately, the condition is much easier to manage than most problems we see. Unfortunately, however, there appears to be a wide divergence of opinion of all aspects of this condition, including definition, etiology and management. The purpose of this paper, therefore, is to attempt to present a clear and succinct overview of enuresis and to update some aspects of management. Some findings of a recent study from our center are included.

To begin, the definition of enuresis in the literature is not as clear-cut as one might like. Most investigators agree with the definition of enuresis as "the involuntary emission of urine, either occurring during the day (diurnal) or during sleep (nocturnal) or both," but few reports are committed to a more precise definition. Chester Pierce[1] defines enuresis as "bed-wetting or clothes-wetting in persons over the age of three who fail to inhibit the eflex to pass urine when the impulse is felt durng waking hours and those who do not rouse from leep of their own accord when the process is occurring during the sleeping state." Sperling[2] tends o agree with Pierce on the age limit but "fudges" on the frequency: "the condition in which a child continues to wet himself consistently, either during he day and/or at night, after he has passed the age when toilet training should be completed, that is, fter the age of two-and-a-half to three years." Per Edvardsen[3] uses the cut-off age of four while Co-en[4] talks of age five in girls and six in boys. Thus, t is clear that there is little agreement among linicians as to either the frequency of involuntary wetting or age cut-off necessary for the diagnosis f enuresis. Tapia,[5] in a classical study of enuresis, id commit himself to the definition of enuresis as those third graders (eight and nine year olds) who ill wet the bed at least once a month." This defi-ition is simple, observable and lends itself to re-able reporting and comparison between studies. does, however, have an age cut-off which is un-cceptable to a great number of practitioners.

Here, in our own practice, we adhere to the defi-tion of enuresis as "*involuntary wetting occurring ore often than once a month either during the day or night in a child five years of age or older.*" We feel that a definite frequency and age limit are important criteria to be included in any definition if only to make the research more scientific.

EPIDEMIOLOGY

Enuresis is seen throughout the world, sparing no culture. It is more common in institutions serving the emotionally disturbed and the retarded and is reported twice as frequently in boys than in girls. Approximately 80% of enuretics are nocturnal, 15% are both nocturnal and diurnal and the remaining 5% are diurnal.

Epidemiological research into enuresis is difficult for a variety of reasons as previously mentioned, but also because families are reluctant to seek professional help for this condition because of embarrassment, guilt or, even, because they see the condition as normal. Studies vary in their findings: Blomfield and Douglas[6] report the incidence of bed-wetting as 10% in a study of 4,294 English children.

In Israel, Kaffman[7] collated several investigations involving more than 4,000 primary school children and found the prevalence rate to be 16%. In the U. S. A., approximately 10% to 15% of four- to seven-year-old children and 8% to 12% of seven- to 12-year olds are said to be enuretic. Thorne[8] reports that of American draftees in World War II, 2.5% of 18 year olds and 1% of 20 year olds reported bed-wetting. In the adult general population, figures are felt to be around 1%.

Neurophysiological aspect: The bladder capacity of a newborn is 30 ml to 60 ml, and in a 24-hour period, the infant will void 12 to 16 times. As the child grows, the central nervous system pathways also mature and the child gradually develops bladder control, secondary to the maturation of the inhibitory system. A child who develops this inhibition ability is then able to suppress and postpone voiding and eventually gains complete control when awake or asleep.

The average 3-year-old child can postpone urination for a short period of time and will continue to increase his bladder capacity until, at adolescence, the capacity is between 250 ml and 550 ml. Kanner[9] reports the following:

Approximately 10% of all 12-month-old U. S. babies are dry.

Approximately 30% of all 18-month-old U. S. children are dry.

Approximately 65% to 80% of all 24-month-old U. S. children are dry.

At 36 months, the average child is expected to keep his clothes and bed clean.

ETIOLOGY

The causes of enuresis are legion but may be grouped into three main areas: organic, psychologic and developmental.

A. Organic

1. *Genitourinary tract:* Obstructive lesions of the genitourinary tract, particularly the distal part, may result in enuresis. There is a marked variation in the reported incidence of this type of lesion, e.g., 3.7% in pediatric clinics and 97% in some urology settings. It is agreed that obstructive lesions are significantly more common in diurnal enuresis. Forsythe *et al*[10] state that organic causes for enuresis are frequently mentioned in the literature, but they report that when two groups of children totalling 1,360 were examined by intravenous pyelography and micturition cystography, less than 1% were found to have organic pathology. Pierce[1] also reports an association in adolescents between enuresis and the following:

a. Chronic GU complaints such as frequency and urgency.

b. A passive-aggressive or passive-dependent personality.

c. A history of sleepwalking in the patient or his family.

d. A family history of enuresis.

e. Inferior dentition.

Other genitourinary (GU) causes mentioned in association with enuresis are cystitis, vaginitis, paraphymosis and other inflammatory lesions of the urinary tract.

2. *Systemic disease* also may play a role, e.g., diabetes mellitus and diabetes insipidus, sickle cel anemia and allergies to foods such as cola, eggs, citrus fruits, juices and chocolates.

3. *Central nervous system (CNS)*—Disorders of the lumbosarcal area (such as spina bifida and myelomeningocoele) and severe mental retardation frequently are associated with bed-wetting. No significant difference is noted in the frequency of bedwetting between children of normal and higher intelligence.

Turton and Spear's[11] study of the electroencephalograms (EEGs) of 100 enuretic children who did not respond to treatment showed that 26% of the tracings were unequivocally normal and 50% were markedly abnormal. Of the marked abnormal, 14% were to such a degree that they could be interpreted as "pathognomonic of epilepsy."

To them, these results suggested a "physical basis" for the enuresis in a considerable proportion of severe enuretics who do not respond to simple measures. They regarded the concept of immaturity of the brain as an attractive explanation for this "physical basis."

Eysenck[12] believes persistent enuresis is due to a failure to learn to control the bladder. This failure could be due to lack of proper training or to lack of motivation. His theory is supported by the successful use of waking devices, by the success of bladder training and by the successful application of token reinforcement for children. Moreover, he states that the spontaneous cure of enuresis at puberty is motivated by heterosexual interest.

PSYCHOLOGICAL CAUSES

Commonly, an acute anxiety-provoking stress will precipitate enuresis in a previously completely trained child or adult. This stress, such as in the loss of a parent, separation from home as in hospitalization, birth of a sibling and school difficulties, may result in enuresis which may persist until the stress is resolved. In adults, an abrupt change of life-style, such as induction into the army, may cause enuresis. In both children and adults, however, a precarious or incomplete control of bladder is more likely to relapse under stress than well-established bladder control. Such regressions in training make up approximately 10% of the enuretic population (Silberstein and Blackman).[13]

It is widely believed that enuretics are more likely to have a learning disability, fecal soiling, temper tantrums, speech disorders, nail biting, thumb sucking, stealing or behavior problems of a neurotic or antisocial type than the general population, but there is no evidence that these are secondary to the enuresis itself. In fact, Tapia's[5] report suggests the contrary. His findings suggested that "enuresis is but an ubiquitous happenstance, the frequency of its appearance being more related to age cut-off point and other statistical mechanics than to adjustment, other emotional symptoms or future prospects of mental ill-health."

Bregar[14] described four factors that can lead to bed-wetting, as follows:

1. Inadequate training because of cultural attitudes.
2. Parents who are oversolicitous and infantilize the child.
3. The failure of parents to emphasize the unacceptability of enuresis.
4. Starting training too early or being punitive during toilet training.

DEVELOPMENTAL DELAY

The term "essential enuresis" refers to bed-wetting without physical abnormality which continues from infancy and is subject to spontaneous cure around puberty. The majority of present-day clinicians feel that essential enuresis is due to a maturational delay of those centers of the central nervous system which control micturition and it is agreed that the majority of enuretics have bed-wetting on this basis. In fact, there is fairly good evidence that a significant number of essential enuretics have a familial history of such. Seventy percent to 75% of such children proved to have a family history of enuresis (Cohen).[4] Dorfmüller[15] found ereditary disposition and delayed maturation of nicturition function in 75.53% of male enuretics and 8.14% of female enuretics.

Sacks[16] noted that a large number of children vith essential enuresis had a family background of ndogenous depression. A study by Mendlewicz nd Klotz[17] supports Sack's findings: they found hat enuresis was the most frequent childhood disurbance among the offsprings of their depressed atients.

Urodynamic studies by Arnold and Whiteside[18] ave shown nocturnal enuresis to be associated priarily with normal detrusor function, while comined nocturnal and diurnal enuresis is more often ssociated with abnormal detrusor function.

IAGNOSIS

The evaluation of enuresis should include a history, physical examination and selected laboratory tests as follows:

1. *History*
   1. Is it primary (since birth) or secondary (previously trained)?
   2. Is it diurnal, nocturnal or both?
   3. Is there systemic disease (diabetes, etc.)?
   4. Are there other physical conditions, e.g. epilepsy?
   5. What is frequency of wetting?
   6. What is frequency of voiding?
   7. Is there a familial history of bed-wetting?
   8. Is there associated fecal soiling?
   9. Are there learning problems present?
   10. Any unusual stresses presently operating?
   11. Is the child intellectually limited, hyperactive or psychotic?

2. *Physical Examination*

Increased blood pressure may be an indication of renal pathology. In the abdominal examination, note any masses such as an enlarged bladder or obstipated colon. In examination of the external genitalia, attention should be given to undescended testes, underdeveloped scrotum, epispadias, phimosis and deformity of the urethral meatus in the female. The most common finding is meatal stenosis. However, treatment of the stenosis may not relieve enuresis. The urine stream also should be checked. Abnormalities of the spinal vertebrae may be revealed by physical examination of the sacral areas and the pelvis. Bulbocavernous and patellar reflexes should be checked as should the tonicity of the anal sphincter in a rectal examination.

3. *Laboratory Examination*

Urinalysis: Proteinuria (renal), glycosuria and acetonuria (diabetes), decreased specific gravity (diabetes insipidus or psychogenic water drinking), hematuria (cystitis, urethritis or renal pathology) are all looked for. A fresh urine examination will reveal infection when present and a urine culture then becomes necessary. In girls, if one suspects an infection, a catheter specimen is indicated. Stool should be examined for pinworms. Radiological studies may be indicated, but an IVP is not recommended in children with essential enuresis except when there is pyuria with an abnormal urinary stream or when a palpable abdominal mass is present or in children with daytime wetting. As a general rule, radiographic examinations should be used only if the enuresis fails to respond to treatment.

TREATMENT

Treatment naturally depends on the etiology:

1. Organic causes, such as obstruction or anatomical defects, will suggest appropriate remediations, but cure rates of enuresis will vary. In fact, Campbell[19] states that obstructive lesions are infrequently found in children and, even when these lesions are corrected, the bed-wetting may not necessarily stop.

2. Enuresis in a psychotic or emotionally disturbed child will often respond to psychiatric intervention.

3. When organicity can be ruled out and the physician is satisfied that the bed-wetting is "essential" (or "primary"), then, any or all of the following are indicated:

a. Psychological intervention
b. Drug therapy
c. Use of conditioning devices

A. *Psychological Intervention*

Apart from encouraging the parents to sustain a high degree of involvement and optimism, an effective method of encouraging the child to become trained is to institute a reward system for periods of continence. The reward should be immediate (such as a star) as well as delayed, i.e., the child may earn desired rewards whenever he has earned a certain predetermined number of stars. The reward should be based on the child's own verbalized preferences and not on what the parent thinks he might like.

The rewards can be made progressively more appealing and naturally command a greater effort or larger number of stars for purchase. It is important to remember that the ultimate goal of the program is for the child to learn to control his bladder and that the best way to accomplish this training is to encourage continence by rewarding increasingly longer periods of continence until eventually there is total control.

This conservative approach, modelled on the learning theory, has proved to be effective in approximately one third of enuretic patients, a rate 14%-16% higher than spontaneous cure. It is a well-known fact that this approach, which focuses attention on the child's problems, has often resulted in an early spontaneous cure. Of course, it is important to give the child a feeling that any improvement realized is a result of his own initiative and determination and that he is, in fact, able to help himself. This gives him the motivation to persist in his efforts at control.

B. *Drug Treatment*

The tricyclic, antidepressant imipramine is widely used in the treatment of enuretic children. There is usually a two-week lapse before the medication becomes effective. Therefore, it is important to tell the parents not to expect immediate results. We recommend an initial dosage of 25 mg to be given approximately one hour before bedtime. If there is no change at the end of two weeks, the dose may be raised to a maximum of 50 mg. Fortunately, serious side effects are rare with imipramine and these are more uncommon when the dosage does not exceed 3 mg/Kg of body weight per day and the patient is an otherwise well child. Approximately 10% to 20% of the children may develop irritability, sleep disturbances or mild gastrointestinal symptoms such as constipation or loss of appetite. Decreasing the dosage or discontinuing use of the medication will usually reduce side effects. It is suggested that the medication be given for eight to ten weeks and then gradually withdrawn over the next eight weeks. This can be done by giving the medication every other night and, then, every third night, finally discontinuing it over a period of six to eight weeks. Gradually discontinuing the medication lessens the chance of a relapse. After prolonged treatment with tricyclic anti-depressants, abrupt cessation may lead to malaise, nausea and headaches. The "cure" rate appears to be around 50%-60%.

Caution! Imipramine is toxic and should be kept out of reach of young children.

C. *Waking Device*

If supportive therapy or pharmacological treatment is not effective, a third and often successful treatment for enuresis may be tried. This is a waking device often referred to as "bell and pad." This machine consists of a cloth-covered grid connected to a buzzer or bell which is activated when urine touches the pad. It is a relatively inexpensive and safe apparatus. Werry[20] reports success in 75% of 1,000 subjects while more recent reports go as high as 90% "cure." In especially resistant cases, a combination of the bell-pad and imipramine may be successful. With the "bell and pad," the relapse rate is high (35% to 79%) in the first six to 12 months. By giving a second course, however, permanent cure is often achieved. It is evident that this mode of treatment requires close cooperation between the child, the parents and the physician. It is most successful if the physician or nurse prepares the child and the family for the extra effort needed. A check with the child and the parents on a regular basis is also very helpful.

D. *Other Treatments*

These include bladder training and other drugs, e.g., belladonna, ergot and testosterone. Opinions differ regarding bladder training. Bladder-training approach is based on the fact that many enuretic children have a decreased functional bladder capacity. In this approach, the child is encouraged to hold his urine once a day for as long as possible and this daily exercise is continued for a six-month period. This exercise allows the child to gradually increase his bladder capacity and bed-wetting becomes less of a problem for some. Positive reinforcement and a calendar to record dry and wet nights is recommended. The results obtained with drugs other than imipramine suggest that none is as effective as this tricyclic.

UNIVERSITY OF MISSOURI MEDICAL CENTER STUDY

In our study of 436 children of ages five to 19 years who were evaluated in a pediatric outclinic, the incidence of enuresis was found to be 14.6% (N = 64).

In a similar study of children seen in a child psychiatric facility, the incidence could not be accurately determined simply because the question of bed-wetting apparently was not part of the routine history. In fact, this dysfunction was not recorded unless the information was voluntarily offered by the parents. (It was never voluntarily revealed by the child.) Of interest, however, was the fact that of the 33 children identified as enuretic (ages five to 18), five had a history of parental depression severe enough to have required hospitalization. Two others had a parent described as "depressed and emotionally unstable." When compared to a control group of nonenuretic children seen at the same psychiatric clinic for similar emotional problems and matched for sex, race, age and intelligence, the significant finding was that there was *no* parental history of hospitalization for depression. In a second control group, this time drawn from the pediatric outclinic, the same finding of no severe depression in the parents was noted.

Our study suggests the interesting possibility of a significant association between depression in parents and enuresis in their children, but we must be cautious in our interpretation of the findings at this early stage of the study.

SUMMARY

Enuretics are treated by physicians of a variety of disciplines, few of whom agree precisely on the definition or treatment of enuresis. Thus, their reports reflect these differences. In this report, a variety of definitions, most of them ambiguous, are reported, but the authors propose that a universally acceptable definition be formulated in order to bring consistency and scientific soundness to future studies of enuresis. They propose their own definition as the beginning of a sound definition. They also suggest that enuresis has a number of causes but is a common symptom in children, more often due to an immaturity of the CNS reflex arc, which responds well to either reward, imipramine, bell-pad device of a combination of any of these.

The authors mention that their own study of enuresis suggests some association between parental depression and enuresis in the children.

REFERENCES

1. Pierce, C. M.: Enuresis and Encopresis. In Comprehensive Textbook of Psychiatry. Freedman, Kaplan and Sadock. Edit. 2:2116-2122, 1975.
2. Sperling, M.: Dynamic Considerations and Treatmnt of Enuresis. J. Am. Acad. Child Psych. 4:19-31, 1965.
3. Edvardsen, P.: Neurophysiological Aspects of Enuresis. Acta Neurol. Scand. 48:222-230, 1972.
4. Cohen, M. W.: Enuresis. Symposium on Behavioral Pediatric. Pediatric Clinics of North Am. 22(3):545-560. Aug. 1975.
5. Tapia, F.: Enuresis: An Emotional Symptom? J. Nerv. Ment. Dis. 130 (1)61-66, Jan. 1960.
6. Blomfield, J. M. and Douglas, J. W. B.: Bedwetting: Prevalence Among Children Aged Four to Seven Years. Lancet 270:280-282, 1965.
7. Kaffman, M.: Toilet Training by Multiple Caretaker: Enuresis Among Kibbiutz Children. Isra Ann. Psych. 19(14):341-365, Dec. 1972.
8. Thorne, F. C.: Incidence of Nocturnal Enuresis After Age 5. Am. J. Psychiatry 100:686, 1944.
9. Kanner, Leo: The Urinary System. Enuresis. In Child Psychiatry, Edition III, p. 439, 1966.
10. Forsythe, W. I. and Redmond, A.: Enuresis and Spontaneous Cure Rate. Study of 1129 Enuretics. Arch. Dis. Child, 49:259-263, April, 1974.
11. Turton, E. C. and Spear, A. B.: EEG Findings in 100 Cases of Severe Enuresis. Arch. Dis. in Childhood. 28:316, 1953.
12. Eysenck, H.: The Dynamics of Anxiety and Hysteria. London, Routledge and Kegan Paul, 1957.
13. Silberstein, R. M. and Blackman, S.: Differential Diagnosis and Treatment of Enuresis. Am. J. Psychiatry 121:1204-1206, 1965.
14. Bregar, E.: Etiological Factors in Enuresis: A Psychobiological Approach. J. Am. Acad. Child Psych. 2:667-676, 1963.
15. Dorfmüller, M.: Zur Frage der Hereditaren Disposition. Med. Klin. 69:637-641, 1974.
16. Sacks, P. V.: Childhood Enuresis/Adult Depression. In Letters to the Editor. Lancet 1:508, March, 1974.
17. Mendlewicz, J. and Klotz, J.: Primary Enuresis and Affective Illness. In Letters to the Editor. Lancet 1:733, April 20, 1974.
18. Arnold, E. P. and Whiteside, C. G.: Understanding and Managing Enuresis in Children. Post Grad. Med. 58(6):73-82, Nov., 1975.
19. Campbell, W. A., Weissman, M. *et al:* Bender Gestalt Test and the Urodynamics of Enuresis. J. Urol. 104:934, 1970.
20. Werry, J. A.: The Conditioning Treatment of Enuresis. Am. J. Psychiatry 123:226-1966.

CORRECTION

In the June, 1977 issue of MISSOURI MEDICINE on page 260, **References #3 and #4** cited for the scientific article on "Carcinoma of the Vulva" by Darrell E. Zeller, M.D. and Robert L. Newman, M.D. are from *Obstetrics and Gynecology* instead of *The Journal of Obstetrics and Gynecology* as published.

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

• Serving MSMA Since 1943 •

President's Message

MEDICAID

In 1968, the Medicaid program became effective in Missouri. At that time, the state agreed to provide reasonable reimbursement to physicians for the care of welfare recipients. This has not proven to be true. From 1971 to 1976, the Consumer Price Index increased more than 40%. During the same period, the percentage of Medicaid funds paid to physicians dropped from 19.4% to 15%. The present fee often fails to cover the overhead expense of many procedures. It seems apparent that physicians who participate are subsidizing the Medicaid program. This is why more and more physicians are refusing to take part in this program. It is unfortunate that indigent patients may suffer because of insufficient funds to provide adequate medical care. At our annual session in April, the MSMA House of Delegates approved Resolution #14, which states that the MSMA develops contingency plans for care of the poor in the event of failure of the Medicaid program. The physicians of Missouri will care for indigent patients regardless of Medicaid funds.

It is of interest that Missouri ranks 50th among states in Medicaid spending. The Medicaid outlay per patient per month amounts to $60. In Alaska, the outlay is $397; in Oklahoma, $217 per patient; and in Mississippi, $62 per patient. Our legislators need to be informed that Medicaid in Missouri has failed. Do this through your key person committees.

Howard J. McAlhany, M.D.

Prior to 1977, the budget for Medicaid payments to physicians was approximately $20 million. The present administration requested a $2 million decrease on the assumption that there would be 10,000 fewer recipients. This session of the General Assembly agreed to a $2 million increase. This would increase the Medicaid budget for physician payments to approximately $23 million. Also, for the first time, these funds are on a "line item" in the budget. This means that these appropriations can be used *only* to pay physicians services and *not* be placed in the general revenue fund of the Division of Family Services. This is the first time that fees for physicians services have enjoyed a line item in the Medicaid budget.

The physicians of Missouri will continue to care for indigent patients regardless of available funds. This is our commitment. I believe physicians in Missouri will provide health care for all indivdiuals regardless of their financial status. However, physicians are entitled to their share of funds allocated under the Medicaid program.

FOUNDED 1924
WOMAN'S AUXILIARY TO THE MISSOURI STATE MEDICAL ASSN.

Woman's Auxiliary

A writer for the *American Medical News* called the Auxiliary an "untapped potential" while interviewing Mrs. Chester Young, President of the AMA Auxiliary last spring. He felt that 80,000 people (members) could accomplish great things.

Is this potential untapped or is it unrecognized?

Mrs. W. Jack Stelmach
President

In her inaugural address at the National Convention, Mrs. Young said that she feels the medical society auxiliaries should become more visible. She meant visible to the community, but maybe we also need to become more visible to the medical societies. We know that we are recognized and appreciated at the state level, but we wonder how many county medical societies realize what the auxiliaries can do and are doing for the medical profession.

With many needs now being filled by paid professionals, the volunteer is still needed in many, many areas and the Auxiliary members can fill this role all over the country. We couldn't possibly afford all of the programs we now have if volunteers were paid. Consequently, many health concerns would definitely suffer.

Here in Missouri, we have worked as an Auxiliary to place Heimlich posters in restaurants, to form Meals-on-Wheels groups, to train baby-sitters, to educate women on breast cancer and to work with disturbed youths, among other projects Our influence also touches many areas through our Auxiliary members who serve on boards and as volunteers in other health agencies, such as the Heart Association, Cancer Society, Mental Health Association and the hospital auxiliaries.

When either the county medical society auxiliary or the MSMA Auxiliary undertakes projects, the community needs to be told.

Untapped? No. Unsung.

In regard to MSMA Auxiliary members, we point with pride to our large representation on the national level. Mrs. William M. Walker, Greene County, is North Central Regional Vice-President. Mrs. William R. McPhee, Clay County, is North Central Regional AMA-ERF Chairman. Mrs. George P. Wilson, Boone County, is Project Bank Area Counselor for the North Central Region. Mrs. Richard Sutter, St. Louis County, is an Associate Editor of *Facets,* the AMA Auxiliary publication.

These creative and hard-working women deserve our applause.

New Members

Arthur Philip DePauw, M.D., University of Missouri Medical Center, 807 Stadium Rd., Columbia 65201, has become a member of Boone County Medical Society. Dr. DePauw is a native of Aurora, Ill., received his preliminary education at Loyola University and his M.D. degree at the University of Chicago in 1972. He specializes in urology.

James Terry Frakes, M.D., University of Missouri Medical Center, 807 Stadium Rd., Columbia 65201, has become a member of Boone County Medical Society. Dr. Frakes is a native of Burlington, Ia., received his preliminary education at the University of Illinois and his M.D. degree at the University of Illinois in 1976. He specializes in internal medicine.

Lamont Waite Gaston, M.D., M 644 University of Missouri Medical Center, 807 Stadium Rd., Columbia 65201, has become a member of Boone County Medical Society. Dr. Gaston is a native of Sterling, Kan., received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1953. He specializes in clinical pathology.

Barry M. Kutzen, M.D., University of Missouri Medical Center, 807 Stadium Rd., Columbia 65201, has become a member of Boone County Medical Society. Dr. Kutzen is a native of New York, N. Y., received his preliminary education at Rensselaer Polytechnic Institute and his M.D. degree at Albany Medical College in 1967. He specializes in radiology.

Fang Tse Lu, M.D., 12858 Somerton Ridge Dr., St. Louis 63141, has become a member of St. Louis Medical Society. Dr. Lu is a native of China, received his preliminary education at Kyushu University in Japan, and his M.D. degree at Kyushu University in 1968. He specializes in anesthesiology.

James Douglas Maltby, M.D., N 207 Medical Sciences Bldg., University of Missouri, Columbia 65201, has become a member of Boone County Medical Society. Dr. Maltby is a native of Long Beach, Calif., received his preliminary education at Stanford University and his M.D. degree at Stanford University in 1953. He specializes in radiology.

Lawrence Henry Mason, M.D., 1600 E. North St., Rt. 1, Box 495, Eldon 65026, has become a member of Miller County Medical Society. Dr. Mason is a native of Makinak, Manitoba, Canada, received his preliminary education at the University of Manitoba and his M.D. degree at University of Manitoba in 1946. He specializes in general practice.

John Marshall Mezoff, M.D., University of Missouri Medical Center, Columbia 65201, has become a member of Boone County Medical Society. Dr. Mezoff is a native of Bay City, Mich., received his preliminary education at the University of Michigan and his M.D. degree at the University of Michigan in 1970. He specializes in ophthalmology.

In Memoriam

Robert W. Kelley, M.D., 1034 South Brentwood Blvd., St. Louis 63117, a graduate of Washington University, 1932; member of St. Louis Medical Society; age 65; died June 26, 1977.

Jesse J. Farnsworth, M.D., 540 Penn Park Medical Center, Kansas City 64108, a graduate of University of Kansas, 1930; member of Jackson County Medical Society; age 73; died June 30, 1977.

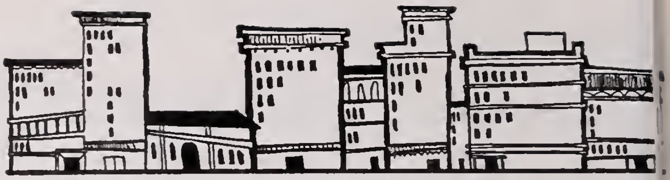
James Q. Chambers, Jr., M.D., 415 Plaza Parkway Bldg., Kansas City 64112, a graduate of the University of Pennsylvania, 1932; member of Jackson County Medical Society; age 70; died July 7, 1977.

George V. Herrman, M.D., Star Rt. #1, Box 103B Sunrise Beach 65079, a graduate of the University of Kansas, 1933; member of Jackson County Medical Society; age 73; died July 19, 1977.

A. D. Carr, M.D., 6383 Ellenwood, St. Louis 63105, a graduate of Washington University, 1921; member of St. Louis Medical Society; age 82; died Aug. 1, 1977.

Edgar W. Davis, M.D., 777 South New Ballas Rd., St. Louis 63141, a graduate of Washington University 1944; member of St. Louis County Medical Society; age 68; died Aug. 28, 1977.

From the Medical Schools



UNIVERSITY OF MISSOURI-COLUMBIA

J. Donald Easton, M.D., has been appointed professor and chairman of the Department of Neurology. A graduate of the University of Washington School of Medicine and trained in neurology at the New York Hospital-Cornell Medical Center, Dr. Easton was previously chief of the Division of Neurology at Southern Illinois University School of Medicine.

David G. Sherman, M.D., who also was at SIU, has been appointed associate professor of neurology. Drs. Easton and Sherman join *J. A. Byer*, M.D.; *J. D. Dexter*, M.D.; and *J. Pickens*, M.D.

Dr. Alfred S. Llorens, a gynecologic cancer specialist, has joined the faculty in the Department of Obstetrics and Gynecology. He is the only gynecologic cancer specialist now practicing in Central Missouri who is certified by the American Board of Obstetrics and Gynecology, according to *Dr. David G. Hall*, department chairman.

Dr. Llorens graduated from the University of Virginia Medical School in 1956 and took his residency training at Grady Memorial Hospital in Atlanta. He received special training in the field of gynecologic cancer at Roswell Memorial Institute in Buffalo, N. Y. This year, he retired at the rank of colonel after 20 years in the U. S. Army. He had served as chief of the gynecology service at Fitzsimons Army Medical Center in Denver.

Elwood D. Everett, M.D., professor of medicine, will head the Infectious Diseases Section in that department. A 1963 graduate of the University of Oklahoma School of Medicine, he has spent 14 years in Army service and most recently served as chief of the Infectious Disease Service at Brooke Army Medical Center, Ft. Sam Houston, Tex.

The Clinical Research Center has received a federal grant of $1.77 million to support its research activities through December, 1981. *Dr. Richard L. Eddy*, an endocrinologist, is director of the unit.

Since the Clinical Research Center was opened in 1966, Medical Center physician-scientists have conducted 135 different studies with patients from all over the state of Missouri. Among the 35 investigations under way currently, one deals with a study of the causes of hypertension in adults. Another study is concerned with the effects of peritoneal dialysis for kidney disease patients.

Other studies now being conducted are the fectiveness of treatment for Crohn's Disease, studi of the possible dangers of radiation in treati children with leukemia, causes of hyperactivi in children and a classification of rheumatologic disorders.

UNIVERSITY OF MISSOURI-KANSAS CITY

On July 11, the University received formal no fication of the recommendations of the Liais Committee on Medical Education as a result of th Site Visit during April 12-15.

The first recommendation of the Liaison Con mittee is that the School of Medicine at the Un versity of Missouri-Kansas City be removed fro "Probation" and be awarded full accreditation f a period of three years. The second recommend tion of the Liaison Committee is that the Year class enrollment increase in the fall of this yea from 72 to 80 students. The third recommendatio is that an increase to 90 students in Year 1 be pe mitted on the next subsequent admission of stu dents following a report from the School that ther is an adequate resource of faculty and financing.

The School of Medicine can continue to admi students to Year 3 as there may be attrition be tween Year 1 and Year 3 to bring any class to th number of students who entered at Year 1.

These actions of the Liaison Committee are referred to the two bodies whose members form the Liaison Committee. They are the Council on Medical Education of the American Medical Association and the Council of the Association of American Medical Colleges. These two Councils have scheduled their next meetings in September. After the two meetings, the School will receive further official notice.

Charles Ellenbogen, M.D., will join the faculty this month as docent and chief of the Section o Infectious Diseases at the Truman Medical Center A 1964 graduate of the University of Chicago Medical School, Dr. Ellenbogen completed his residency in internal medicine at the Wilford Hall USA Medical Center at Lackland AFB, Tex. in 1968 an was chief resident in 1967-1968. He completed hi Fellowship in Infectious Disease at Wilford i 1970. He has recently finished a tour of duty as

Lieutenant-Colonel with the USAF where he held the title of chief, Infectious Disease Service and clinical assistant professor of medicine at the University of Texas Medical School in San Antonio.

James Cummings, M.D., has joined the faculty as a docent and assistant professor. Dr. Cummings graduated from Loyola University Stritch School of Medicine in Chicago in 1968 with a M.D. degree and an M.S. degree in microbiology. He completed his residency at Cook County Hospital in Internal Medicine in 1974. He then completed a Fellowship in cardiology at the University of Illinois Hospital in Chicago in 1977.

Jean Otrakji, M.D., has joined the School of Medicine as a docent and assistant professor. Dr. Otrakji received his M.D. degree from the Damascus University in Syria in 1972. He served a rotating internship and residency in internal medicine in New York from 1972 to 1975 and recently completed a Fellowship in nephrology under Bernard D. Nidus, M.D. at the New York Veterans Administration Hospital of the New York University.

Erich W. Pollak, M.D., who has joined the faculty as an associate professor and attending surgeon, is from the University of California-Davis where he was assistant professor of surgery and director of the Vascular Surgery Clinic. He is a Dipomate of the American Board of Surgery.

SAINT LOUIS UNIVERSITY

Jack Zuckner, M.D., clinical professor of inernal medicine and director of the Division of Rheumatology, School of Medicine, and director of he Arthritis Center, St. Louis University Hospitals, headed the University delegation attending the XIV International Congress of Rheumatology held n San Francisco and delivered a paper entitled Sodium Meclofenamate (vs. Placebo) in the Treatment of Rheumatoid Arthritis."

Additional research papers presented by memers of the Division of Rheumatology included Lack of Correlation Between Monosodium Urate MSU) Crystals and Degree of Inflammation in Gouty Arthritis," *Terry Weiss,* M.D., fellow in the Division of Rheumatology; "Immunoproteins in ynovium of Patients with Reiter's Syndrome," *Anrew Baldassare,* M.D., assistant clinical professor f internal medicine; "Therapeutic Trial of Colchine in Progressive Systematic Sclerosis," *Terry Moore,* M.D., assistant professor of internal medine; and "Paired Samples of Plasma and Synovial luid as Solvents for Crystalline Monosodium rate," *Robert Dorner,* Ph.D., assistant professor of internal medicine and associate professor of biochemistry.

Two grants totalling more than $335,000 have been awarded to the St. Louis University Medical Center to develop cancer research and education programs. *Eli M. Nadel,* M.D., assistant vice-president for Medical Center Research, is program director for both projects.

Respiratory distress syndrome, the leading cause of new-born infantile death among developed nations of the world, will be the subject of an intensive year of investigative research by *William J. Longmore,* Ph.D., professor of biochemistry. Under a research grant awarded to him by the Fogarty International Center, National Institutes of Health, Dr. Longmore will share a joint research laboratory with *Dr. L. G. M. van Golde,* Department of Biochemistry, State University Utrecht in The Netherlands.

C. Arden Miller, M.D., past-president of the American Public Health Association, and professor of pediatrics and maternal and child health, University of North Carolina at Chapel Hill, was the recipient of the Robert H. Felix Distinguished Service Award at ceremonies sponsored by the Department of Community Medicine.

Fifty noted scientists from major universities in Japan, Canada, Germany and the United States attended the Fourth Annual Meeting on Molecular Biology of Photosynthetic Microorganisms held at St. Louis University Medical Center. The meeting was organized by *Barry L. Marrs,* Ph.D., associate professor of biochemistry.

WASHINGTON UNIVERSITY

E. James Anthony, M.D., Blanche F. Ittleson Professor and director of the Division of Child Psychiatry, has been appointed chairman and coordinator of the Mental Health and the Family Task Panel by the Presidents Commission on Mental Health. The Task Panel will be concerned with long-term mental health programs for the country.

Phillip Needleman, Ph.D., professor and chairman of the Department of Pharmacology, has been awarded a William N. Creasy Visiting Professorship of Clinical Pharmacology.

Dr. Needleman is one of seven pharmacology professors in the country to be chosen by the Burroughs Wellcome Pharmaceutical Company. He will spend a week teaching at the Ohio State University College of Medicine and deliver a William N. Creasy Memorial Lecture. Creasy was the president of Burroughs Wellcome for 23 years.

A Cancer Information Center has opened in the

INDEX TO ADVERTISERS

They Help Make Missouri Medicine *Possible*

Bio-Science Laboratories 535
Burroughs Wellcome Co. Insert (552-553)
Fred S. James & Co. of Missouri, Inc. 562
Eli Lilly and Company 548
Medical Protective Company 568
Midway Motor Lodge 539
Munns Medical Supply 538
Pennwalt Insert (536-537)
Roche Laboratories 534, 571, 57
Roerig & Company 544, Insert (544-545), Insert (552-553
A. H. Robins Insert (544-545
Smith Kline & French Insert (552-553)
St. Louis Surgical Society 54
The Upjohn Company Insert (536-537)
Warner-Chilcott 542 & 543, Insert (544-545)

(Continued from page 567)

Washington University Medical Center to provide the latest information on diagnosis, treatment and prevention of malignant disease. Referrals and sources of aid also will be provided to cancer patients and their families.

Sponsored by the Division of Radiation Oncology, the Center will serve the needs of the general public and medical professionals. Pamphlets and videotapes will be available to the public. A librarian-attendant will direct visitors to the appropriate information and refer them to outside sources if they seek specialized materials or counseling in social, psychological, economic or vocational areas.

The Center plans to offer more services in the future including displays by the American Cancer Society and instruction on breast self-examination. Plans also are underway to establish a chapter of "Make Today Count," a lecture-discussion series for terminally ill patients.

Barnes Hospital volunteers and radiation oncology personnel will staff the Center under the direction of *Mary Jo Tillman,* communication associate for the division, and *Carlos Perez,* M.D., director.

★

Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Bargmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

NESTHESIOLOGIST—M.D., Missouri license, needed to
ead department in 132-bed JCAH-approved, medical-sur-
ical hospital located in metropolitan area. No maternity or
ediatrics. Write to Box 428, Missouri State Medical Associa-
on, 113 Madison, Jefferson City, Mo. 65101.

HYSICIAN WANTED—MEDICAL DIRECTOR for 220-
ed nursing home. Ideal for physician considering semi-re-
rement in a small business and farming community. On
70 approximately 60 miles from Kansas City. Salary ne-
tiable. College town. Write to Paul Brackman, Adminis-
ator, Lutheran Good Shepherd Home, Concordia, Mo.
020.

LDER PHYSICIANS—Looking for a few older physicians
ho want to work at a slower pace. Psychiatric hospital,
novative Federal Programs; imaginative and congenial pro-
ssional personnel. 40-hour week, fringe benefits, salary
nge $31,457-$38,302 plus O.D. Contact Jay F. Tuttle,
.D., Superintendent, Farmington State Hospital, Farming-
n, Mo. 63640.

T. JOSEPH HOSPITAL, ST. CHARLES, Mo.—Has posi-
ons available for full- and part-time Emergency Department
ysicians to complete staff. Very competitive salary, vaca-
n and insurance. Excellent Emergency Room personnel
d back-up medical staff. Only hospital in county. Te-
metry. 36,000 visits yearly. Contact: Gerald J. Duling,
.D., Medical Director, St. Joseph Hospital, St. Charles,
issouri 63301.

TERNIST & FAMILY PRACTITIONER—To join 11-
an multi-specialty group; city of 20,000 with a population
aw of 60,000. Incorporated, offering excellent salary, fringe
nefits and retirement plan. Liberal vacation and study
licy. Opportunity to pursue special interest in this prac-
e setting. Clinic presently expanding facilities and is in
ximity of Hannibal's two accredited hospitals. Mark
vain's home town is an ideal place to raise a family. Call
write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or
le J. Anderson, Administrator, at (314) 221-5250, The
nnibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri
401.

UNIVERSITY OF MISSOURI-COLUMBIA MEDICAL CENTER—Cardiovascular Technical Supervisor (Instructor in Medicine) University of Missouri-Columbia Medical Center [Department of Medicine, Division of Cardiology] seeks a Cardiovascular Technical Supervisor of the cardiac catheterization laboratory and graphics area. This key position has both major supervisory and teaching roles in a newly equipped cardiac catheterization laboratory with additional responsibilities in the area of non-invasive graphics. This newly created position as Instructor in Medicine has emphasis on teaching (of physicians, nursing and technical staff), research, administration and future development of these areas. Applicants need to have wide previous experience in a cardiac catheterization laboratory, a degree in a basic or boliogical science and a strong technical knowledge of hemodynamic and radiological equipment in these areas. An interest or knowledge in computer science is desirable although not essential. Salary is negotiable dependent upon applicant's experience. Interested applicants send C.V. to Dr. N. P. Madigan, Director, Cardiovascular Laboratories, University of Missouri-Columbia, C7 Medical Center, Columbia, Missouri 65201.

PRIMARY CARE PHYSICIANS—Who are seeking new group practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

INTERNIST—Busy internal medicine practice in Independence, Missouri. Exceptional opportunity for financial growth. Immediate full participation in group profits in proportion to contribution to practice income. Office adjacent to Independence Medical Center. If interested, please contact Suite 107, 17221 E. 23rd Street, Independence, Mo. 64057. Phone: (816) 373-1122.

PHYSICIAN TO ASSIST AT SURGERY—500-bed JCAH accredited hospital. Missouri license required. Attractive salary and fringe benefits, including malpractice insurance. Contact Department of Medical Education, Lutheran Medical Center, 2639 Miami St., St. Louis, Missouri 63118 (314) 772-1456, Station 320.

ABFP PHYSICIAN—Needed to join eleven-man, well established incorporated multi-specialty group in county-seat town near recreational areas 65 miles south of St. Louis. 50,000 population base, 110-bed hospital. Call or write J. G. Hirsch, Adm., Medical Arts Clinic, 301 West Liberty Street, Farmington, Missouri 63640. (314) 756-6751.

Mark Your Calendar Now!

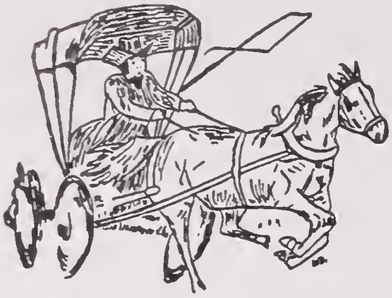
MSMA

INTERIM SESSION

of the House of Delegates
November 2-3, 1977
Howard Johnson's Motor Lodge
Springfield

LEO H. POLLOCK, M.D

Missouri Medicine in Review



FORTY YEARS AGO

The Council of the Missouri State Medical Association met in the Melbourne Hotel in St. Louis on July 14. Dr. M. Pinson Neal of Columbia, Chairman, presided.

Drs. W. H. Brener and M. Pinson Neal, Delegates to the AMA Session in Atlantic City, discussed matters brought out at that meeting. Among them was the address of U. S. Sen. J. Hamilton Lewis of Illinois which was published in the June 26 issue of *The Journal of The American Medical Association.*

The Council went on record as being opposed to state medicine in any form and ordered that the Board of Trustees of the American Medical Association be informed of this action. The talk by Senator Lewis had caused confusion as to the status of the probability of state medicine and its relationship to the Social Security Act.

It was brought out in the Council session that state medicine was not a part of the Social Security Act, but that there was a possibility of such a clause being introduced in Congress, although such action had not been taken as yet.

TWENTY-FIVE YEARS AGO

F. T. H'Doubler, M.D., Springfield, was elected president of the Missouri State Board of Medical Examiners at a recent meeting. Dr. William J. Shaw, Fayette, was elected vice-president and Dr. W. O. Finney, Chaffee, was elected secretary-treasurer. Other members of the Board are Drs. Edwin C. White, Kansas City; Edwin C. Schmidtke, Columbia; and Walter L. Brandon, Poplar Bluff

Two hundred and seventy-one licenses to practice medicine in Missouri were issued by the Missouri State Board of Medical Examiners in July Of these, 238 licenses were issued after applicants had taken written examinations and 33 were issued by reciprocity.

That science "swelters on" was exhibited by the dinner meeting of the Sixth Councilor District at the Inn Hotel in Butler on June 26. Even the social hour with its refreshing atmosphere failed to lower the temperature. Twenty-five physicians were present, however. J. William Thompson, M.D. of St. Louis, President of the MSMA, was present to discuss Blue Cross, Blue Shield and various other important matters confronting the profession.

New members of the MSMA are Drs. Joseph M. Lichtor, Kansas City; Francisco Licon, Winfield; Raymond O. Keltner, Raytown; Thomas M. Macdonnell, Marshfield; Frank A. O'Connell, Kansas City; and Richard L. Owens, Kansas City.

TEN YEARS AGO

Nearly 200 physicians, dentists, their wives and guests attended the 15th consecutive annual joint meeting of the Buchanan County Medical Society and the Northwest Missouri District Dental Society in St. Joseph. Speaker for the event was Michael E. DeBakey, M.D., of Houston, Tex. Presiding jointly at the event were Dr. Irwin I. Rosenthal, President of the Medical Society, and Dr. Mortimer Rosenthal, president of the Dental Society. Dr. Irwin is the uncle of Dr. Mortimer Rosenthal. Dr. Edward M. Beheler introduced Dr. DeBakey. Dr. Charles R. Willman made arrangements for Dr. DeBakey's appearance in St. Joseph.

Members of the Mid-Missouri Medical Society and their wives met on June 29 in Rolla. The speaker was Dr. Gaddo Onesti of the Department of Internal Medicine of Hahnemann Medical College who spoke on "The Management of Hypertension." Three new physicians were elected to membership. They are Drs. Samuel Byland, Louis A. Bealer and Jim C. Porter.

Appointment of H. O. Loyd, M.D. as Medical Director for the Missouri Division of Welfare has been announced by Proctor N. Carter, Director.

ROCHE

For recurrent attacks of urinary tract infection in women

Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

lust one tablet b.i.d. for 10 to 14 days

- Action at urinary/vaginal/lower bowel sites helps liminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum elps eradicate recurrent UTI
- Low incidence of bacterial resistance in community ractice
- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake; perform CBC's and urinalyses with microscopic examination.

efore prescribing, please consult complete product informa- on, a summary of which follows:

Indications and Usage: For the treatment of urinary tract fections due to susceptible strains of the following or- anisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus rabilis, Proteus vulgaris, Proteus morganii.* **It is recommended at initial episodes of uncomplicated urinary tract infections e treated with a single effective antibacterial agent rather an the combination.** *Note:* The increasing frequency of resis- nt organisms limits the usefulness of all antibacterials, espe- ally in these urinary tract infections.

Also for the treatment of documented *Pneumocystis rinii* pneumonitis. To date, this drug has been tested only in tients 9 months to 16 years of age who were immunosup- essed by cancer therapy.

The recommended quantitative disc susceptibility method ederal Register, 37:20527-20529, 1972) may be used to esti- ate bacterial susceptibility to Bactrim. A laboratory report of usceptible to trimethoprim-sulfamethoxazole" indicates an infec- n likely to respond to Bactrim therapy. If infection is confined to e urine, "Intermediate susceptibility" also indicates a likely re- onse. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sul- amides; pregnancy; nursing mothers; infants less than two onths of age.

Warnings: Deaths from hypersensitivity reactions, agran- cytosis, aplastic anemia and other blood dyscrasias have been sociated with sulfonamides. Experience with trimethoprim is ich more limited but occasional interference with hematopoiesis s been reported as well as an increased incidence of throm- penia with purpura in elderly patients on certain diuretics, marily thiazides. Sore throat, fever, pallor, purpura or jaundice y be early signs of serious blood disorders. Frequent CBC's e recommended; therapy should be discontinued if a signifi- ntly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal hepatic function, possible folate deficiency, severe allergy or nchial asthma. In patients with glucose-6-phosphate dehy- genase deficiency, hemolysis, frequently dose-related, may cur. During therapy, maintain adequate fluid intake and perform quent urinalyses, with careful microscopic examination, and al function tests, particularly where there is impaired renal ction.

Adverse Reactions: All major reactions to sulfonamides and ethoprim are included, even if not reported with Bactrim. *od dyscrasias:* Agranulocytosis, aplastic anemia, megaloblas- anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, oprothrombinemia and methemoglobinemia. *Allergic reac- s:* Erythema multiforme, Stevens-Johnson syndrome, eralized skin eruptions, epidermal necrolysis, urticaria, serum kness, pruritus, exfoliative dermatitis, anaphylactoid reactions, iorbital edema, conjunctival and scleral injection, photosensiti- on, arthralgia and allergic myocarditis. *Gastrointestinal reac- s:* Glossitis, stomatitis, nausea, emesis, abdominal pains, atitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets*, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets*, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension*, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

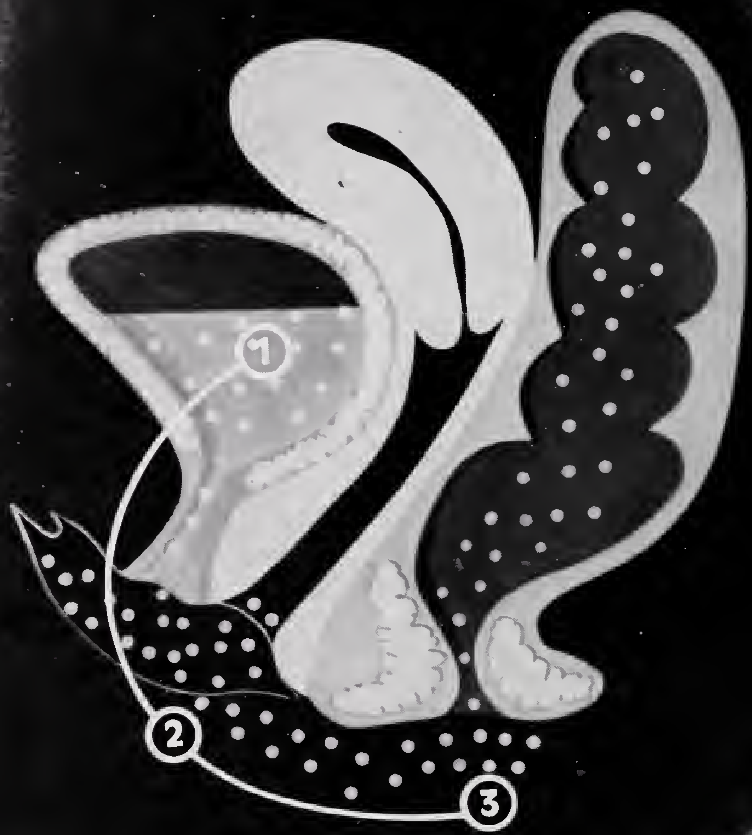
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see back cover.

19 South 22nd Street
Philadelphia 3, Pa. 19103

Her next attack of cystitis may require

the Bactrim™ 3-system counterattac



ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of Bactrim diffuses into vaginal fluid in effective concentrations, thus combating migration of pathogens into the urethra.

Studies have shown that Bactrim acts against *Entero* *bacteriaceae* in the bowel without the emergence of resi tant organisms. Thus, Bactrim reduces the risk of intro colonization by fecal uropathogens. It has *no* significant effect on other normal, necessary intestinal flora.

Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal tract

Please see reverse side for summary of product information.

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

OCTOBER, 1977

VOLUME 74, NUMBER 10

Scientific Articles

TOPICAL ANTIBIOTIC THERAPY OF THE CONTAMINATED MYELOMENINGOCELE SAC, Clark Watts, M.D. 591

PSEUDOMEMBRANOUS COLITIS, Chandler Smith, M.D. 593

KLINEFELTER'S SYNDROME IN A BOY WITH SEVERE SOMATIC AND GENITAL ABNORMALITIES, Probodh K. Srivastava, Ph.D., Bhisit Brothinard, M.D., James P. Myers, M.D. and William B. Bradley, M.D. 597

COLONIC OBSTRUCTION AND STRANGULATION IN TRAUMATIC DIAPHRAGMATIC HERNIA, Paul J. Garvin, M.D. and John E. Codd, M.D. 599

Special Report

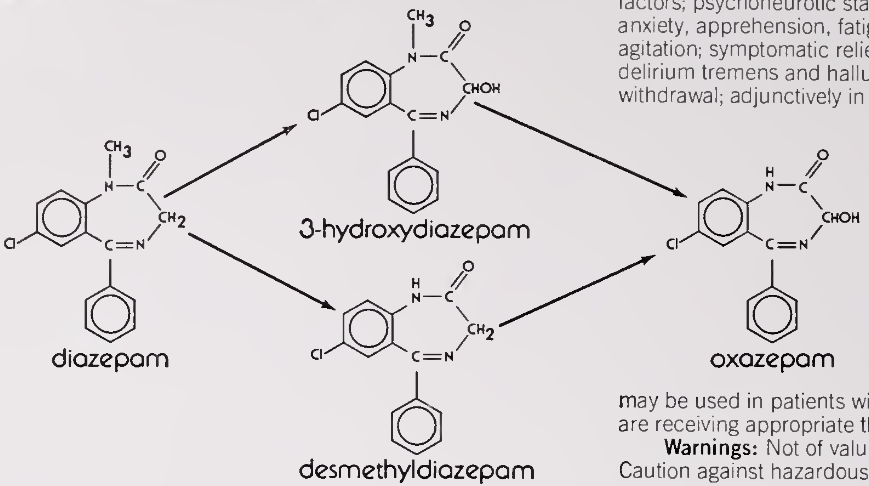
MSMA COUNCIL MEETING, Minutes 579

Contents on Page 577

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
NOV 10

120th MSMA Annual Session
April 13-16, 1978, Kansas City

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) Ⓒ IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missou
State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. MISSOURI MEDICINE (Public
tion No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-
Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 P
Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in MISSOURI MEDICINE is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper
Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

Contents for October, 1977

cientific Articles

Topical Antibiotic Therapy of the Contaminated Myelomeningocele Sac; Clark Watts, M.D. 591
seudomembranous Colitis, *A Review;* Chandler Smith, M.D. 593
linefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities, *Case Report;* Probodh K. Srivastava, Ph.D., Bhisit Brothinard, M.D., James P. Myers, M.D. and William B. Bradley, M.D. 597
olonic Obstruction and Strangulation in Traumatic Diaphragmatic Hernia, *Case Report;* Paul J. Garvin, M.D. and John E. Codd, M.D. 599

Special Report

MSMA Council Meeting, Minutes 579

News and Features

In Brief 578
MSMA News Round-Up . . Insert (578-579)
30 Missouri Physicians Receive Physician's Recognition Award 583
The Physician and the Law 584
From the Medical Schools 585
Continuing Education Coming Events . . 588
President's Message 603
Woman's Auxiliary 604
County Society News 605
Letters to the Editor 605
New Members 606
In Memoriam 607
Index to Advertisers 613
Missouri Medicine in Review 614

in Brief

A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 527-1500 / TWX 910-221-0300

THE EMOTION-LADEN laetrile campaign shows signs of losing some of its steam. The editor of *JAMA* recently termed the campaign a return to the old-time medicine show "with a performance applauded by no less than state legislators. . . . If one nostrum can be slipped by the Food and Drug Administration, then so can others." So far, 12 states have authorized use and/or manufacture of what the AMA House of Delegates calls "a substance which has no proven value as a drug." But the total of states rejecting laetrile has now risen to eight, and what is probably the first malpractice suit involving laetrile has been filed in California against an active proponent of the substance.

A NATIONWIDE immunization campaign has been put together by the AMA with the help of the AMA Auxiliary. The campaign is built around a "hopscotch" theme—drawing on a previous AMA public service announcement showing children jumping on a colorful hopscotch court on which the names of contageous diseases are painted. Auxiliary members plan to paint hopscotch courts on playgrounds across the country to emphasize the AMA's immunization efforts. Radio and TV public service announcements have been prepared to alert children and young parents to the need for immunization. Government estimates show that almost 40% of the nation's 52 million youngsters under age 15 are not immunized against contageous diseases.

FORMER HEW Secretary Wilbur J. Cohen told the AMA's National Commission on the Cost of Medical Care that as health care costs rise, the public likes NHI better because people believe it will reduce their expenses. National health insurance "will only redistribute the cost," Cohen said. He pointed out that the administrators of any NHI plan will face criticism because of the public's high expectations, adding that health costs will continue to rise just as they are in other countries. The CCMC was established two years ago by the AMA to appraise all factors leading to rising costs and review options for public and AMA policy. The Commission is scheduled to make its report in January.

AVAILABLE FROM AMA: TETANUS . . . *On of the Deadliest Poisons,* OP 18, describes the nature of the disease and its prevention. Cost is 30 ea. for 1-99 copies; 12¢ ea. for 100-499 copies; an 11¢ ea. for 500 or more. Write Order Dept., AM headquarters. . . . *Together: A Casebook of Joi Practice in Primary Care,* contains case histori about physicians and nurses who have establishe joint practices. The book is published by the National Joint Practice Commission, an interprofessional organization established by the AMA an the American Nurses' Assn. Cost of the publicatio is $5.95. Write NJPC/EPIC, 7383 Lincoln Ave. Chicago, Ill. 60646.

IN TESTIMONY before a Senate subcommittee the AMA criticized a proposed warning label fo prescription drug packages as being too alarmin and as intruding into the practice of medicine. Th bill (S 1831) would require the following label o all drug packages: "Warning to physicians and patients—the federal Food, Drug and Cosmetic and Devices Administration approves this drug or device for the following purposes and no other purpose." The AMA said the statement "raises a spectre that a drug as prescribed is dangerous" and amounts to an attempt to limit the use of a drug by physicians.

OUTPATIENT VISITS to community hospitals rose 5.5% from 1975 to 1976, according to the American Hospital Association Annual Survey. In the past four years, outpatient visits have increased nearly 24%.

PHYSICIAN VICTIMS of the Johnstown flood last July are receiving help in reopening their offices through a cooperative effort of the AMA and the Pennsylvania Medical Society. The AMA and PMS provided $150,000 each for noninterest, guaranteed loans of up to $7,000 for individuals and $21,000 for groups containing three or more physicians. Twenty-seven physicians were affected by the flood. The program is being conducted by the PMS Educational and Scientific Trust.

MSMA

NEWS
ROUND - UP

October, 1977

Delegates to debate 26 resolutions

The Interim Session of the Missouri State Medical Association, limited to House of Delegates actions, will be held Nov. 2-3 (Wednesday and Thursday), 1977, at Howard Johnson's Motor Lodge in Springfield. All members are invited to attend and can use the clip-out motel reservation card published in the September edition of MISSOURI MEDICINE.

A total of 26 resolutions have been submitted for consideration by the House of Delegates. All resolutions but one will be referred to open Reference Committees for debate. Any MSMA member is welcome to testify before these committees.

Because of time limitations and the importance of the issue, a special report concerning a proposal to establish a physician-owned insurance company (Resolution No. 20) will be heard by the entire House, rather than referred to a Reference Committee.

Resolutions introduced to date are:

No. 1 — Qualifications of Delegates and Alternates
No. 2 — Grass Roots Representation
No. 3 — Equitable Composition of Councilor Districts
No. 4 — Change in Instructions to the Nominating Committee
No. 5 — Change in Voting and Balloting in House
No. 6 — Standing Committee on Districting
No. 7 — Clarifying Definition of Component Society
No. 8 — MSMA Review of Obsolete Medical Procedures
No. 9 — Expansion of CME Credit
No. 10 — Protective Head Gear for Motorcyclists
No. 11 — Missouri Federation of Physicians and Dentists
No. 12 — MSMA Public Relations Campaign
No. 13 — Public Relations
No. 14 — Physicians Assistants
No. 15 — Temporary Withdrawal of Medicaid Endorsement
No. 16 — Support for SIDS Legislation
No. 17 — Confidentiality of Medical Records
No. 18 — Driver Tests for Elderly
No. 19 — Early Testing for Hypo-Thyroidism
No. 20 — MSMA-Owned Captive Professional Liability Insurance Company
No. 21 — Collateral Source Rule Legislation
No. 22 — Paying Collecting Fees for Laboratory Specimens
No. 23 — Appropriating Reasonable Sum for Physicians Services
No. 24 — Bonding and Family Interaction for Newborns
No. 25 — Testing for Hypothroidism in Newborns
No. 26 — Lab Reporting of Possible V.D. to Health Depts.

House will consider new malpractice insurance

Delegates to the Interim Session of the MSMA House of Delegates will decide on a proposal to form a physician-owned professional liability insurance company.

The proposal, which is a result of an indepth study of the malpractice situation in Missouri by Missouri State Medical Insurance, Inc., (MSMI), will be presented before the entire House during the Opening Session on Wednesday, Nov. 2.

In 1975, the MSMA formed MSMI to offer professional liability insurance to those members who could not obtain coverage elsewhere. The insurance market at that time dictated that MSMI offer "claims-made" type of coverage. Although the Association recognized that MSMI was not perfect, it did fill the gap for more than 800 members who were unable to gain other protection.

The new proposal calls for a stock insurance company owned by the MSMA which would offer "occurrence" coverage to MSMA members. The premium rates would be based on the malpractice experience in Missouri and, therefore, hopefully be lower than rates of companies which deal on the national scene.

Basically, to capitalize the new company, the borrow-

Continued Next Page

Action plan awaits approval

A "MSMA Action Plan" will be proposed to Delegates to the House of Delegates at the Interim Session by Howard J. McAlhany, M.D., MSMA President. The Plan has been approved by the MSMA Council.

Perhaps the most wide-sweeping change of the proposal would be for the MSMA to add to its Bylaws the following statement: "The MSMA may serve as the bargaining agent for its members and enter into negotiations on their behalf."

Dr. McAlhany also proposes that the MSMA establish three Ad Hoc "Action Committees," each chaired by a Councilor, to deal with social, political and medical issues.

The Ad Hoc Committee on Socioeconomic Issues would attempt to resolve differences between physicians and third parties, including government, relative to payment of benefits, fees and conditions of service. Dr. McAlhany said that if a member believed he was aggrieved by a third party, he would refer it to this committee to investigate the problem and respond. That means that rather than one physician taking on a third party, the weight of the entire Association could be brought to bear.

The Ad Hoc Committee on Political Affairs would in-

Continued Next Page

Constitution and Bylaw changes proposed

Several important Constitution and Bylaw changes will be submitted to the House of Delegates at the upcoming Interim Session, Nov. 2-3, in Springfield. If approved, the Bylaw changes can take place immediately while the Constitutional changes will have to be reconsidered at the next Interim Session.

In a report prepared for the House, the Committee on Constitution and Bylaws recommends approval of the several changes which were proposed by the Committee on Planning and approved by the MSMA Council.

One Bylaw change would serve to increase representation in the House of Delegates. The proposal would allow a Delegate for each 25 members, rather than the current one Delegate for each 50 members

Another Bylaw change would be the addition of a statement which would allow the Association to negotiate and bargain for its members.

A proposal to increase the MSMA dues by $25 to $115 annually will be considered in the report.

Other Bylaw changes to be voted upon include one which would:

- Make the Interim Session equal to the Annua Session as relates to business of the House.
- Remove membership in the Armed Forces as reason for waiving dues.
- Substitute the word "component" for "county" when referring to local medical societies.
- Clarify that the MSMA Secretary and Treasurer are elected by the Council.
- Change the manner in which AMA Delegates are elected by the House.
- Clarify the status of the President-Elect and provide a method of filling a vacancy in the office.
- Provide for a First Vice President who would, if the need arose, succeed the President for an unexpired term.
- Increase the amount of bond on the Treasurer from $20,000 to $50,000.
- Several minor changes are being offered to bring the Bylaws into compliance with bookkeeping changes that have been made over the past several years.

List of 'don'ts' for physician assistants

The Missouri Division of Health recently released a bulletin clarifying its position on physician assistants. The information was given to all hospitals.

Until legislation is enacted whereby physician assistants are licensed or certified by statute, they have no legal status and can perform limited functions in hospitals. Whether employed by the hospital or by a physician on the hospital staff, physician assistants **cannot** take medical histories, do physical examinations, write medical orders, write medical prescriptions, order medications or treatments, or act as the assistant in a surgical procedure requiring an assisting physician.

The physician assistant, whether his status is E.M.T., L.P.N. or R.N. Practictioner, must be assigned to a staff physician and can work only under his direct supervision.

Insurance

Continued

ing power of MSMA and MSMI would be used to initially fund the company. Then, when an MSMA member pays his first premium to the new company, he would also make a contribution to capital and receive a note in return. Should the physician retire or move from the state, this note would be redeemed by the company.

Being a stock insurance company, there can not be any assessments made on those members who are insured.

Irving H. Clark, M.D., of Kansas City, President of MSMI, said that the recent move by the AMA to provide reinsurance for physician-owned professional liability companies is the reason that Missouri can now proceed in that direction. Prior to the formation of AMA's company, AMACO, it was impossible to gain reinsurance at rates which would allow a new company to survive.

Dr. Clark further stated that arrangements are being formulated so that those members of MSMI who have had the "claims-made" policy will be able to purchase coverage for prior acts.

Delegates to the Association will receive a printed publication explaining the reasoning behind the proposal, a statement of facts on the malpractice insurance situation and an explanation of how the new company would operate.

Registration certificates

Do you have your 1977-78 Missouri Physician Registration Certificate? The Board of Healing Arts urges any physician who has not received his current Certificate to contact the Board.

In addition, a Board spokesman stated that if a physician has more than one office location, law requires that a Registration Certificate be posted in each office. Duplicate Certificates are available from the Board of Healing Arts, P.O. Box 4, Jefferson City, MO. 65101.

Plan

Continued

volve itself in an ongoing political program to increase Association effectiveness in Jefferson City. The Key Man concept is good, Dr. McAlhany said, but it must be upgraded through component medical societies so that each candidate is interviewed and presented with medicine's views.

The Ad Hoc Committee on Medical Affairs would concern itself with disputes between physicians and hospitals, interference with physician-patient relationships, etc.

Dr. McAlhany estimates that the implementation of the expanded service program by the Association would cost an additional $45,000 to $50,000 annually. To finance the program, Dr. McAlhany and the Council are recommending a dues increase of $25.

"We must realize that the MSMA currently has the lowest dues in the country," said Dr. McAlhany. MSMA dues are $90 a year plus a $10 assessment for the student loan foundation.

"Two states have dues of $300 while 13 other state dues range between $200 and $274," said Dr. McAlhany. "If we are to expect our Association to carry out additional meaningful activities, we are going to have to pay for them."

"The median dues for states is $155 so even if we adopt a $25 increase, we will be well below the national average," explained Dr. McAlhany.

Big Balanced Rock, Chiricahua Mountains, Arizona (approx 1,000 tons)

Most Widely Prescribed—Antivert is the most widely pre-
cribed agent for the management of vertigo* associated with liseases affecting the vestibular system such as Menière's disease, byrinthitis, and vestibular neuronitis.

Relief of Nausea and Vomiting—Antivert/25 can relieve the ausea and vomiting often associated with vertigo.*

Dosage for Vertigo*—The usual adult dosage for Antivert/25 one tablet t.i.d.

IEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further nvestigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

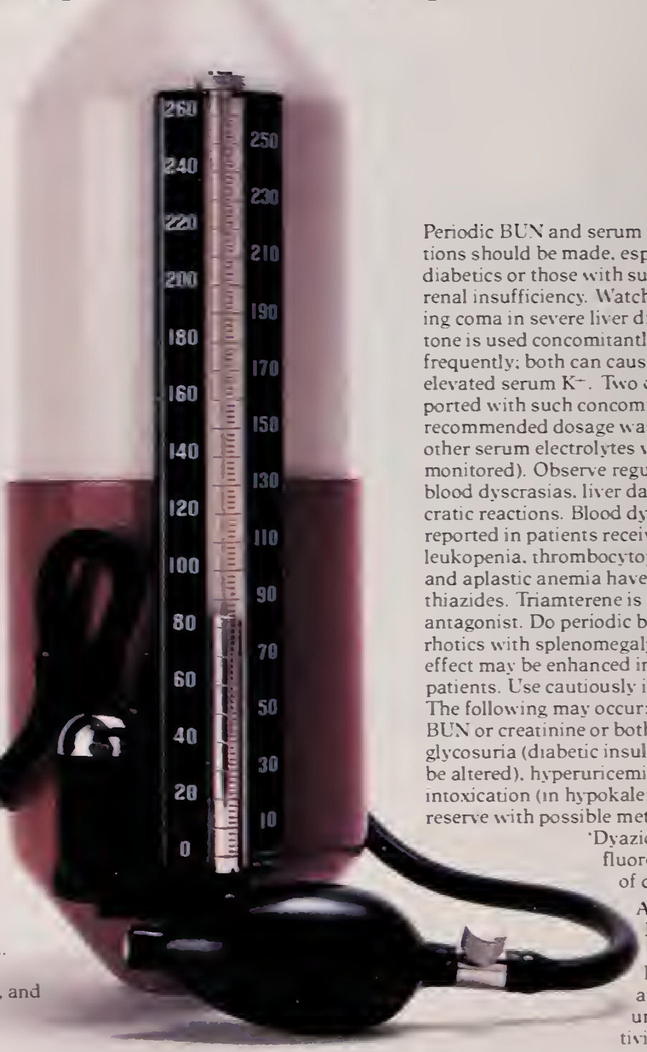
Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

> * **Warning**
> This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K⁺ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K⁺ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.*
SERUM K⁺ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company

DOCTORS ARE TALKING ABOUT THE
PRACTICAL WAY TO LOWER CHOLESTEROL

Choloxin®
(Sodium Dextrothyroxine)

And for good reasons. Diet alone doesn't always work. CHOLOXIN® (sodium dextrothyroxine) has proved itself to be an effective cholesterol lowering adjunct to diet in euthyroid, non-cardiac patients. It has undergone ten years of clinical trials and eight years of practice. The clinical trials consisted of 337 clinical studies involving over 3,000 hypercholesterolemic non-cardiac patients. It is among the most thoroughly evaluated drugs ever presented to physicians.

Practical, too, is the one-tablet-a-day dosage regimen. It encourages patient cooperation, and t's economical for long-term therapy.

CHOLOXIN (sodium dextrothyroxine) lowers cholesterol 15% to 35%, and keeps it down with most patients. *(Data on file, Flint Laboratories).*

Interested in receiving more information about lipid lowering? Write us or contact your Flint representative. We'll be glad to supply you with a complete product portfolio and samples for your evaluation.

NOTE: See following page for full prescribing information.

AN IMPORTANT NOTE:
It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

Choloxin® (Sodium Dextrothyroxine)

Effectively Lowers Elevated Cholesterol With Convenient Once-A-Day Dosage

Four strengths 1, 2, 4, and 6 mg are available making the scored tablet regimen a flexible dosage system. And for most patients, CHOLOXIN tablets offer once-a-day dosage.

CHOLOXIN® (sodium dextrothyroxine) Single-Tablet-A-Day Dosage Schedules

See prescribing information in package insert reproduced below.

	Starting Dosage	Increased Monthly by	Usual Maintenance	Maximal Recommended
Adult Hypercholesterolemic	1.0-2.0 mg.	1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
Pediatric Hypercholesterolemic	0.05 mg./kg. body weight	0.05 mg./kg.	0.1 mg./kg. body weight	4.0 mg.
Hypothyroid Cardiac	1.0 mg.	1.0 mg.	4.0 mg.	4.0 mg.

Choloxin®
(Sodium Dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN (sodium dextrothyroxine) stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN (sodium dextrothyroxine) is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively, in patients with significant myocardial impairment. CHOLOXIN (sodium dextrothyroxine) dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN (sodium dextrothyroxine) is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN (sodium dextrothyroxine) is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN (sodium dextrothyroxine). As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN (sodium dextrothyroxine) than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN (sodium dextrothyroxine) in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may not be advisable or possible to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN (sodium dextrothyroxine) therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN (sodium dextrothyroxine) therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN (sodium dextrothyroxine); a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN (sodium dextrothyroxine) potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For adult euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For pediatric hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is approximately 0.1 mg (100 mcg) per kilogram. The initial daily dosage should be approximately 0.05 mg (50 mcg) per kilogram to be increased in up to 0.05 mg (50 mcg) per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

The Council Reports

Meeting of Sept. 10, 1977
Ramada Inn, St. Joseph

Andrew McCanse, M.D., Kansas City, Chairman, called the meeting to order. Those present were Drs. McCanse, Howard J. McAlhany, Springfield; John N. Martin, St. Joseph; John I. Matthews, Jefferson City; James Stokes, St. Louis; Max S. Franklin, St. Louis; Stanley S. Peterson, Springfield, I. H. Clark, Kansas City; Richard C. Hedges, North Kansas City; John Walterscheid, Hannibal; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; R. John Torontow, Nevada; Walter German, Springfield; Claude W. Cooper, Thayer; George H. Ladyman, Poplar Bluff; Gary Dyer, St. Joseph; Richard Fallon, St. Louis; Jack Wiles, West Plains; Marvin Singleton, Joplin; James C. Sisk, St. Louis; Rae W. Froelich, Lebanon; Lawrence W. O'Neal, St. Louis; Robert A. Slickman, Kansas City; Melvin Kasten, Cape Girardeau; Lily Ann Hanes, St. Louis; James Whittico, St. Louis; H. B. Ivy, Springfield; Loren Washburn, Versailles; R. K. Noback, Kansas City; George Thoma, St. Louis; William C. Allen, Columbia; Thomas J. Cooper, St. Louis; Dr. and Mrs. A. J. Campbell, Sedalia; Mrs. W. Jack Stelmach, Kansas City; Messrs. Hamilton, Danis and Stokes, Rollins Burdick Hunter, St. Louis; Gary Clark, Jefferson City; Allen Smith, Kansas City; Ron Garrett, St. Louis; Eddie Hirsch, St. Joseph; James Thompson, Springfield; Royal Cooper, Ray McIntyre, C. C. Swarens, Ron Ellison, Don Wilson and John Kuebler, Staff.

APPROVAL OF MINUTES

The Chairman opened the meeting and called for approval of the minutes of the June 4 Council meeting held in Jefferson City. On motion, duly seconded, the minutes were approved as distributed.

SECRETARY'S FOLDER

Mr. Cooper reported that we have been informed by the Region VII office of HEW that it will keep us informed in regard to the development of national health insurance hearings and would appreciate our participation in these hearings. As of this date, we have not been informed of any specific hearings to be held in Region VII.

Mr. Cooper asked the Council for permission to proceed with planning a two-day workshop sometime in 1978 regarding "Establishing Yourself in Medical Practice." The AMA will subsidize 20 of these this year. On motion, duly seconded, permission was granted to proceed with planning such a workshop.

Mr. Cooper called the Council's attention to a letter from Dr. Sammons regarding our AMA membership to date. At the present time, we have 3,070 dues-paying AMA members. It was pointed out that many physicians are not members of the AMA.

A seminar is being sponsored by the Missouri Health Data Corporation conjointly with the Missouri Hospital Association for hospital personnel. This will be held in Columbia on September 28. Copies of the announcement were distributed along with registration blanks.

We received a letter of thanks from the Dr. Tom Dooley Statue Committee for the donation the Council authorized t the previous Council Meeting.

The Interim Session of MSMA will be held November 2-3 at the Howard Johnson Motel in Springfield. We presently have seven resolutions for the Handbook. Deadline for submission of resolutions is Oct. 3, 1977.

The MSMA is sponsoring its annual meeting of Component Medical Societies on September 30-October 1 at the Osage House, Lake of the Ozarks. A meeting of the Commission on Public Affairs will be held in conjunction with this meeting. The Councilors were asked to encourage members in their counties to participate in the meeting of the Component Medical Societies.

Mr. Cooper reported that Dr. Hugh Ritter had called the MSMA office indicating that he was sorry he could not attend the Council meeting because the AMA Board of Trustees was meeting at the same time. Dr. Ritter reported that the Council on Medical Services will name an ad hoc committee to study PL 93-641. He thought that the Council might wish to recommend someone to this ad hoc committee.

On motion, duly seconded, the Council suggested that Dr. James Sisk be recommended as an appointment to this ad hoc committee.

Dr. Ritter further indicated to Mr. Cooper that Dr. Sisk will be appointed to a Reference Committee at the Interim Session. However, at this time, he was not sure just which committee.

TREASURER'S REPORT

Dr. Stokes gave a brief report on the financial status of the Association, indicating that staff had outlined the budget to him and it seemed to be in good order. A report was distributed indicating the receipts, disbursements, investment account, etc. and expenses through August 31. On motion, duly seconded, the Council approved the Treasurer's Report.

EXECUTIVE SESSION

Chairman McCanse reported that in the Executive Session on the previous evening, the Council voted to give a $500 grant to the American Association of Medical Society Executives educational fund.

Also, the Council voted to endorse statewide efforts to enforce the school immunization law.

Dr. McCanse then introduced and extended a welcome to Dr. James Whittico, Chairman, State Board of Registration for the Healing Arts, and Gary Clark, Executive Secretary of the Board.

BOARD OF HEALING ARTS

Dr. Whittico thanked the Council for the opportunity to be present at the meeting and, in particular, Dr. Martin who has served on the Board for several years. Dr. Whittico reiterated that the Board and the MSMA, along with others, must work together to try to combat the many problems facing organized medicine today. He commended the MSMA for its part in establishing an ad hoc committee composed of representatives of the MSMA, MAOPS and the Board of Healing Arts to study mutual problems and encourage the organizations to work in close harmony. Dr. Whittico stated that the Board of Healing Arts would like to consider itself part of the collective effort of organized medicine in the state to assist in solving many of the problems facing medicine today.

PRESIDENT'S REPORT

Dr. McAlhany reported that he and Mr. Cooper had attended a meeting of the presidents and executives of MSMA, MAOPS and the Missouri Hospital Association regarding problems of mutual concern such as health care costs, Medicaid, public education, governmental intervention and legislation for 1978. Another meeting is being planned in which they hope to come up with specific recommendations.

Dr. McAlhany called the Council's attention to the recent articles concerning possible Medicaid fraud. A letter was written to Mr. Walsh of Family Services and a news release submitted regarding our objections to these accusations. A reply received from Mr. Walsh indicates that they will continue to investigate and prosecute where fraud is indicated. Dr. McAlhany indicated that we must monitor this very closely.

Dr. McAlhany reported that the Planning Committee recently held a meeting regarding reapportionment. He requested that the following statement be included in the MSMA Bylaws, "The MSMA may serve as the bargaining agent for its members and enter into negotiations on their behalf." If this is approved by the Council and the House, then it will be added to the state charter.

Dr. McAlhany reported that the Planning Committee approved his "Action Plan" concerning the three following areas:

1. *Socioeconomic Problems*—Attempt to resolve differences between physicians and third parties, including government, relative to payment of benefits, fees and condition of services.

2. *Political Issues*—We must become involved in ongoing political programs. If we expect to improve our political muscle, then we must strengthen ourselves at this level. He said that the key man concept is a good one, but is not effective on the state level. We must interview each candidate, present our views and maintain a continuous dialogue at the local level.

3. *Medical Problems*—Study medical problems involving physicians and hospitals; physician-patient relationship. Are we participating adequately in health planning, cost containment programs, etc.?

Dr. McAlhany indicated that his "Action Plan" would require more expenditure of funds and anticipated the cost would be approximately $50,000. At the present time, Missouri's membership dues are the lowest in the nation and he recommended a dues increase of $25 per year.

On motion, duly seconded, the Council approved the Bylaws change regarding negotiations, Dr. McAlhany's "Action Plan" and the $25 increase of MSMA dues.

COMMITTEE ON PLANNING

In the absence of the Chairman, Dr. Rother, Dr. Richard Bradley reported on the meeting of the Planning Committee held on August 11 in Columbia. Dr. McAlhany explained his "Action Plan" to the Committee and the Committee recommended that the Council adopt the plan. The Committee expressed the hope that the plan can be implemented within the present committee structure of the MSMA.

The Planning Committee next considered the Council-passed resolution dealing with redistricting of the MSMA. It was the consensus of the Committee that the pressing problem to be addressed at this time is reapportionment of the MSMA House of Delegates. The Committee recommended that there be no changes made in Councilor Districts at this time.

Regarding reapportionment of the House of Delegates, the Committee believes that the metropolitan areas of the state are currently under-represented and offers the following recommendations to the Council to be incorporated into the MSMA Constitution and Bylaws:

1. Eliminate Delegate representation from a Missouri county where no MSMA member is in practice.

2. Eliminate Delegate representation for a county with only one member, if that county is represented as a part of a hyphenated medical society.

3. Continue the general tradition of election of delegates to the House of Delegates with a change in the formula and clarification of hyphenated societies representation. The Committee recommends the following formula offered by Dr. Rule Olson to substitute for language in Chapter III, Section 2 of the Bylaws: (Changes are in italics.)

> "*Resolved* that Chapter III, Section 2 of the Bylaws of the Missouri State Medical Association be amended to read as follows:
>
> "Section 2. Each component medical society shall be entitled to send each year, one delegate or one alternate to the House of Delegates for each 25 full paid members or fraction thereof in the Association on December 31, of the previous year, plus one additional delegate or alternate for each 100 members or major fraction thereof, provided, however, that each component society which is composed of two or more counties shall be entitled to at least one delegate from each of the counties *having two or more member physicians practicing in the county, of which the component society is composed; however, such delegates must practice in the county they represent.* Alternate delegates may be elected from the entire membership of the component medical societies."

Changing the formula as recommended above will increase the overall number of Delegates to the House and, at the same time, increase the proportionate membership of the larger medical societies. The Planning Committee felt it is preferable to add Delegates from the larger societies rather than subtract Delegates from the smaller societies.

The Planning Committee used this opportunity to review the entire Constitution and Bylaws of the MSMA and would recommend changes which would result in the following objectives:

1. Any time the phrase "county medical society" is used in the Constitution and Bylaws, the word "county" should be changed to "component."

2. Add provisions to *Article XI* of the Constitution so that the Constitution could be amended at the Interim Session. We would recommend that a change in the Constitution still be required to lay on the table for one year.

3. In *Chapter IV, Section 1* in the Bylaws, reword the section so that it does not conflict with the Constitution. This section reads that the House shall elect the Secretary and Treasurer while the Constitution states that the Council shall elect these officers.

4. Clarify the language in *Chapter IV, Section 2* of the Bylaws to eliminate confusion when Delegates positions are challenged.

5. In *Chapter V, Section 2* of the Bylaws, clarify the status of the President-Elect by stating when he assumes office.

6. Change *Chapter V, Section 3* of the Bylaws so that the President would name a First Vice-President from the three

vice-presidents. This First Vice-President would serve the unexpired term of an incapacitated President.

7. Change *Chapter V, Section 4* of the Bylaws so that rather than the Treasurer, President and Secretary all having to sign checks, "any two-of-the-three" could sign. Also, we would recommend increasing the bond to $50,000.

8. In *Chapter V, Section 5* of the Bylaws, delete the words "card index" when referring to the register of physicians the MSMA is required to maintain.

9. Change *Chapter VI, Section 1* in the Bylaws so that the Council would be required to meet at both the Annual and Interim Sessions of the House.

10. *Chapter VI, Section 8* reconsider the duties of the Committee on Arrangements for the Annual Session to reflect that these duties are a staff function and the Committee on Arrangements should be advisory in nature to serve as host for the Session.

11. *Chapter VIII, Section 4* should be reworded so that when a component medical society agrees, the MSMA can collect dues directly from members.

12. In *Chapter XI, Section 3 (paragraph 5)*, we recommend that the waiving of dues for members of the Armed Services be discontinued.

13. Review *Chapter XI, Section 6 (paragraph 2)* to see f the section agrees with other sections dealing with forfeiting membership in the Association.

14. In *Chapter XI, Section 9*, either drop or enforce the sentence dealing with sending a copy of a component's program to the Councilor and Secretary.

15. *Chapter XII, Section 1* should be changed so that the Bylaws can be amended at the Interim Session.

Following the report, the Council discussed it and made everal modifications. The Council recommended a change n the language of *Chapter III, Section 2*. Section 2 would ead as follows:

> "Section 2. Each component medical society shall be entitled to send each year, one delegate or one alternate to the House of Delegates for each 25 full paid members or fraction thereof in the Association on December 31, of the previous year, plus one additional delegate or alternate for each 100 members or major fraction thereof, provided, however, that each component society which is composed of two or more counties shall be entitled to at least one delegate from each of the counties *having a physician practicing or residing in the county of which the component society is composed.* Alternate delegates may be elected from the entire membership of the component medical societies."

Due to the recommended change in *Chapter III, Sec-on 2* above, the Council recommended that items #1 and 2 in the first report of the Committee on Planning in these inutes be deleted.

On motion, duly seconded, the report of the Planning ommittee was approved by the Council with the above ated modifications. It was further moved that Dr. Rother nd his Committee on Planning be commended for a job ell done.

MSMI PROFESSIONAL LIABILITY INSURANCE PROPOSAL

Dr. Clark reported to the Council that at the time the ISMI was initiated, it was recognized that it was not the timate answer to the liability insurance dilemma. The ouncil authorized Rollins Burdick Hunter to pursue the udy of a physician-owned captive insurance company. At is point, Dr. Clark introduced Jim Hamilton, Tim Danis d Morris Stokes. Mr. Hamilton presented the Council with Proposal for an MSMA Captive Insurance Company." his consisted of areas and issues of primary consideration, together with the general recommendations and the method or manner of implementing them. A summarization of this proposal will appear in the Delegate's Handbook for the Interim Session to be held on November 2-3.

Following brief discussion regarding the above proposal, it was moved and seconded that the Council approve the "Proposal for an MSMA Captive Insurance Company" to be presented to the MSMA House of Delegates at its November meeting. The motion carried.

COMMISSION ON INTERSPECIALTY MEDICINE

Dr. Thomas J. Cooper, Chairman, gave a brief report of the meeting held by the Commission on Interspecialty Medicine on August 20. The Commission had the general feeling that it is not being heard at the Council level. A motion was made, seconded and carried that the Commission Chairman attend Council meetings on a regular basis.

Dr. Cooper indicated that he encouraged the Commission members to take an active role in the Interim Session.

Dr. Bradley spoke on several issues to the Interspecialty Commission regarding HEW-FTC and Fee Schedules, PSRO and HSA Medicaid comparisons, etc. to point out what the government is doing to the medical profession in general.

A discussion was held regarding the American Hospital Association's encroachment on medical practice. This is apparent by the recent push for revision of hospital bylaws and the increased role of ancillary personnel. The Commission moved, seconded and approved that each specialty representative forward to the Chairman of this Commission a list of ancillary personnel that can be found in our health system and staff was asked to compile and distribute this list to each member of the Commission. The thrust of this motion was to identify and stay abreast of all new medical ancillary personnel entering the health field.

Considerable discussion was held concerning physician's assistant programs and their status in Missouri. An article was included with the agenda indicating that Lindenwood College is offering a new five-year program to train medical technicians that will open this fall. It was felt by these present that a representative from the college should be asked to attend the next meeting of the Commission to discuss the training and functions of graduates.

On motion, duly seconded, the Council approved the report of the Commission on Interspecialty Medicine.

REPORT OF WOMAN'S AUXILIARY

Mrs. Pat Stelmach, President of the MSMA Woman's Auxiliary, gave a brief report on Auxiliary activities during the summer months. She and Mrs. Campbell have attended various county society meetings over the state. She reported on the CPR Program that the Cape Girardeau County Auxiliary is carrying out and indicated that Mrs. Talbert will assist anyone wishing to set up such a program.

A pamphlet for new mothers has been devised to be distributed through hospitals by the Auxiliary.

Mrs. Stelmach asked the Councilors to encourage their medical societies to invite the President and President-Elect of their local Auxiliary to their county society meetings. This would be a definite aid to the Auxiliary in keeping abreast of various medical problems, etc.

Mrs. Stelmach thanked the staff for their assistance, particularly Jean Duensing, who was recently named to assist the Auxiliary in its various activities.

On motion, duly seconded, the Council approved the report of the Woman's Auxiliary.

(Continued on page 608)

All oral bronchodilators are pretty much the same. Right? Wrong!

The difference is in their action—both before and after symptoms begin. That's the reason for TEDRAL®.

☐ effective and prolonged bronchodilation from the synergistic effect of ephedrine and theophylline
☐ β-ADRENERGIC ACTION RELAXES BRONCHIAL SMOOTH MUSCLE
☐ α-ADRENERGIC ACTION REDUCES BRONCHIAL EDEMA AND SECRETIONS
☐ dosage forms to meet individual patient needs

For proven performance...

Tedral® / Tedral® SA / Tedral® Elixir

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer), and 25 mg phenobarbital in the immediate release layer

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

See next page for brief summary.

W|C
WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-72-B/W

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

30 MSMA Members Receive Physician's Recognition Award

Thirty MSMA members were recipients of the MSMA-AMA Physician's Recognition Award (PRA) during the period of July 13-August 26, 1977.

The Award is a voluntary continuing medical education (CME) program designed to improve the physician's competence and recognize physicians who earn it by completing the educational requirements.

The PRA is based on a three-year cycle. In order to qualify, each physician must accumulate 150 credit hours of CME within a three-year period. Sixty of the credit hours must be earned in Category I programs.

Following are names of the most recent award recipients:

Eugene C. Beatty, M.D., Kansas City
Arnold S. Block, M.D., St. Louis
Curtis H. Bourgeois, M.D., Columbia
Edito C. Cabal, M.D., St. Louis
Donald Q. Cochran, M.D., Columbia
Donald A. Fakhoury, M.D., Kansas City
Thomas J. Fritzlen, M.D., Kansas City
John G. Gregory, M.D., St. Louis
John A. Headrick, M.D., St. Louis
Maria E. Manion, M.D., Crestwood
Hal E. Marshall, M.D., Kansas City
John E. Mullins, M.D., St. Louis
Kamal Abdel Hamid Nagi, M.D., Ballwin
Leo T. Neu, M.D., Springfield
Richard T. O'Kell, M.D., Kansas City
Alejandro C. Ojascastro, M.D., St. Louis
Robert F. Owen, M.D., St. Louis
Nelson E. Powell, M.D., Kansas City
Shankararao Rao, M.D., Creve Coeur
Michael A. Rasmussen, M.D., Kansas City
Walter F. Ricci, M.D., Kansas City
Arthur E. Rikli, M.D., Columbia
John H. Rippey, M.D., Kansas City
Russell D. Shelden, M.D., Kansas City
Sherman J. Silber, M.D., St. Louis
Michael R. Soper, M.D., Kansas City
Walter W. Tillman, M.D., Springfield
Ellsworth Trowbridge, M.D., Kansas City
W. Joel Wurster, M.D., Kansas City
Anthony C. Zuffuto, M.D., Dexter

Names of MSMA members who are recipients of the Physician's Recognition Award will be published in Missouri Medicine as they are received.

The Physician and the Law

. . . *Minor's Consen*

A new Missouri statute allows 18-year-old adults to contract for medical care. Because the law also defines from whom and under what circumstances consent for medical treatment for minors may be obtained, the statute is reprinted here as a reference for physicians.

431.061 Revised Statutes of Missouri (1977)

1. In addition to such other persons as may be so authorized and empowered, anyone of the following persons if otherwise competent to contract, is authorized and empowered to consent, either orally or otherwise; to any surgical, medical, or other treatment or procedures not prohibited by law:

(1) Any adult eighteen years of age or older for himself;

(2) Any parent for his minor child in his legal custody;

(3) Any minor who has been lawfully married and any minor parent or legal custodian of a child for himself, his child and any child in his legal custody;

(4) Any minor for himself in case of:

(a) Pregnancy, but excluding abortions;

(b) Venereal disease;

(c) Drug or substance abuse including those referred to in chapter 195, RSMo;

(5) Any adult standing in loco parentis, whether serving formally or not, for his minor charge in case of emergency as defined in section 431.-063;

(6) Any guardian of the person for his ward;

(7) During the absence of a parent so authorized and empowered, any adult for his minor brother or sister;

(8) During the absence of a parent so authorized and empowered, any grandparent for his minor grandchild;

(9) "Absence" as used in (7) and (8) above shall mean absent at a time when further delay occasioned by an attempt to obtain a consent may jeopardize the life, health or limb of the person affected, or may result in disfigurement or impairment of faculties.

2. For purposes of consent to hospitalization or medical, surgical or other treatment or procedures, a minor shall be defined as any person under eighteen years of age and an adult shall be defined as any person eighteen years of age or older.

3. The provisions of sections 431.061 and 431.06 shall be liberally construed, and all relationship set forth in subsection 1 of this section shall includ the adoptive and step-relationship as well as th natural relationship and the relationship by the hal blood as well as by the whole blood.

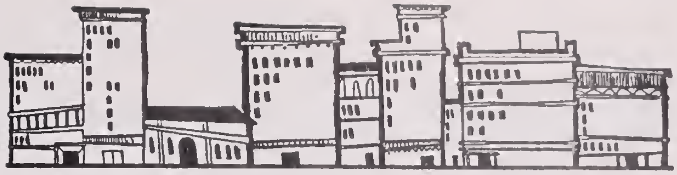
4. A consent by one person so authorized and empowered shall be sufficient notwithstanding that there are other persons so authorized and empowered or that such other persons shall refuse or decline to consent or shall protest against the proposed surgical, medical or other treatment or procedures.

5. Any person acting in good faith and not having been put on notice to the contrary shall be justified in relying on the representations of any person purporting to give such consent, including, but not limited to, his identity, his age, his martial status, and his relationship to any other person for whom the consent is purportedly given.

431.063. In addition to any other instances in which a lack of consent is excused or in which a consent is implied at law, a consent to surgical or medical treatment or procedures shall be implied where an emergency exists if there has been no protest or refusal of consent by a person authorized and empowered to consent, or, if so, there has been a subsequent change in the condition of the person affected that is material and morbid, and there is no one immediately available who is authorized, empowered, willing and capacitated to consent. For the purposes hereof, an emergency is defined as a situation wherein, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably jeopardize the life, health or limb of the person affected, or would reasonably result in disfigurement or impairment of faculties.

431.065. Any minor who has been lawfully married and any minor parent or legal custodian of a child, if otherwise competent to contract, shall be considered an adult for the purpose of entering into a contract for surgical, medical, or other treatment or procedures for himself, his spouse, his child and any child in his legal custody.

From the Medical Schools



UNIVERSITY OF MISSOURI-KANSAS CITY

Dr. Marjorie S. Sirridge, senior docent and professor of medicine, has received a grant of $10,000 from the trustees of the Lettie B. McIlvain-Frederic Ervine McIlvain Fund Trust in support of research on the effect platelets in the blood play on either initiating or perpetuating arterial thrombosis.

Dr. Harold Keairnes, docent and professor of medicine, has been named acting chairman of the newly created Department of Aging, Long-term Care and Rehabilitation of the Truman Medical Center.

Dr. Robert F. Murray, Jr., M.D., chief of the Medical Genetics Unit, Department of Pediatrics at Howard University, was a visiting docent on September 19-22. Dr. Murray received his M.D. degree from the University of Rochester School of Medicine and Dentistry in 1958. Following his internship and residency in Colorado, he attended the University of Washington School of Medicine at Seattle as a Senior Fellow in Medical Genetics and received an M.S. degree in genetics. In 1968, he assumed his current position at Howard University.

Dr. Murray presented a conference on the "Influence of Genetic Counseling in Families at Risk for Sickle Cell Disease" at Children's Mercy Hospital and made rounds with the docent teams.

During the first week of October, *Prof. Anne R. Somers*, professor of community medicine and famly medicine, College of Medicine and Dentistry of New Jersey-Rutgers Medical School was a visiting professor. Dr. Somers met with faculty and students o discuss issues in health services and health care delivery.

Professor Somers is widely published and is the uthor of *Health Care in Transition: Directions for he Future, and Hospital Regulation: The Dilemma f Public Policy.*

Eldred Wright Walls, M.D., Ph.D. was a visiting rofessor of anatomy for the month of September. r. Walls is both an anatomist and surgeon. He is Fellow of the Royal Academy of Surgeons of ngland. From 1967 to 1974, he was dean of the iddlesex Hospital Medical School. He is now rofessor Emeritus of that School. Professor Walls s been president of the Anatomical School of Great Britain and Ireland, president of the Chartered Society of Physiotherapy and is currently president of the Association of Chartered Physiotherapists. He has been a visiting professor throughout the world.

SAINT LOUIS UNIVERSITY

Samuel C. Bonney, M.D., director of emergency services at St. Louis University Hospitals and assistant professor of surgery at the School of Medicine, has been appointed to the post of medical consultant for Emergency Medical Services, state of Missouri. The appointment was announced by *Herbert Domke*, M.D., director of the Missouri Division of Health.

Dr. Bonney

The new post was created to aid in the development of a coordinated system of emergency services in both urban and rural areas throughout the state.

As Missouri's first Medical Consultant, Dr. Bonney will work closely with local physicians, hospitals and community groups to implement total basic life support systems, including emergency transport and communication systems, training programs for emergency care paramedics and physicians and development of adequately equipped and staffed emergency facilities.

Grants totalling more than $1,300,000 have been awarded to School of Medicine faculty members by the National Institutes of Health for various research projects.

Barry L. Marrs, Ph.D., associate professor of biochemistry, received a five-year grant for $315,000 to continue research on the study of the regulation of photosynthetic bacterial membrane formation. A grant of $223,000 was given to *Alan Lambowitz*, Ph.D., assistant professor of biochemistry, for the study of biogenesis of mitochondria. *Homer A. Lozeron*, Ph.D., assistant professor of biochemistry, received $200,000 for the study of regulatory mechanisms within biological systems. A three-year grant in the amount of $146,000 was awarded to *Mary F. Ruh*, Ph.D., associate professor of physiology, for basic research in the intricate mechanisms of insect hormones which regulate and control the complicated process of cellular growth and development.

Other NIH grant recipients are *James R. Hunsely,* Ph.D., assistant professor of biochemistry, who was awarded a three-year grant of $122,000 for research in how silk moths synthesize proteins; *Carmine J. Coscia,* Ph.D., professor of biochemistry, who received a three-year grant in the amount of $112,000 to sustain research of the aberrant metabolism of L-dopa; *Maurice Green,* Ph.D., director of the Institute for Molecular Virology, who was awarded $100,817 for renewal of a grant for research into the biochemistry of animal virus multiplication; and *Alvin H. Gold,* Ph.D., associate professor of pharmacology, who was the recipient of a three-year grant of $82,000 to study the development of metabolic control systems.

Dr. Barry Marrs received an additional three-year grant for $114,000 from the National Science Foundation to investigate the ability of bacteria to harvest the energy of sunlight by photosynthesis.

WASHINGTON UNIVERSITY

Virginia V. Weldon, M.D., has been named assistant to the vice-chancellor for Medical Affairs. Dr. Weldon has been assistant for governmental relations since August, 1975.

With the new title, Dr. Weldon will have a wider range of responsibility, although she will continue to act as a liaison between the Medical Center and various government agencies concerned with medical affairs.

Dr. Weldon graduated from Smith College in 1957 and received the M.D. degree in 1962 from the University of Buffalo School of Medicine. She received her pediatric training at The Johns Hopkins Hospital and The Johns Hopkins University School of Medicine. She joined the WU medical faculty in 1968.

More than $5.5 million in free medical care was provided by institutions of the Medical Center during the 1976 fiscal year, according to the Center's annual report. In addition, the Center's institutions invested $15.4 million in capital improvements and spent $29.9 million in research.

Samuel B. Guze, M.D., president of the Medical Center, presented the report to the annual meeting of the Center's Board of Directors September 13. *Charles A. Thomas,* Sc.D., was reelected chairman of the Board. Other officers reelected were *Harold E. Thayer,* vice-chairman; *Lee M. Liberman,* secretary; *Thomas Kenton, Jr.,* treasurer; *Robert* . *Hickok,* assistant secretary; and *Hugh Morrison,* assistant treasurer. *M. Kenton King,* M.D. was electe president.

The Center's six institutions are Washington Un versity, The Central Institute for the Deaf, Barne Barnard Free Skin and Cancer and St. Louis Children's Hospitals and the Jewish Hospital of S Louis.

As in years past, Dr. Guze emphasized the Centers commitment to education and research. Mor that 2,000 students are enrolled in programs fron postdoctoral fellowships to certificate programs i radiation therapy. Continuing education program are of growing importance with 27 courses offere last year by the School of Medicine.

Up $3.8 million over last year, the Center invested $29.9 million in research ranging from basic investigations in biology through studies of treatmen to the role of sociologic and epidemiologic factor in disease.

In patient care, Medical Center hospitals wit 1,963 beds discharged 65,047 patients who receive 647,252 days of care. This represents an averag occupancy rate for the three hospitals of 86%. Ir addition, 35% of all outpatient clinic visits in the St. Louis area were made to Medical Center institutions.

The Central Institute for the Deaf presented the Max A. Goldstein Collection of Rare Books to the Washington University School of Medicine in a ceremony on October 4.

Samuel B. Guze, M.D., vice-chancellor for medical affairs accepted the collection. *Hallowell Davis,* M.D., Director of Research Emeritus for CID and a recent National Medal of Science winner was to speak at the ceremony.

Max A. Goldstein, M.D., LL.D. (1870-1942), was one of the first Americans to travel to Europe to study medical specialties under the masters of the Viennese and German schools. In 1914, Dr. Goldstein founded the Central Institute for the Deaf, with two teachers and four students. It has since developed into an internationally known center for the training of the deaf and mute.

Approximately 700 volumes are included in the Goldstein Collection, among them an incunabulum (book printed before 1501) on language printed in Venice in 1496, a dozen 16th century works, many early anatomical volumes and a collection on sign language.

Introducing...

The Cross-Disciplinary CME Program

For the physician who needs
to keep abreast of the latest developments
in his own and other specialty areas.

American Medical Association 31st Winter Scientific Meeting
(Formerly the Clinical Convention)
December 10-13, 1977/Miami Beach, Florida

The entire scientific program of the AMA Winter Meeting is specifically designed for physicians who recognize the need for multi-specialty continuing medical education. It offers a broad-based, cross-disciplinary learning experience which is not usually available at specialty society meetings.

And emphasis is placed on the *practical* aspects of new scientific developments—the kind of clinical information that is of immediate application in your practice.

Earn half your CME credits for the year!
The AMA Winter Meeting offers you the opportunity to earn as many as 25 Category 1 credit hours towards the AMA Physician's Recognition Award in one place and at one time. That way you can save yourself time and money by not having to take your CME piecemeal at different mes and locations.

Program Highlights

9 Postgraduate Courses—This large selecon of Category 1 courses allows you to concentrate n those areas in which you want to update and pgrade your medical knowledge and skills (See verleaf.)

Videoclinics, 6 Telecourses, 2 Motion Picture Seminars, 8 State of the Art Lecures, 9 Dialogues—All of these events are Category 1 and free of charge (except the videoinics). It means you could earn up to 20 hours of Category 1 CME credit *without any cost to you.*

Scientific Exhibits—These presentations highlight research being done in medical schools, hospitals, and research institutes, and provide an ideal one-to-one learning experience.

Industrial Exhibits—More than 80 firms will exhibit an array of new products and services that are indispensable to medical practice.

See overleaf for complete listing of postgraduate courses

Dept of Meeting Services STJ
American Medical Association
535 North Dearborn St.
Chicago, Illinois 60610

Please send me complete information on the AMA 31st Winter Scientific Meeting.

Name ____________________

Address ____________________

City/State/Zip ____________________

Scientific Program
AMA 31st Winter Scientific Meeting

POSTGRADUATE COURSES
Category 1 (fee required)

Basic Electrocardiography
Thyroid Disease: Diagnosis and Management
Evaluation of Coronary Vascular Disease
Advances in Rheumatoid and Collagenous Vascular Disease: Diagnosis and Therapy
Fetal Assessments—Monitoring
Ophthalmology for the Nonophthalmologist
Medical and Surgical Management of Skin Cancer
Basic Life Support—CPR
Fluid and Electrolyte Balance
Hypoglycemia: Diagnosis and Management
Diagnosis and Treatment of Fractures of the Lower Extremities
Medical and Surgical Management of Coronary Vascular Disease
Noninvasive Diagnostic Radiological Techniques
Dermatology for the Nondermatologist
Sports Injuries
Biofeedback and Other Techniques
Clinical Aspects of Immunology
Diabetes: Diagnosis and Management
Psychotropic Drugs: Uses and Abuses
Unsticky Platelets—Loose Clots
Infectious Diseases in Children
Office Gynecology
Drugs: Actions, Reactions, and Interactions
Care of the Critically Ill: Medical and Surgical Management
Office Endocrinology
Newer Clinical Approaches to the Sexually Transmitted Diseases
Diagnosis and Treatment of Fractures, Dislocations, an Epiphyseal Injuries in Children
Advanced Life Support—Cardiopulmonary Resuscitation (CPR)
Medical and Emotional Problems of Aging
Hypercalcemia: Diagnosis and Management
Evaluation and Management of the Jaundiced Patient
Pediatric Feeding and Nutritional Problems
Office Neurology
Psychiatry for the Nonpsychiatrist
Indications for Total Joint Replacement
Management of Acute and Chronic Pulmonary Problems
Evaluation and Management of Hyperlipidemias
Emergency Medicine for 1978
Pediatric Allergy and Immunology
Management of Renal Failure
Management of Hepatic Problems
Diagnosis and Treatment of Fractures of the Upper Extremities
The Integration of Adjuvant Modalities in the Treatment of Cancer
Nephrolithiasis: Diagnosis and Management
Evaluation and Management of Arrhythmias
Current Antibiotic Uses and Abuses
Evaluation and Management of Common GI Problems
Office Orthopedics
Evaluation and Management of Common Urinary Tract Problems
Use and Consequences of Steroids
Exercise Testing and Physical Fitness Proficiency
Advances in Antibiotics and Other Antimicrobials
Evaluation and Management of Seizure Disorders
Evaluation and Management of GI Bleeding
Alcohol and Drug Abuse
Advanced Electrocardiography

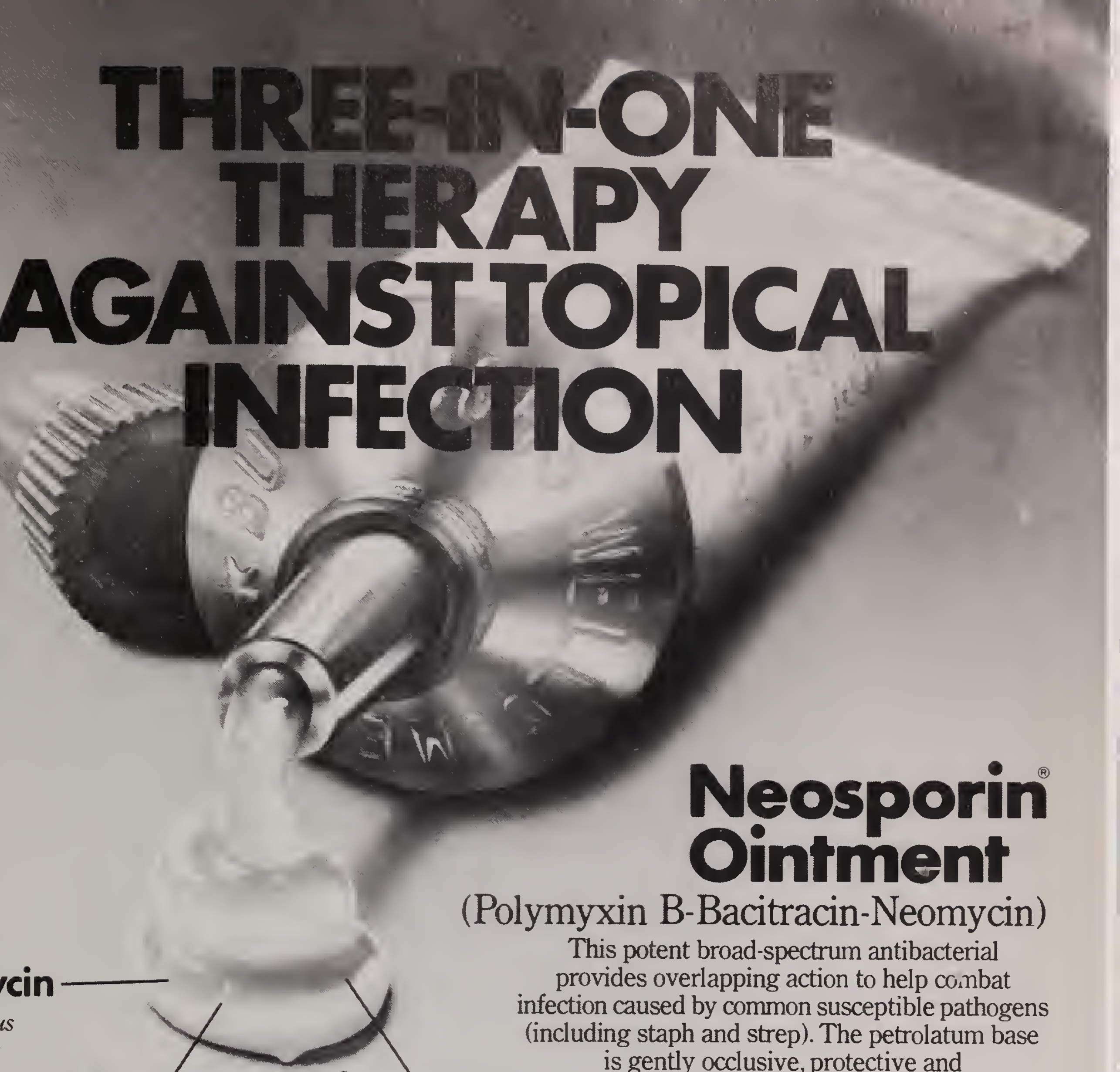
SEND IN THIS COUPON FOR COMPLETE INFORMATION ON THE AMA 31st WINTER SCIENTIFIC MEETING

FIRST CLASS
PERMIT No. 1376
CHICAGO ILL

BUSINESS REPLY MAIL
No Postage Necessary if Mailed in United States

Postage will be paid by

Department of Meeting Services
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610



THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION

Neomycin

Staphylococcus
Haemophilus
Klebsiella
Aerobacter
Escherichia
Proteus
Corynebacterium
Streptococcus
Pneumococcus

Bacitracin

Staphylococcus
Corynebacterium
Streptococcus
Pneumococcus

Polymyxin B

Pseudomonas
Haemophilus
Klebsiella
Aerobacter
Escherichia

In vitro overlapping antibacterial action of Neosporin® Ointment (polymyxin B-bacitracin-neomycin).

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

Lidov

When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate essential hypertension should offer (1) long-term effectiveness, (2) patient comfort, and (3) compliance.

Zaroxolyn offers all three.

Effectiveness: In several long-term studies[1,2,3] Zaroxolyn brought moderately elevated blood pressure (average 167/113 mm Hg) down to the range of normotension—and held it there for up to four years.

Comfort-in-use: One investigator noted, "Patient cooperation was surprisingly good for a study of such duration. The once-daily schedule with metolazone (Zaroxolyn) no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate.[3]

Long-acting

Zaroxolyn®

(metolazone) Pennwalt

2½ mg, 5 mg and 10 mg tablets

once-daily antihypertensive diuretic

Recommended initial dosage in mild to moderate essential hypertension–2½ to 5 mg once daily

efore prescribing, see complete prescribing
formation in the package insert, or in PDR, or
vailable from your Pennwalt representative. The
llowing is a brief summary. **Indications:**
roxolyn (metolazone) is an antihypertensive
uretic indicated for the management of mild to
oderate essential hypertension as sole thera-
eutic agent and in the more severe forms of
pertension in conjunction with other anti-
pertensive agents. Also, edema associated with
art failure and renal disease. **Contraindications:**
nuria, hepatic coma or precoma, allergy or hyper-
nsitivity to Zaroxolyn. Or, as a routine in other-
se healthy pregnant women. **Warnings:** In
eory cross-allergy may occur in patients
ergic to sulfonamide-derived drugs, thiazides
quinethazone. Hypokalemia may occur, and is
particular hazard in digitalized patients;
ngerous or fatal arrhythmias may occur
otemia and hyperuricemia may be noted or
ecipitated. Considerable potentiation may
cur when given concurrently with furosemide.
nen used concurrently with other antihyper-
nsives, the dosage of the other agents should
reduced. Use with potassium-sparing diuretics
y cause potassium retention and hyper-
lemia. Administration to women of childbearing
e requires that potential benefits be weighed against possible hazards to the fetus. Zaroxolyn appears in the breast milk. Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN, uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance. These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered. Patients treated with diuretics or corticosteroids are susceptible to potassium depletion. Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function. Hyperglycemia and glycosuria may occur in latent diabetes. Chloride deficit and hypochloremic alkalosis may occur. Orthostatic hypotension may occur. Dilutional hyponatremia may occur in edematous patients in hot weather. **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks. **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg; edema of cardiac failure—5 to 10 mg; edema of renal disease—5 to 20 mg. Dosage adjustment may be necessary during the course of therapy. **How Supplied:** Tablets, 2½, 5 and 10 mg

References:

1 Dornfeld L, Kane R: Metolazone in essential hypertension: The long-term clinical efficacy of a new diuretic. *Curr Ther Res* **18**:527-533, 1975.

2 Cangiano JL: Effects of prolonged administration of metolazone in the treatment of essential hypertension. *Curr Ther Res* **20**:745-750, 1976.

3. Data on file: Medical Department, Pennwalt Prescription Products

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603

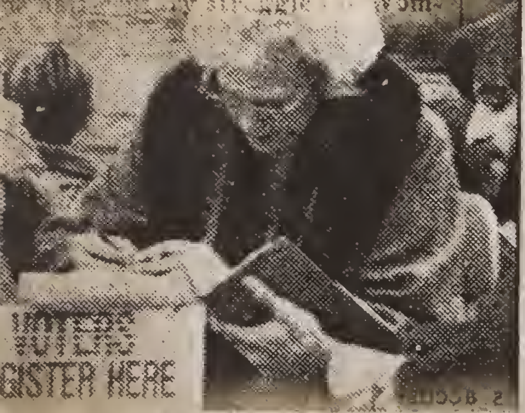
OLBY PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification at His Home Without Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26, 1920—[illegible] struggle [illegible] Wom-



Social Security Bill Is Signed; Gives Pensions to Aged, Job

Roosevelt Approves Message Intended to Benefit 30,00 Persons When States Adopt Cooperating Laws—He (the Measure 'Cornerstone' of His Economic Progra

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent [illegible]

WASHINGTON, Aug. 14 The Social Security Bill, pr a broad program of unempl insurance and old age pe and counted upon to benef 20,000,000 persons, became day when it was signed by dent Roosevelt in the pres those chiefly responsible f ting it through Congress.

Mr. Roosevelt cal [illegible] m "the cornerstone [illegible] which is being [illegible]

COM

TRUMAN CLOSES ED NATIONS CONFEREN ITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

UL SIGNE the Draf Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA
THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132
(816) 276-4167

Dec. 7	Infectious Diseases
(1978) Feb. 1	Gynecology and Female Urology
Apr. 5	Hematology
June 2	Drug Actions and Interactions
Aug. 2	Anxiety, Depression and Psychosexual Problems

University of Missouri-Columbia
M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

Oct. 20	A Systematic Approach to Office Management of Pain
Nov. 4-5	18th Annual M.D. Day
Nov. 14-15	Missouri Rural Health and Safety Conference
Dec. 1-3	What Every Physician Wants to Know About Medical Problems and Dares to Ask!
(1978) Feb. 7-8	The Professional and Community Role of the Physician in Alcohol Abuse
Feb. 22-23	Dynamic Dietetics for Dedicated Diligent Doctors
Mar. 8-9	Preceptor's Day
Mar. 22-23	Common Problems in Cardiology
Apr. 6-7	24th Annual Urology Seminar (Kansas City)
Apr. 25	Pediatrics Refresher Course—1978
Apr. 29	Annual Day of Clinical Radiology
May 2-3	Sports Medicine Conference
May 10	Stroke

University of Missouri-Kansas City School of Medicine
—Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

Oct. 27-29	Fall Clinical Conference (Kansas City Southwest Clinical Society)
Nov. 18-19	The Long Weekend—Appropriate Use of the Laboratory/Methods of Diagnosis
Dec. 8-10	The Heart 1977
(1978) Jan. 22-27	Mid-Winter Traveling Medical Education Course (Steamboat Springs, Colo.)
Feb. 17-18	The Long Weekend—Immunology/Oncology
Feb. 19-25	Mid-Winter Traveling Medical Educational Course (Scottsdale, Ariz.)
Feb. 25-Mar. 4	Late-Winter Traveling Medical Educational Course (Maui, Hawaii)
April 20-21	Surgical Techniques
May 4-6	Seminar: Update in Obstetrics and Gynecology
May 19-20	The Long Weekend—Cardiovascular Disease I and II
June 1-2	Symposium on Physical Fitness

Greene County Medical Society
223 Professional Bldg., Springfield 65806
(417) 869-2531
Contact: James E. Thompson, Jr., Executive Director

Oct. 21	Paul Carrick Arthritic Symposium

Dancinger Institute for the Health Sciences
Menorah Medical Center
4949 Rockhill Rd., Kansas City 64110

Oct. 19-21	Clinical Advances in Pediatrics (Cosponsored by The Children's Mercy Hospital, St. Luke's Hospitial and Kansas City Academy of Family Physicians)

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

Nov. 6	Corneal and External Disease for the Clinician (Cosponsored by American Society of Contemporary Ophthalmology)
(1978) Apr. 2	Annual Spring Seminar

Washington University School of Medicine
Continuing Medical Education
Box 8063, 660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
Contact: Loretta Giacoletto

Oct. 20-21	Recent Advances in the Diagnosis and Therapy of Metabolic Bone Diseases
Oct. 27-28	Restoration of Function Following Hand Injuries
Nov. 11-13	Anesthesia and the Geriatric Patient
Nov. 17-18	Rehabilitation in the Management of Patients With Common Medical Problems
Dec. 2	An Update in Diabetes
(1978) Feb. 16-17	Current Topics in Pulmonary Disease
Mar. 2-3	Rheumatology for the Practicing Physician
Mar. 16-17	Current Topics in Infectious Diseases
Apr. 6-7	Venous and Arterial Thrombosis: Current Status of Diagnosis, Prevention and Therapy
Apr. 17-18	Hysteria in Children
May 18	Third Annual Symposium on Surgical Problems in Children
May 19-20	Neuromuscular Diseases

St. Louis University Medical Center
Continuing Education
3544 Caroline, St. Louis 63104
(314) 664-9800, Ext. 127
Contact: John A. Grellner, Director

Oct. 13	Human Psychology as Revealed in Great Literature (Six monthly sessions)

The Edward Mallinckrodt Institute of Radiology—
Washington University School of Medicine
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
Contact: Ronald G. Evens, M.D.

Nov. 14	Pseudomalignancies of the Skeleton
Dec. 12	New Techniques in Ultrasound
(1978) Jan. 9	Genitourinary Radiology
Feb. 13	Recent Advances in Cardiovascular Nuclear Medicine
Mar. 13	CT Scanning for Treatment Planning and Follow-up of Primary Brain Tumors
Apr. 10	Newer Aspects of Neuroradiology
May 8	Hematologic Bone Disease

American College of Physicians
Contact: Thomas W. Burns, M.D.
University of Missouri School of Medicine
Columbia 65201

(1978) Mar. 9-11	Missouri Regional Meeting (Breckenridge Pavilion Inn, St. Louis)

American College of Obstetricians and Gynecologists
Contact: ACOG
One E. Wacker Dr., Chicago, Ill. 60601

Oct. 20-21	Workshop on Practice Productivity

MISSOURI STATE MEDICAL FOUNDATION

MSMF
113
Madison
Jefferson City,
Missouri 65101

• Sponsored By Missouri State Medical Assn. •

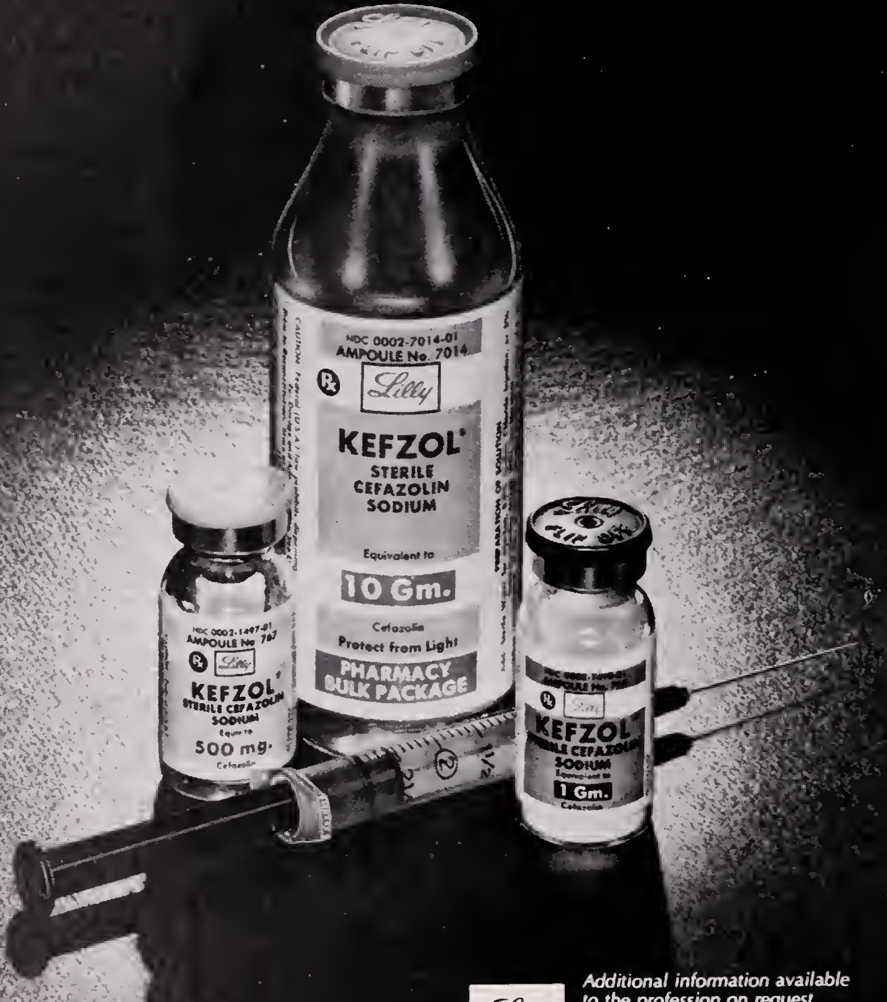
Give now . . .
to the Missouri State
Medical Foundation
student loan fund.
Your gift is
100 %
tax-deductible!

Send Your Contribution To:

The Missouri State Medical Foundation is classified by the Internal Revenue Service under 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

Kefzol® I.M./I.V.
cefazolin sodium

Ampoules, equivalent to 500 mg., 1 Gm., and 10 Gm. of cefazolin



Lilly
700773

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 74, Number 10—October, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

CLARK WATTS, M.D., *Columbia*

Topical Antibiotic Therapy of the Contaminated Myelomeningocele Sac

One of the major problems confronting the primary care physician is the management of the newborn with a myelomeningocele. The overriding initial consideration is the prevention of contamination of the sac. A simple method of management with a topical antibiotic solution is the subject of this report.

Clinical Method

Patients

The management of 21 newborns by this method form the basis of this report. All were seen within 24 hours of birth, 15 upon referral from other institutions. The patients had thoraco-lumbar or lumbo-sacral myelomeningoceles without epithelial covering, rachischisis or sac rupture. Eleven had some neurological function apparent distal to the myelomeningocele; ten had no neurological function detectable.

Antibiotic therapy

No systemic antibiotic therapy was used. The topical antibiotic solution contained 100,000 units of polymyxin B, 50,000 units of bacitracin and gm of neomycin sulfate per liter normal saline.

Polymixin B is active against most gram negative organisms. It has a low level of neurotoxicity as evidenced by its accepted use intrathecally in meningitis of susceptible gram negative origin. Bacitracin is bacteriocidal for most gram positive organisms and is generally inactive for gram negative bacteria. It is poorly absorbed when topically administered. Neomycin sulfate, an aminoglycoside antibiotic, is effective against both gram negative and gram positive organisms, including staphylococcus aureus. It also is poorly absorbed with topical application.

Topical therapy, once begun, was administered continuously for 48 to 72 hours. The patients were kept prone and the sacs covered with sterile fine mesh gauze, which was saturated with the antibiotic solution. The solution was reapplied as necessary to maintain saturation, and the gauze was changed every six hours. This served to atraumatically debride the surface of the sac and permitted repeated cultures to be periodically taken. Primary closure of the sac was accomplished between 48 and 72 hours after antibiotic therapy was commenced.

A simple means of preventing and treating contamination of the myelomeningocele sac involves the continuous topical applications of an antibiotic solution of polymyxin B, bacitracin and neomycin sulfate upon the sac for 48 to 72 hours prior to surgery. This form of therapy seems to be especially beneficial if the patient is grossly contaminated at the time of delivery or must be transported from one institution to another prior to surgery. Dr. Watts is Professor and Chief, Division of Neurosurgery, University of Missouri Medical Center.

Results

The 15 patients transferred from other institutions yielded positive initial cultures, as did three of the six patients born at the treating facility. The organisms cultured included both coagulase positive and coagulase negative Staphylococcus, alpha-hemolytic Streptococcus, Escherichia coli and Klebsiella species. No positive cultures were obtained after 36 hours of therapy.

Surgical therapy consisted of a primary resection of all non-neural elements of the sac. The neural plaque, with entering and exiting nerve fibers, was preserved and covered by a primary dural closure. Where possible, a fascial covering was accomplished. In every case, the skin defect was closed, usually with a modified Z-plasty technique.

No wound infections were noted. All patients developed clinical and radiographic signs of hydrocephalus necessitating a shunting procedure during the initial two months of life. Fourteen ventriculo-atrial and seven ventriculo-peritoneal procedures were performed. Two patients with ventriculo-atrial shunts subsequently developed ventriculitis and sepsis, one at nine months of age and the other at one year of age. The latter succumbed to the disease.

No patients exhibited a change in neurological status following surgery.

Discussion

The timing of surgery upon the myelomeningocele is a controversial topic and no attempt will be made here to debate this issue. We prefer early operation for several reasons. Contamination of the sac increases with time and increases the incidence of meningitis[1] and ventriculitis and sepsis.[2] Early operation, especially with a sterile sac, decreases this complication.[3]

This is particularly true if the neural plaque is preserved and placed in a subdural location, which is a desired result if neurological function exists distal to the sac.[4] Infection of the neural plaque and traction upon neural elements produced by fibrotic changes, which occur if surgery is delayed, may increase neurological deficit.[4]

Systemic antibiotic therapy has been ineffective in preventing postoperative infections[5] such as primary wound infections, meningitis and ventriculitis. Topical silver nitrate therapy has been shown to prevent secondary infections, using a 0.25% or 0.50% solution.[5] Studies have indicated, however, that this substance may be damaging to both peripheral nerves and spinal cord,[6] although it has been used successfully without the development of adverse neurological effects.[5]

The antibiotic solution reported here contains polymyxin B, bacitracin and neomycin sulfate and appears to successfully treat and prevent bacterial contamination of the exposed myelomeningocele. Both bacitracin and neomycin are poorly absorbed from topical locations.[7] Polymyxin B is used intrathecally for certain forms of gram negative meningitis.[7] Both polymyxin B and neomycin, when used parentally, have been implicated in prolonged neuromuscular blockage following general anesthesia.[8] This could conceivably be a complication of this form of therapy, but it was not noticed in this series.

The results of this study suggest that contaminated myelomeningocele sacs can be sterilized by the topical use of an antibiotic solution containing polymyxin B, bacitracin and neomycin sulfate. They further suggest that contamination of these sacs can be prevented by this therapy. These are desirable qualities of this form of therapy, especially if early primary closure of the sac is delayed.

References

1. Shanard, W. J. W., Zachary, R. B., Lober, J.: Survival and Paralysis in Open Myelomeningocele With Special Reference to Time of Repair of the Spinal Lesion. Dev. Med. Child. Neurol. Suppl. 11:35-50, 1966.

2. Shulman, K. and Ames, M. D.: Intensive Treatment of Fifty Children Born With Myelomeningocele. N. Y. Med. J. 68:2656-2659, 1968.

3. Matson, D. D.: Neurosurgery of Infancy and Childhood, Second Edition. Springfield: Charles C Thomas, 1969.

4. Hemmer, R.: Meningoceles and Myeloceles. Progr. Neurol. Surg. 4:192-226, 1971.

5. Long, D. M.: Silver Nitrate Therapy as an Adjunct in the Treatment of Myelomeningocele. J. Neurosurg. 36:769-772, 1972.

6. Heiskanen, O., Galicich, J. H., and Matson, D. D.: The Effect of Silver Nitrate and Silver Protein Solution on the Spinal Cord and Nerve Roots: An Experimental Study on Rabbits. Dev. Med. Child. Neurol. 9:281-286, 1967.

7. Dineen, P.: Antibacterial Drugs, in Modell, W. (Ed.): Drugs of Choice 1976-1977. St. Louis: The C. V. Mosby Co., 1976, pp. 141-159.

8. McQuillen, M. P., Cantor, H. E, and O'Rourke, J. R.: Myasthenic Syndrome Associated With Antibiotics. Arch. of Neurol. 18:402-415, 1968.

Reprints: Section of Neurosurgery
University of Missouri Medical Center
Columbia, Mo. 65201

The Southern Medical Association will hold its 71st Annual Scientific Assembly in Dallas on November 6-9. The Assembly offers six prescribed hours and 267 selective hours of credit from the American Academy of Family Physicans and AMA Category I credit plus programs by specialists in 20 different disciplines with more than 400 speakers from whom to choose.

CHANDLER SMITH, M.D., *Kansas City*

Pseudomembranous Colitis

A Review

Pseudomembranous colitis is a nonspecific pathologic reaction that may or may not be associated with antibiotic therapy. Since its pathogenesis is uncertain, care in the use of various antibiotics, especially clindamycin, is appropriate in order to avoid this reaction. Dr. Smith is Professor and Chairman, Department of Pathology, Truman Medical Center.

THE TERM, "pseudomembranous enterocolitis," was coined by Billroth in 1867 and was first used in America by Finney in 1893.[1, 2] Thereafter, synonyms arose. They expressed etiologic considerations, e.g., "necrotizing enteropathy," "staphylococcal enterocolitis" and "ischemic enterocolitis."[3–5] The condition is seen in conjunction with postoperative states, alterations of intestinal blood supply, intravascular clotting, mitosis-inhibiting agents and congestive heart failure.[4, 6–8] In most of these, the pseudomembrane consists of fibrin, ulcers are prominent and the ileum as well as the colon is affected.

The condition is also caused by drugs, which include lincomycin, ampicillin, tetracycline, chloramphenical and chlortetracycline. All of the drugs cause the same intestinal reaction according to Rollins and Moeller[9] and Reiner, Schlesinger and Miller.[10] In the drug-induced lesions, however, the reaction tends to be limited to the colon, ulcers are scarce and the pseudomembrane consists of a protuberance of necrotic muscosa covered with adherent mucus. These features suggest that the drug-induced cases are different from those unassociated with antibiotics. The distinction, however, is affected by the accuracy of the pathologic observations and the care with which diagnostic terms are used. In this regard, precision of expression is especially urged by Cummins and by Gelfand and Krone.[2, 11] It appears likely that the two forms of pseudemembranous disease are often distinguishable and that the drug-associated form is less severe and more easily treated than the form that follows abdominal surgery and is frequently preceded by shock. Nevertheless, there are cases of pseudomembranous colitis unassociated with drug therapy that appear from photographs and morphologic descriptions to be indistinguishable from the drug-induced lesion. These have occurred in conjunction with obstructive disease of the colon, terminal cardiorenal disease with uremia or congestive failure, septicemia, abdominal operations and intravascular coagulation and with no evident cause.[2, 11–14] It is necessary, therefore, to conclude that the pseudomembranous colitis associated with antibiotic therapy is morphologically nonspecific because it is seen in the absence of such agents.

The model of the drug-induced colonic reaction is that which is associated with clindamycin. It is the agent of choice for bacteroides infections, and it is a useful alternative for patients who are allergic to penicillin.[15] Clindamycin is a derivative of lincomycin, which is a natural product of the fungus Streptomyces lincolnensis. The name comes from Lincoln, Neb. where the organism was found in the soil.[16] Isolated in 1962, it is an antibiotic that is poorly absorbed from the intestine and causes diarrhea in approximately 20% of patients.[16] In order to improve absorption and lessen diarrhea, the synthetic modification, clindamycin, was produced. It is completely absorbed from the gut and was expected to have a lower incidence of intestinal disturbance. Incidence, however, is difficult to determine because there is no uniformly accepted definition of diarrhea. Nevertheless, Tedesco and colleagues, applying the definition of five or more loose stools per day to 200 patients taking the drug orally, noted an incidence of diarrhea of 21%.[17] Diarrhea is less frequent when the drug is given by muscle or vein. Discontinuation of the drug is followed by cessation of the diarrhea within one week. Other authors cite a lower incidence of diarrhea.[18]

Clindamycin is also associated with pseudomembranous colitis. The first account of severe protracted colitis attributed to this drug was reported by Cohen, McNeill and Wells in 1973.[19] According to Friedman and colleagues, more than 120 reports

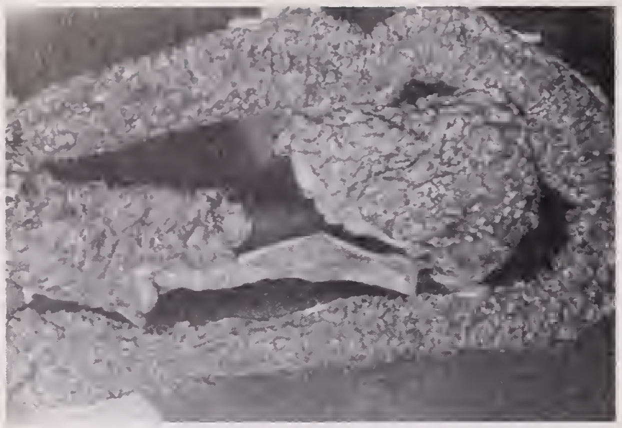


Fig. 1 Mucosal surface of colon with drug-induced pseudomembranous colitis. Abrupt cessation of the lesion at the ileocecal junction is characteristic. The patient, who was 67 years old, took 1.8 gm of clindamycin and died after 29 days in the hospital.

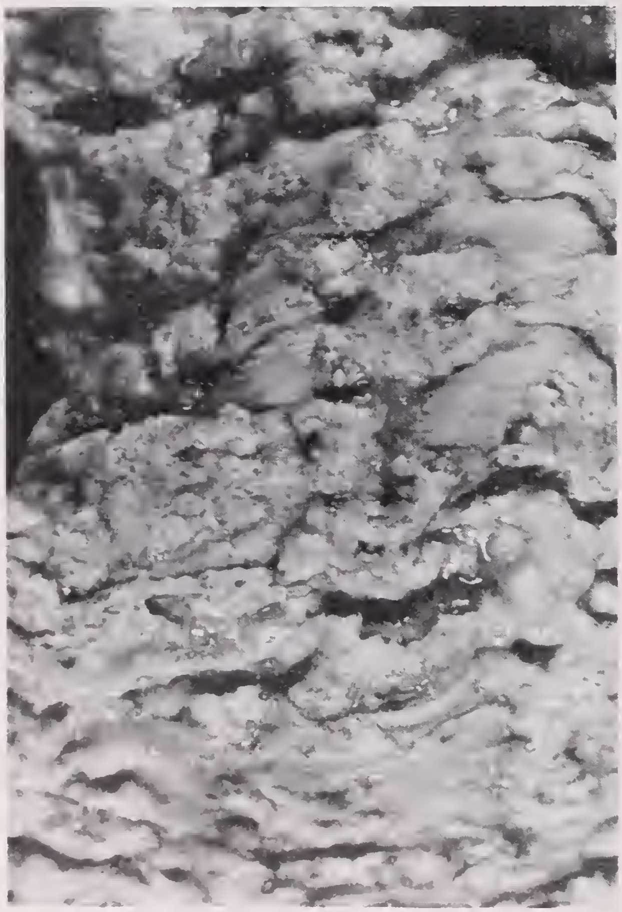


Fig. 2 Tufts of mucus projecting above intact mucosa.

of the effects of clindamycin had appeared in the medical literature by 1976.[18] The incidence of clindamycin-associated colitis in the 200 patients treated by Tedesco *et al* was 10%.[17] The condition, which is not dose-dependent, is unrelated to age or sex and occurs more often after oral ingestion than after administration by other routes.[17, 20] Common reasons for using the drug have included acne, other skin conditions, inflammations of the ear and upper respiratory infections.[18]

Clinical manifestations are especially fever, hypogastric pain, cramping in the abdomen, tenesmus and distension of the abdomen. The diarrhea is often bloody-mucoid. It tends to be intractable and often persists after the drug has been discontinued. Diarrhea also may begin after the drug has been stopped.[21] Arthritis similar to that associated with ulcerative colitis, as well as toxic megacolon, may develop.[9, 22]

The first radiographic report of "extensive ulcerations" associated with clindamycin therapy was that of Denner and Hellman in 1970.[23] Subsequent studies have shown the lesions to be limited to the colon with involvement scattered evenly over the entire surface.[24] In some, however, a more pronounced reaction was seen in the ascending and transverse portions while in others, the maximum change was noted in the rectosigmoid.[9, 25, 26] Nevertheless, the rectum is regularly involved so that proctoscopic examination is the most reliable method of diagnosis.[17, 24] According to Tedesco, Stanley and Alpers, the contrast studies are "distinctly unusual" with mucosa covered by flat plaque-like lesions measuring 2 mm to 8 mm in greatest dimension.[27] This appearance is not regarded as specific, however, so it is difficult to distinguish from chronic ulcerative or granulomatous colitis.[24, 28] While in agreement, Fenton and colleagues point out the absence of pseudopolyps, strictures or deficient haustra that are characteristic of ulcerative colitis.[26] Tedesco and associates, nevertheless, regard the radiographic findings to be "quite specific for the entity" as distinguished from the pseudomembranous colitis that is unassociated with antibiotic therapy.[27] They point out that the clindamycin-associated lesion is radiographically indistinguishable from the colitis associated with other antibiotics.

The pathologic changes are characteristic, i.e., the "plaque-like lesions" are tufts of adherent mucus from focal hypersecretion of goblet cells. The mucosa between the tufts is intact. Removing the tuft reveals petechiae over a friable surface. The gross appearances are shown in Figs. 1 and 2. Histologic examination discloses "streaming" of leukocytes into the mucus, necrosis of the mucosa and edema with slight acute inflammation of the subjacent wall. The necrosis is coagulative so that the pattern of the surface layer remains faintly visible. The tufts on the surface and the focal edema of the subjacent wall produce a raised lesion that projects into the lumen. This projection, with the streaming of leukocytes, causes the appearance of an eruption so that the cut surface contour has been likened to a mushroom, a volcano or an explosion. The histologic appearance is shown in Fig. 3. The characteristic lesion is not an ulcer, and it bears scant histologic resemblance to ulcerative colitis. These differences are indicated in Fig. 4. If the drug is continued, the lesions enlarge and coalesce.[17] Ulcers may develop and occasionally, clindamycin is associated with nonpseudomembranous colitis.[21, 28] Regardless of the type, the process stops abruptly at the ileocecal junction.

The diagnosis is suggested by the onset of diarrhea during or after therapy with clindamycin. Barium contrast studies reveal an abnormality of the colonic mucosa and the extent of the process. Proctoscopic examination then discloses the characteristic yellowish-white mucosal tufts, and biopsy reveals the "erupting" configuration of the lesion. Stool cultures yield neither pathogens nor bacterial overgrowth. Therapy consists of immediate cessation of the antibiotic, for otherwise the lesions will enlarge and coalesce and recovery will be delayed. Management may be difficult because of protein loss, widespread edema, electrolyte imbalance and circulatory collapse.[24] Antidiarrheal agents may be given, and adrenocorticoids have been useful on an empirical basis.[11] Most patients recover from both the diarrhea and the pseudomembranous lesion by simple cessation of the drug.[17, 23, 29] The usefulness of sitz baths, yogurt diets, fecal enemas, anal suppositories and cortisone enemas is less certain. When the drug is discontinued, the abdominal cramping disappears within 48 hours, and the diarrhea subsides within a week. If drug cessation is delayed, however, proctoscopic examination may reveal an abnormal mucosa that persists for as long as six weeks.[17] Surgical excision of the affected portion has been curative when the process is localized.[12, 26] Recently, cholestyramine has been reported as a successful therapeutic agent.[30]

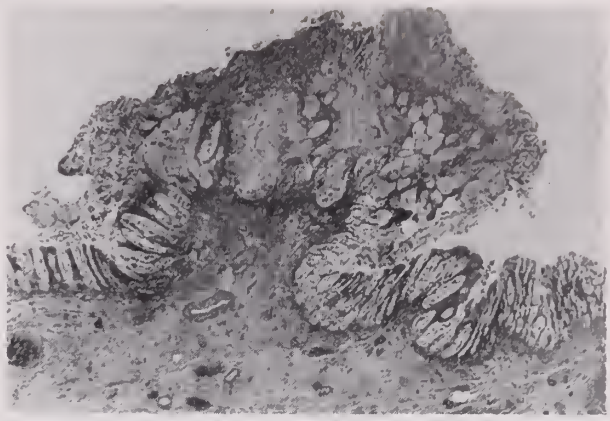


Fig. 3 Histologic view showing "mushroom" contour, mucosal necrosis and hypersecretion of mucus.

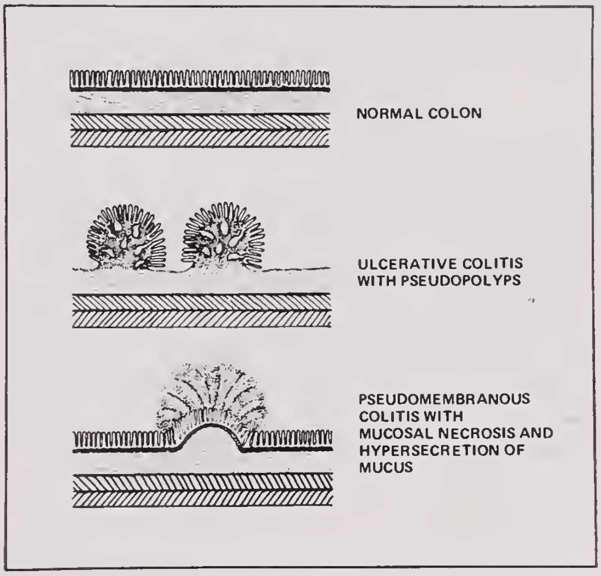

NORMAL COLON
ULCERATIVE COLITIS WITH PSEUDOPOLYPS
PSEUDOMEMBRANOUS COLITIS WITH MUCOSAL NECROSIS AND HYPERSECRETION OF MUCUS

Fig. 4 Diagrammatic comparison of ulcerative colitis and pseudomembranous colitis.

From the standpoint of pathogenesis, it is not clear whether the colitis is due to an alteration of he microbial flora of the intestine or a direct effect of the drug on the mucosal cells.[31] The ormer is the view of Reiner, Schlesinger and Miller who presume an unbalancing of intestinal lora with overgrowth of organisms not normally bundant in the colon.[10] Durrani and Grun support this view.[6] Pittman and colleagues, however, suppose the drug or a breakdown-product of it is absorbed by the epithelial cells of the mucosa wherein protein synthesis is impaired.[32] This is an appealing explanation because the drug affects bacteria in the same way.[16] Wells notes hypoperfusion as playing a role in conjunction with the antibiotic.[33] Medline and colleagues suggest hypersensitivity since two of their patients had previously taken the drug.[24] Davis came to the same conclusion after noting that the colitis only followed oral intake of the drug; cases associated with parenteral administration, however, were observed later.[20] Medline and associates believe in a common pathogenesis because different antibiotics appear to cause the same pathologic reaction.[24]

While no single view prevails, Wells points out that there is ordinarily no previous history of inflammatory bowel disease and no common pattern of bacterial overgrowth once the diarrhea begins. He, thus, cites the main possibilities as an allergic reaction, a mucosal hypoperfusion or the effect of a toxic metabolite of the drug.[33] It is evident that the pathogenetic mechanism is not yet established.

SUMMARY

Pseudomembranous colitis is a nonspecific pathologic reaction that may or may not be associated with antibiotic therapy. An example of the drug-induced lesion is that which is associated with clindamycin. This agent is a useful antibiotic, especially for patients who are allergic to penicillin or who have bacteroides infections. The drug is associated with diarrhea and, less frequently, pseudomembranous colitis. The latter is characterized by fever, abdominal pain and diarrhea. Proctoscopic examination and biopsy of the mucosa establish the diagnosis.

The lesion is limited to the colon and consists of focal necrosis of the epithelium, slight inflammation of the wall and pronounced hypersecretion of mucus. The reaction subsides after cessation of the drug. Failure to recognize the condition may have serious consequences. The pathogenesis of pseudomembranous colitis is uncertain. Care in the use of various antibiotics, especially clindamycin, is appropriate in order to avoid this reaction.

REFERENCES

1. Finney, J. M. T.: Gastroenterostomy for Cicatrizing Ulcer of the Pylorus. J. Hopkins Hosp. Bull. 4:53-55, 1893.
2. Cummins, A. J.: Pseudomembranous Enterocolitis and the Pathology of Nosology. Am. J. Dig. Dis. 6:429-31, 1961.
3. Whitehead, R.: Ischaemic Enterocolitis: an Expression of the Intravascular Coagulation Syndrome. Gut 12:912-917, 1971.
4. Amromin, G. D. and Solomon, R. D.: Necrotizing Enteropathy. J.A.M.A. 182:23-29. 1962.
5. Hale, H. W. and Cosgriff, J. H.: Pseudomembranous Enterocolitis. Am. J. Surg. 94:710-717, 1957.
6. Durrani, K. M. and Grun, J. G.: Pseudomembranous Enterocolitis. Am. J. Surg. 106:966-973, 1963.
7. Penner, A. and Druckerman, L. J.: Enterocolitis as a Postoperative Complication and Its Significance. Gastroenterol. 11:478-487, 1948.
8. Kleckner, M. S., Jr., Bargen, J. A. and Baggenstoss, A. H.: Pseudomembranous Enterocolitis: Clinicopathologic Study of Fourteen Cases in Which the Disease Was Not Preceded by an Operation. Gastroenterol. 21:212-222, 1952.
9. Rollins, D. E. and Moeller, D.: Acute Migratory Polyarthritis Associated With Antibiotic-Induced Pseudomembranous Colitis. Am. J. Gastroenterol. 65:353-356, 1976.
10. Reiner, L., Schlesinger, M. J. and Miller, G. M.: Pseudomembranous Colitis Following Aureomycin and Chloramphenicol. Arch. Path. 54:39-67, 1952.
11. Gelfand, M. D. and Krone, C. L.: Non-staphylococcal Pseudomembranous Colitis. Am. J. Dig. Dis. 14:278-281, 1969.
12. Jackson, B. T. and Anders, C. J.: Idiopathic Pseudomembranous Colitis Successfully Treated by Surgical Excision. Brit. J. Surg. 59:154-156, 1972.
13. Goulston, S. J. M. and McGovern, V. J.: Pseudomembranous Colitis. Gut 6:207-212, 1965.
14. Kay, A. W., Richards, W. L. and Watson, A. J.: Acute Necrotizing (Pseudomembranous) Enterocolitis. Brit. J. Surg. 46:45-57, 1958.
15. Fass, W. J., Ruiz, D. E., Gardner, W. G. and Rotilie, C. A.: Clindamycin and Gentamycin for Aerobic and Anaerobic Sepsis. Arch. Int. Med. 137:28-38, 1977.
16. Goodman, L. S. and Gilman, A.: The Pharmacologic Basis of Therapeutics, Fifth Edition. New York: Macmillan Publishing Co., 1975.
17. Tedesco, F. J., Barton, R. W. and Alpers, D. H.: Clindamycin-Associated Colitis. Ann. Int. Med. 81:429-433, 1974.
18. Friedman, G. D., Gerard, M. J and Ury, H. K.: Clindamycin and Diarrhea. J.A.M.A. 236:2498-2500, 1976.
19. Cohen, L. E., McNeill, C. J. and Wells, R. F.: Clindamycin-Associated Colitis. J.A.M.A. 223:1379-1380, 1973.
20. Davis, J. S.: Severe Colitis Following Lincomycin and Clindamycin Therapy. Am. J. Gastroenterol. 62:16-23, 1974.
21. Unger, J. L., Penka, W. E. and Lyford, C.: Clindamycin-Associated Colitis. Am. J. Dig. Dis. 20:214-222, 1975.
22. Brown, C. H., Ferrante, W. A. and Davis, W. D., Jr.: Toxic Dilitation of the Colon Complicating Pseudomembranous Colitis. Am. J. Dig. Dis. 13:813-821, 1968.
23. Benner, E. J. and Tellman, W. H.: Pseudomembranous Colitis as a Sequel to Oral Lincomycin Therapy. Am. J. Gastroenterol. 54:55-58, 1970.
24. Medline, A., Shin, D. H. and Medline, N. M.: Pseudomembranous Colitis Associated With Antibiotics. Hum. Path. 7:693-703, 1976.
25. Manashil, G. B. and Kern, J. A.: Nonspecific Colitis Following Oral Lincomycin Therapy. Am. J. Gastroenterol. 60:394-399, 1973.
26. Fenton, S., Stephenson, D. and Weder, C.: Pseudomembranous Colitis Associated With Antibiotic Therapy—An Emerging Entity. Canad. Med. Assn. J. 110:1110-1111, 1974.
27. Tedesco, Y. J., Stanley, R. J. and Alpers, D. H.: Diagnosis of Clindamycin-Associated Colitis. New Eng. J. Med. 290:841-843, 1974.
28. Price, A. B. and Davies, B. R.: The Diagnosis of Pseudomembranous Colitis by Rectal Biopsy. Proc. Roy. Soc. Med. 68:31, 1975.
29. Ramirez-Ronda, C. H.: Incidence of Clindamycin Associated Colitis. Ann. Int. Med. 81:860- , 1974.
30. Burbice, E. J. and Milligan, F. D.: Pseudomembranous Colitis. J.A.M.A. 231:1157-1158, 1975.
31. Dyck, W. P., Viteri, A. L. and Howard, P. H.: Lincomycin, Clindamycin, and Colitis. The Lancet 1:272-273, 1974.
32. Pittman, F. E., Pittman, J. C. and Humphrey, C. D.: Letters to Editor: Lincomycin and Pseudomembranous Colitis. The Lancet 1:451-452, 1974.
33. Wells, R. F.: Editorial. Ann. Int. Med. 81:547-548, 1974.

Skin problems of older Americans will be aired at a symposium on "Aging Skin and Its Care" in Miami Beach on Jan. 19-21, 1978 (Deauville Hotel).

The conference will be presented by The Duhring Laboratories, Department of Dermatology, University of Pennsylvania and the Division of Scientific Activities of the American Medical Association.

Topics include anatomy and physiology of aging skin; the commonest skin lesions of the aged; methods of studying aging changes; amelioration of senescent impairments by cosmetic art; the psychology of cosmetics; prophylactic and therapeutic procedures, such as surgery and treatment by chemicals or low-temperature cold; dry skin and its treatment; prevention of skin damage and skin cancer from sunlight.

PROBODH K. SRIVASTAVA, Ph.D., BHISIT BROTHINARD, M.D.,
JAMES P. MYERS, M.D. *and* **WILLIAM B. BRADLEY, M.D.,**
Columbia and St. Louis

Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities

Case Report

Klinefelter's syndrome (KS) is the second most common chromosome abnormality of the humans. Although most of the subjects with KS have normal intelligence, Froland (1969) found 8.2 per 1,000 subjects and of 8 per 1,000 subjects with KS to be mildly and severely mentally retarded, respectively. Our patient has a 47 XXY, karyotype and profound somatic abnormalities as well as abnormalities of the external genitalia.

The identification of KS patients provides a biologic etiology of the disease and may set a rational course for the management of their medical problems.

Case Report

Clinical Picture

The patient is the eldest of four children born to a then 20-year-old mother and 24-year-old father, who are unrelated. He was born at term after an uneventful pregnancy, labor and delivery. His birth weight was 2,900 gm and his length was 30 cm. Failure to thrive and severe neuromotor delays were noted early. As an infant, he was described as limp. Hypogenitalism and cryptorchidism also were noted during his infancy.

He is currently 26-years-old, blond haired with blue eyes and has been a resident of various institutions for the mentally retarded requiring total care since he was six years of age. He never achieved any self-care skills and has never been able to sit without support. He sustained fractures of each of the humerus on simply being lifted. He remains without speech and incontinent bowel and bladder.

Skeletal Deformities

A generalized osteoporosis is evident from bone X-rays. The estimated bone age is 15 years and 3 months. Skull is small compared to the face. Sutures are not closed. Mastoid air cells are thick walled. There is a decrease in the muscle mass. The ribs appear broad and there are 13 on each side. Old fractures, one on the right and one on the left humerus, are present. The proximal ends of the humeri have an outward bowing forming an "S" configuration. The heads of the femur are overgrown as compared to the acetabulum. Growth centers have not fused in the hands and the hips. Flat feet without reversal of the plantar arch of pes plenum were found. The talus bone is normally positioned perpendicularly below the fibula and tibia.

Neurological Examination

The patient has a third-degree nystagmus on fixation of gaze which has quick phase to either directions. He has bilateral, symmetrical reflexes in the range of 2+ on upper extremities and at the knee. There is no ankle jerk and the planter reflexes are equivocal. He has 2+ to 3+ hypotonia in all extremities and can only move them when stimulated by pain. The electroencephalogram showed diffuse slowing in the 6 c/s-7 c/s range at 50 μv. Computerized axial tomography of the brain revealed a mild ventricular enlargement. There was no abnormal cortical pattern. Suprasellar region was not remarkable.

Laboratory studies included 12/60, growth hormone, Cortisol, glucose tolerance test, vanillyl mandelic acid (VMA), catecholamines and thyroid-function studies and results were all within normal limits.

Cytogenetic Studies

These studies were done when the patient was 24

In this case report, a G banding pattern of chromosomes revealed a 47 XXY karyotype in a 24-year-old male patient. The clinical features include somatic anomalies (hypotonia, profound mental retardation and skeletal deformities) as well as sex organ anomalies (atrophic scrotum, rudimentary penis and undescended testicles).

Dr. Srivastava is from the Department of Pathology, University of Missouri-Columbia School of Medicine. Drs. Bhothinard and Myers are from the Department of Neurology and Dr. Bradley is from the Department of Pediatrics, State Hospital, St. Louis.

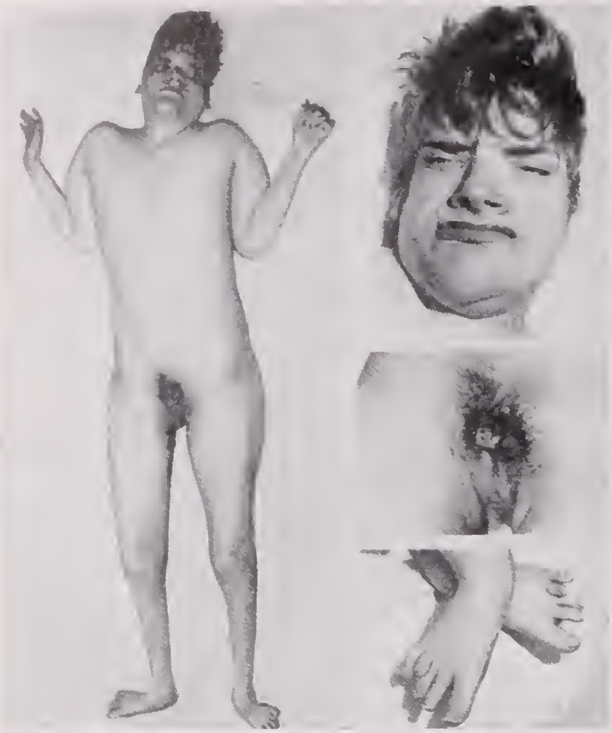


Fig. 1 Patient at 24 years of age.

years old. Buccal smears were examined for the sex chromatin bodies. X chromatin bodies were found in 7% of the nuclei. Fluorescent microscopy revealed the presence of Y chromatin fluorescing bodies in 77% of interphase nuclei (Srivastava *et al*, 1974).

Chromosome analyses were performed twice by the flame-dried technique from cultured peripheral blood leukocytes. The following staining schedule was used to obtain G-bands: the chromosome slides were incubated for 100 minutes at 65 C in 2-SSC (made with 0.6M NaCl and 0.06 M sodium citrate), rinsed by dipping eight to ten times in 70% ethanol and stained in a Giemsa staining solution [Merck's Giemsa stain . . . 5 ml, MacIlvaine buffer (pH 6.7-6.9) . . . 75 ml]. The Giemsa staining solution should be adjusted to pH 6.7-6.9, if necessary. Stained preparations were rinsed in distilled water, air dried overnight and cover-slipped with Eukitt.

A modal number of 47 chromosomes was obtained. Karyotype revealed the Chromosomes Constitution of 47 XXY (Fig. 2).

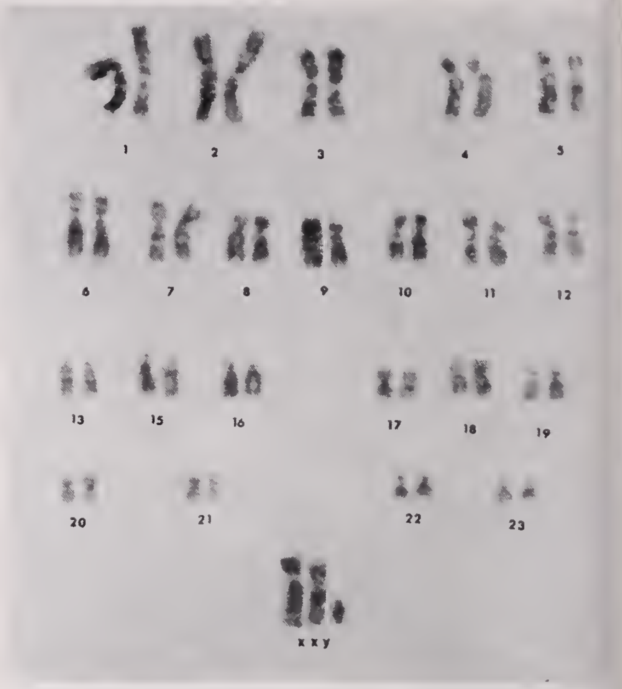


Fig. 2 G-banded karyotype from the peripheral blood culture of patient.

Discussion

The surplus of the extra X chromosome leads to the pathogenesis of KS (Froland, 1969). At the moment, we are unable to explain the severity of mental retardation. Nuclei showing the presence of X chromatin bodies are quite low in our patient. Traditionally KS patients show a low X chromatin count. Not enough data are yet available to compare our findings for the Y chromatin fluorescing bodies.

References

1. Froland, A.: Klinefelter's Syndrome: Clinical Endocrinological and Cytogenetical Studies. Danish Med. Bull. 16(Suppl. VI):1-108, 1969.

2. Srivastava, P. K., Miles, J. and Lucas, F. V.: Y Chromatin Fluorescence in Human Buccal Smear. Clin. Genet. 6:201-204, 1974.

Reprints: Probodh K. Srivastava, Ph.D.
Dept. of Pathology
University of Missouri School of Medicine
Columbia, Mo. 65201

The 1977 interim session of the House of Delegates of the American Medical Association will be held Dec. 4-7 at the Palmer House in Chicago.

Official notification of the meeting is published in the October 3 *Journal of the American Medical Association.*

Sessions will begin at 2 PM on Sunday, December 4 and continue through Wednesday, December 7.

For the first time, the AMA's Winter Scientific Meeting, formerly known as the Clinical Convention, will be held separately from the House of Delegates.

The Scientific Meeting will be held on December 10-13 in Miami Beach, Fla. It will feature continuing education courses for physicians.

PAUL J. GARVIN, M.D. *and* **JOHN E. CODD, M.D.**, *St. Louis*

Colonic Obstruction and Strangulation In Traumatic Diaphragmatic Hernia

Case Report

WITH THE EVER INCREASING NUMBER of high-speed vehicular accidents and the rise in civilian violence, more and more reports[1-5] of traumatic injuries to the diaphragm have appeared. Despite an increased awareness of this entity on the part of physicians, a large percentage of cases are diagnosed at some interval after trauma. This is especially prevalent following blunt trauma. With this delay in diagnosis, an increased mortality has resulted. Our recent experience with a patient who presented with an incarcerated diaphragmatic hernia several years after trauma prompted this report.

CASE REPORT

The patient was a 50-year-old man with a long history of paranoid schizophrenia for which he was followed by the Psychiatry Department. On a routine visit there, he complained of intermittent vomiting after meals for the last month. For the last week, he had vomited after every meal and had noticed progressive abdominal distention. His past history was significant in that in 1972, he attempted suicide by jumping from a bridge. He was treated at another hospital for bilateral calcaneus fractures and a ruptured bladder which was repaired through a low transverse incision. From that time until his present illness, he had no gastrointestinal symptoms.

Significant physical findings were: temperature, 100 F; blood pressure, 160/60; and pulse rate, 110 beats/min. There was moderate decrease in skin turgor. Lungs revealed decreased breath sounds and dullness to percussion in the left base. A cardiovascular examination revealed a shift of heart tones to the right. Abdominal examination revealed a distended, tympanitic abdomen with decreased bowel sounds and occasional rushes. No tenderness was present. The remainder of the examination was normal.

Pertinent laboratory data included hematocrit, 38%; white blood cell count, 11,000 with marked left shift; sodium = 123 mEq/liter; potassium = 3.0 mEq/liter; chloride = 93 mEq/liter; CO_2 content = 33 mEq/liter; blood urea nitrogen = 32 mg/100 ml and glucose = 154 mg/100 ml. A chest radiograph revealed air fluid levels above the left hemidiaphragm (Fig. 1) and an upright abdominal radiograph revealed dilated loops of small bowel with air fluid levels evident.

The diagnosis of incarcerated diaphragmatic hernia was made and the patient was prepared for emergency exploration.

A celiotomy was performed through an upper mid-

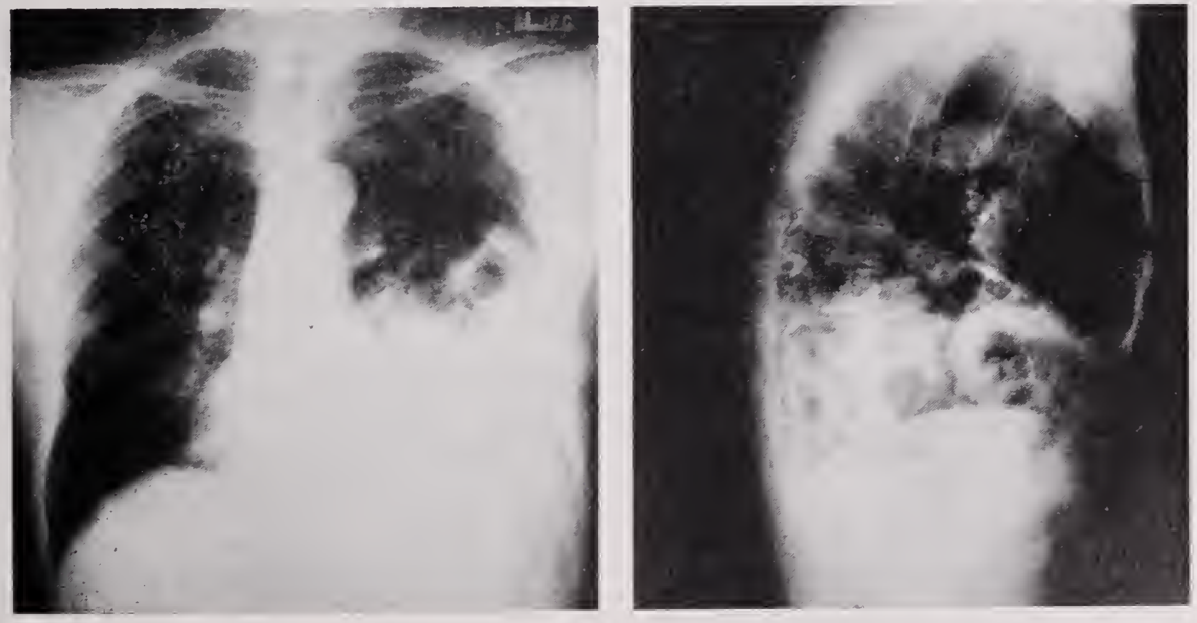


Fig. 1

This case report illustrates the necessity for more vigorous diagnostic evaluation of trauma victims to prevent the increased morbidity and mortality that results from a delay in diagnosis. The authors are from the Department of Surgery, Saint Louis University School of Medicine and the Unit II Surgical Service, John Cochran Veterans Administration Hospital.

line incision with the left side of chest prepared for a possible thoracic extension. Findings at the time of operation were a massively distended small intestine and colon to the midtransverse region. The distal transverse colon and entire greater omentum were incarcerated in a defect in the dome of the left diaphragm. Upon reduction of the contents of the hernia, the involved colon was found to be necrotic and a pericolic abscess followed by fecal spillage was encountered. The involved colon was resected and the defect in the diaphragm, which measured 10 cm × 12 cm, was debrided and closed with #0 monofilament sutures in a horizontal mattress fashion. A transverse colostomy, mucous fistula and left-tube thorocostomy were performed and the abdomen was closed with stainless steel wires.

The patient's postoperative course was one of progressive deterioration from the evening of surgery. Within the ensuing 72 hours, despite vigorous antimicrobial and supportive measures, his condition continued to decline and he succumbed on his third postoperative day. A postmortem examination revealed diffuse peritonitis and pleuritis, which were felt to be the cause of his septic course.

DISCUSSION

Traumatic diaphragmatic hernia has been a recognized entity since the first postmortem description by Sennertus[6] in 1541. It was not until 1853 that the first antemortem diagnosis was described by Bowditch.[7] In his classic article, he cites five physical findings which are still used today for diagnosing this entity. These are the following:

1. Prominence and immobility of the left hemithorax.
2. Displacement to the right of the area of cardiac dullness.
3. Absent breath sounds on the left.
4. Presence of bowel sounds in the chest.
5. Tympany to percussion in the left chest.

TABLE 1

RADIOGRAPHIC FINDINGS IN TRAUMATIC DIAPHRAGMATIC HERNIA

1. Presence of hollow viscus in thoracic cavity
2. Shift of mediastinal structures
3. Abnormal contour ("elevation") of the diaphragm
4. Shift of gastric bubble to the right
5. Hemothorax and/or pneumothorax
6. Solid viscus, i.e., spleen, in thoracic cavity suggesting left lower lobe mass
7. Left lower lobe atelectasis
8. Location of NG tube in herniated stomach

The most common cause is trauma, penetrating or blunt, to the chest and upper abdomen. Other uncommon causes include dehiscence of surgical incisions in the diaphragm[8] and inadvertent injury in upper abdominal procedures. Also, "spontantous" rupture of the diaphragm has been reported[9] after activities resulting in increased transdiaphragmatic pressures.

The majority (80%-95%) of blunt injuries involve the left hemidiaphragm, whereas penetrating injuries are more equally divided between the left and right side.[10] The reason for the preponderance of injuries on the left side in blunt trauma is the protective effect of the liver in reducing pressure transmitted to the right diaphragm.

The clinical presentation can be immediate or delayed, with the latter group comprising 50% and greater in many series.[11] In the immediate group, the diagnosis is made early because of a high index of suspicion along with the classical signs of Bowditch or a suggestive chest X-ray (Table 1). Also, a large segment of this group is diagnosed intraoperatively during celiotomy for associated injuries.

With the passage of time, these diaphragmatic defects, even the smaller ones, will persist. There is a persistent pleuroperitoneal pressure gradient[12] and, often, omentum or a viscus in the defect which prevents coaptation of the edges. It is in this delayed group that diagnostic difficulties arise, resulting in an increase in morbidity and mortality. This group has few findings to lead to the diagnosis until the viscera become incarcerated. The history of trauma may have been many years earlier and may have seemed so minor as to be forgotten, i.e., "superficial" stab wound. Patients will present for evaluation with cardiorespiratory symptoms, vague gastrointestinal symptoms or, as in our patient, with frank intestinal obstruction. With a greater awareness of this entity and a more thorough evaluation of patients with vague respiratory or gastrointestinal complaints following trauma, more elective diagnosis and repairs should result.

The operative findings will vary depending upon the mechanism of injury and the time interval from injury to operation. In penetrating injuries, the defect is usually small (2 cm), whereas blunt trauma results in much larger defects. If identified immediately after injury, the majority of patients will have no visceral herniation and adhesions will be minimal. With the passage of time, the incidence of herniation increases and adhesions develop between the viscera and the thoracic contents. Furthermore, retraction and atrophy of the edges of the defect will occur. The most common organs to herniate are the stomach, spleen, colon and omentum.[12]

The surgical approach should be abdominal for the immediate group, especially when other abdominal injuries are suspected. If necessary to facilitate repair, a separate thoracic incision can be used. In the delayed group, most authors[1, 4] recommend a thoracic or a combined thoracoabdominal approach because of the dense adhesions between the viscera and the thoracic contents. However, with the need for decompression and possibly bowel resection in acute obstruction, an initial abdominal incision should be used. The repair should be with interrupted, nonabsorbable suture utilizing a single layer of horizontal mattress sutures. A second layer for imbrication can be used. On rare occasions, prosthetic material[1] or autogenous tissue may be necessary to bridge large defects.

SUMMARY

A case of colonic obstruction and strangulation in a traumatic diaphragmatic hernia is presented. Etiology, clinical and radiographic findings and operative approach are reviewed. A greater awareness of this entity and a more vigorous diagnostic evaluation of trauma victims is necessary to prevent the increased morbidity and mortality that comes with a delay in diagnosis.

REFERENCES

1. Hill, L. D.: Injuries of the Diaphragm Following Blunt Trauma. Surg. Clin. North. Am. 52:611-624, 1972.
2. Drews, J. A., Mercer, E. C. and Berfield, J. R.: Acute Diaphragmatic Injuries. Ann. Thorac. Surg. 16:67-78, 1973.
3. Strug, B., Noon, G. P. and Beall, A.: Traumatic Diaphragmatic Hernia. Ann. Thorac. Surg. 17:444-449, 1974.
4. Grimes, O. F.: Traumatic Injuries of the Diaphragm. Am. J. Surg. 128:175-181, 1974.
5. Griswold, F. W., Warden, N. E. and Gardner, R. J.: Acute Diaphragmatic Rupture Caused by Blunt Trauma. Am. J. Surg. 124: 359-362, 1972.
6. Cited by Schneider, C. F.: Hernia. Edited by Nyhus, L. M. and Harkins, H. N. Philadelphia, J. B. Lippincott Co.: 1964, p. 568.
7. Bowditch, H. I.: Diaphragmatic Hernia. Buffalo Med. J. 9:1-92, 1853.
8. Sullivan, R. E.: Strangulation and Obstruction in Diaphragmatic Hernia Due to Blunt Trauma. J. Thorac. Cardiovasc. Surg. 52:725-734, 1966.
9. Bekassy, S. M., Dave, K. S. and Woller, G. H. *et al:* "Spontaneous" and Traumatic Rupture of the Diaphragm. Ann Surg. 177: 320-324, 1973.
10. Wise, L., Connors, J. and Hwang, Y. H. *et al:* Traumatic Injuries to the Diaphragm. J. Trauma 13:946-950, 1973.
11. Bernatz, P. E., Burnside, A. F. and Clagett, O. T.: Problems of the Ruptured Diaphragm. JAMA 168:877-881, 1958.
12. Gourin, A. and Garzon, A. A.: Diagnostic Problems in Traumatic Diaphragmatic Hernia. J. Trauma 14:20-31, 1974.

Reprints: Paul J. Garvin, M.D.
Dept. of Surgery
St. Louis University
1325 South Grand Blvd.
St. Louis, Mo. 63104

The 23rd annual listing of continuing education courses for physicians in the United States was published as a special supplement to the August 15 *Journal of the American Medical Association.*

The supplement lists 7,330 courses offered by 1,504 institutions and organizations for the period from Sept. 1, 1977 to Aug. 31, 1978. This is a major increase over the 5,800 courses offered last year.

Internal medicine is still the most popular field with 1,492 courses. Next in size is psychiatry with 1,194 courses listed. Other fields include general medicine, 621; radiology and radioisotopes, 453; surgery, 418; pathology, 382, and pediatrics, 368.

The list of courses is published as a service to all physicians who are interested in maintaining their competence and skill through formal courses and other organized activities in continuing medical education, the AMA said.

The AMA itself offers a series of more than two dozen continuing education courses on a regional basis each year, in addition to large-scale course offerings at the annual summer and winter AMA conventions.

Quote:
The AMA doesn't represent me.
Unquote.

May be that's the way you feel. Thinking the AMA does little to represent your interests.

If it be true . . .

Who did press federal court action that forced HEW to withdraw it Utilization Review Regulations?

Who did initiate suits against the Maximum Allowable Cost (Drug) regulations and the Health Planning Act of 1974?

Who did develop guidelines th
helped many state societies press f
legislative reform of liability and adjuc
cation?

Who has continually fought to insu
that physicians will receive usual ar
customary fees under federally finance
programs?

Who did provide the leadership to g
the Keogh Plan liberalized to permit i
creased annual contributions for retir
ment to 15 percent of earned income
$7,500, whichever is less?

The answer to all these questions i
your AMA. The fact is, the AMA work
hard — and effectively — to protect you
rights and to represent your interests
With your support, it can be even mor
effective.

AMA
AMERICAN MEDICAL ASSOCIATION

Join us.
We can do much more together.

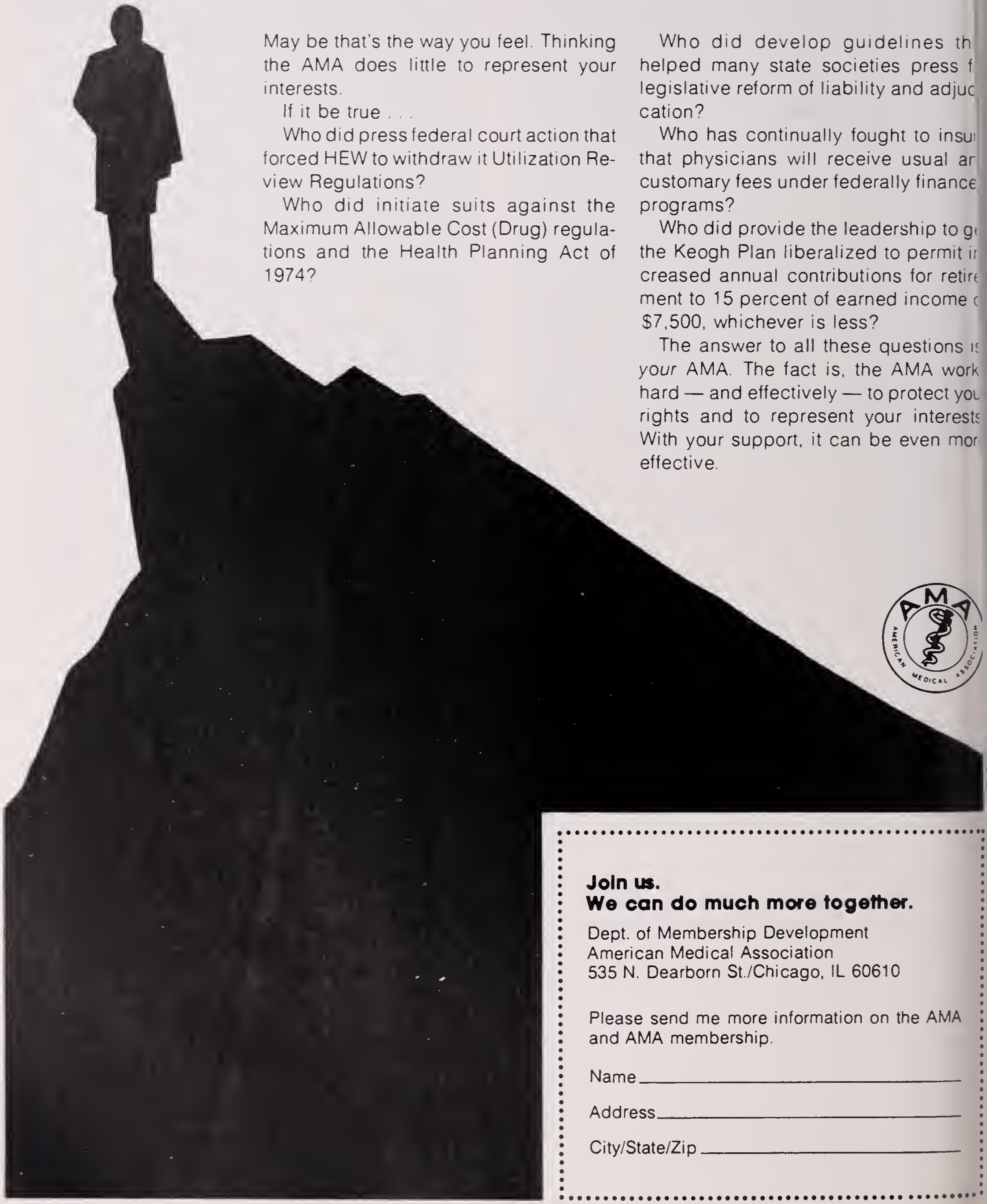
Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name____________________

Address____________________

City/State/Zip____________________



President's Message

MISSOURI'S ACTION PLAN

Recently, the Planning Committee and the MSMA Council recommended that the following statement be added to our Bylaws:

> The MSMA may serve as the bargaining agent for its members and enter into negotiations on their behalf."

I believe we must develop a "Missouri Action Plan" within the present structure of the MSMA to deal with current *social, political* and *medical* issues. We must expend every effort in an attempt to unify and revitalize our society. Only through unity can we prevent further abrogation of our freedom in the private practice of medicine.

Howard J. McAlhany, M.D.

Three Ad Hoc "Action Committees" have been appointed. Each is headed by a member of the Council, hopefully to implement the program and respond directly to our membership.

1. Socioeconomic—This committee would attempt to resolve differences between physicians and third parties, including government, relative to payment of benefits, fees and conditions of service. When a physician believes he has been aggrieved against by a third party, he does not respond to it. He refers it to this committee who will investigate the problem and respond. This means that one physician will not be overwhelmed by a third-party, but he will be represented by the MSMA—5,000 strong.

2. Political—We must become involved in an ongoing political program if we expect to increase our effectiveness in Jefferson City. The Key Man concept is a good one, but it has not proved to be effective on a statewide level. We must upgrade this concept by working through each component medical society, interviewing each candidate, presenting our views and maintaining a continuing dialogue at the local level.

3. Medical—This committee would concern itself with disputes between physicians and hospitals, interference with physician-patient relationships, etc. Are physicians truly involved in cost containment programs? Are we participating adequately in health planning? Is PSRO being supervised properly? These are only a few of the problems.

The adoption of this program would require additional staff and secretarial, printing, travel and committee expenditures. I anticipate that funds in the amount of $45,000 to $50,000 annually would be needed to fully develop the program. I recommend a dues increase of $25 per year in order to finance a strong, viable, ongoing program.

If we fail to concern ourselves with these problems, then we will continue to be regulated without input from our profession.

Quo Vadis?

Woman's Auxiliary

OCTOBER IS IMMUNIZATION MONTH

For the third successive year, the MSMA Auxiliary is cooperating with the Missouri State Medical Association and the Missouri Division of Health in providing educational materials and record booklets for individual Missouri physicians to send to their patients. We hope that you will take advantage of this offer.

Because the percentage of immunization in children dropped this year, the Bureau of Immunizable Diseases is stepping up enforcement of the state law regarding children entering school and those already in school. A new, updated schedule of immunization recommended by the Academy of Pediatrics is being used by the Bureau. Packets containing this information and forms have been sent to all schools in the state.

Mrs. W. Jack Stelmach
President

The Auxiliary feels that the most desirable way to achieve the goal of immunization of every child in the state is to educate the new mother when she is most receptive (in other words, while she is still in the hospital with the new baby). Therefore, we will have an informational brochure that will be distributed to all hospitals in Missouri to be placed in packets for new mothers.

Mr. James Donoho and Mrs. Jerry Giffen of the Bureau of Immunizable Diseases have been most helpful in designing and printing the brochures for the Auxiliary to distribute. In this way, we hope to educate the parents and point out to them the danger of leaving their children unprotected during the pre-school years by waiting until they enter school to be immunized.

The AMA is emphasizing immunization this year. Using a Hop-Scotch theme, it has produced a series of public service spots for television stations. Please watch for them.

If parents, physicians, the Auxiliary, the Bureau of Immunizable Diseases and all schools work together, we can protect the children of our state from these dangerous diseases. It is sad to have no means to prevent a disease, but it is tragic to have the means and not use it.

County Society News

FIRST DISTRICT

COUNCILOR
RICHARD C. HEDGES, M.D., ST. JOSEPH

BUCHANAN COUNTY MEDICAL SOCIETY

The 75th annual election of the Buchanan County Medical Society was held after a dinner and business session at the Hoof & Horn Restaurant in St. Joseph on September 7.

Dr. Carl K. Ness was chosen as President-Elect. An anesthesiologist at the Thompson Brumm Knepper Clinic since 1948, Dr. Ness will head the Society in 1979, succeeding Dr. Edmund W. Kline, President-Elect for the past year.

Dr. Richard O. Craig is now President. New officers will be installed at the Society's annual meeting and installation in December.

Others eleeted to serve in 1978 include Dr. Charles N. Mullican, Vice-President; Dr. R. Philip Acuff, Secretary; and Dr. Gary A. Dyer, Treasurer (reelected).

Dr. Clement C. DuMont was named to the Board of Censors for the coming three years. Selected as Delegates to the MSMA are Dr. Allen I. Herman and Dr. Edward M. Stevens with Drs. Berwyn H. Moen, Robert R. Stuber, Gordon S. Paulson and Gerald E. Fox as Alternate Delegates.

Dr. Edward M. Beheler was chosen as a member of the Committee on Public Policy. Dr. Edward H. Andres was named to the Board of Trustees for a five-year term.

Following a custom of long standing, the members elected Dr. Craig, who will complete his year as president in 1977, to the Executive Secretary Committee.

CHARLES N. MULLICAN, M.D., *Secretary*

GRAND RIVER MEDICAL SOCIETY

The Grand River Medical Society met on September 8 at the Chillicothe Country Club. Thirteen Society members and ten Auxiliary members attended the meeting.

The guest speaker was John Arnold, M.D. of the Arthritis Foundation of Kansas City, Mo. His presentation on "Rheumatoid Arthritis and Its Treatment" was followed by a lively question and answer session.

At a brief business meeting, Dr. Merriam Gearhart, President, appointed a nominating committee to present a slate of officers to the Society members in October when the Society holds its annual meeting.

WILLIAM L. FAIR, M.D., *Secretary*

LETTERS to the Editor

TO THE EDITOR:

I am convinced that lives now needlessly lost due to severe systemic reactions to insect stings could be saved. How? By a greater awareness of the possibility of such fatal reactions plus knowledge of the existence of an insect sting kit. The kit is an emergency first aid measure to stave off anaphylaxis. Because of my convictions, I am presently collecting and correlating data on the incidence of such fatalities.

I am especially interested in time lapse between sting and death although information concerning the following would be helpful: (1) time sequence of symptoms, (2) previous reactions to insect stings, (3) medication on hand at time of sting, (4) type of medication, (5) type of insect, (6) number of stings and (7) estimation as to whether or not a physician or hospital emergency room could have been reached in time to avoid a fatal outcome.

Thank you,
Claude A. Frazier, M.D.
4-C Doctors Park
Asheville, N. C. 28801

New Members

Jean Campbell Barton, M.D., Children's Mercy Hospital, 24th at Gillham Rd., Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Barton is a native of Oak Park, Ill., received her preliminary education at the University of Pennsylvania and her M.D. degree at the University of Kansas in 1974. She specializes in pediatrics.

Roger Harrison Bower, M.D., University of Missouri Medical Center, Columbia 65201, has become a member of Boone County Medical Society. Dr. Bower is a native of Montana, received his preliminary education at the University of Nebraska and his M.D. degree at the University of Nebraska in 1970. He specializes in internal medicine and endocrinology.

William Christian Bucher, M.D., 2703 Clark La., Columbia 65201, has become a member of Boone County Medical Society. Dr. Bucher is a native of Olean, N. Y., received his preliminary education at the St. Bonaventure University and his M.D. degree at State University of New York in 1965. He specializes in pathology/hematopathology.

Chester LaVerne Day, M.D., 4706 Broadway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Day is a native of Olathe, Kan., received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1973. He specializes in psychiatry.

Joseph John Duerksen, M.D., Dept. of Anesthesia, St. Luke's Hospital, Wornall Rd. at 44th, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Duerksen is a native of Champa, M.P., India, received his preliminary education at Bethel College and his M.D. degree at the University of Kansas in 1954. He specializes in anesthesiology.

John C. Hall, M.D., 4400 Broadway, Suite 505, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Hall is a native of Lincoln, Neb., received his preliminary education at the University of Nebraska and his M.D. degree at the University of Nebraska in 1972. He specializes in dermatology.

Guillermo R. Ibarra, M.D., 4400 Broadway, Kansas City 64111, has become a member of Jackson County Medical Society. Dr. Ibarra is a native of Culiacan, Mexico, received his preliminary education at the Preparatoria Universidad DeSonora and his M.D. degree at the University of Mexico in 1969. He specializes in psychiatry.

William B. Mangum, M.D., 434 Blue Ridge Tower, 4240 Blue Ridge Blvd., Kansas City 64133, has become a member of Jackson County Medical Society. Dr. Mangum is a native of Anna, Ill., received his preliminary education at the Memphis State College and his M.D. degree at the University of Tennessee in 1969. He specializes in otorhinolaryngology.

Federico B. Reiter, M.D., 11155 Dunn Rd., St. Louis 63136, has become a member of St. Louis County Medical Society. Dr. Reiter is a native of Santiago, Chile, received his preliminary education at the Catholic University of Chile and his M.D. degree at the Catholic University of Chile in 1964. He specializes in diagnostic radiology.

Fred F. Roberts, M.D., Dept. of Radiology, St. Joseph Hospital, 1000 W. Carondelet Dr., Kansas City 64114, has become a member of Jackson County Medical Society. Dr. Roberts is a native of Columbus, Ohio, received his preliminary education at the University of Florida and his M.D. degree at Case Western Reserve University in 1957. He specializes in radiology and pediatrics.

Simon B. Santos, M.D., Menorah Medical Center, 4949 Rockhill Rd., Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Santos is a native of the Dominican Republic, received his preliminary education at the University of Santo Domingo and his M.D. degree at the University of Santo Domingo in 1972. He specializes in general surgery.

Henry M. Taylor, M.D., University of Missouri School of Medicine, Columbia 65201, has become a member of Boone County Medical Society. Dr. Taylor is a native of Detroit, Mich., received his preliminary education at the University of Detroit and his M.D. degree at Wayne State University in 1965. He specializes in pathology and hematology.

Alan N. Weiss, M.D., 4989 Barnes Hospital Plaza, Suite 3103, St. Louis 63110, has become a member of St. Louis County Medical Society. Dr. Weiss is a native of Columbus, Ohio, received his preliminary education at the Ohio State University and his

M.D. degree at the Ohio State University in 1966. He specializes in cardiology.

Stanley D. Wells, M.D., 216 Research Medical Office Bldg., 6400 Prospect, Kansas City 64132, has become a member of Jackson County Medical Society. Dr. Wells is a native of Hutchinson, Kan., received his preliminary education at Sterling College and his M.D. degree at the University of Kansas Medical School in 1969. He specializes in diagnostic radiology.

John L. Winnacker, M.D., 467, VA Hospital, Columbia 65201 has become a member of Boone County Medical Society. Dr. Winnacker is a native of Ann Arbor, Mich., received his preliminary education at Williams College and his M.D. degree at the University of Maryland in 1961. He specializes in internal medicine.

James B. Wolcott, M.D., 408 East 5th, Washington 63090, has become a member of Franklin-Gasconade-Warren County Medical Society. Dr. Wolcott is a native of Akron, Ohio, received his preliminary education at Dartmouth College and his M.D. degree at the Ohio State University in 1973. He specializes in general surgery.

John A. Wood, M.D., 4910 Forest Park Ave., St. Louis 63108, has become a member of St. Louis County Medical Society. Dr. Wood is a native of Oklahoma City, Okla., received his preliminary education at the Oklahoma University and his M.D. degree at the Oklahoma University in 1968. He specializes in internal medicine.

In Memoriam

Leroy E. Ellison, M.D., 106 Johnson Dr., Warren, Ark. 71671, a graduate of Washington University, 1925; member of St. Louis Medical Society; age 81; died July 23, 1977.

Marcel L. Mooney, M.D., 162 Doctors Bldg. East, 751 E. 63rd, Kansas City 64110; a graduate of University of Michigan, 1931; member of Jackson County Medical Society; age 71; died Sept. 16, 1977.

Obviously we don't have branches everywhere.

But we have them where they count.

MUNNS MEDICAL SUPPLY

Topeka • KC • Wichita • St. Louis • Tulsa

The Council Reports

(Continued from page 581)

REPORT ON CONTINUING MEDICAL EDUCATION AND 120TH ANNUAL SESSION

Dr. Ladyman gave a brief report on CME, indicating that 65% to 70% of the membership of the MSMA now have direct access to CME activities. He indicated that they had recently accredited two more organizations and wished to receive Council approval for them. They are (1) Missouri Chapter, American College of Surgeons—accreditation for one year; and (2) Deaconess Hospital, St. Louis, accreditation for two years. On motion, duly seconded, the Council approved of these two accreditations.

Dr. Ladyman indicated that the manila folder presently being used in recording CME activities will be replaced by an individual, self-addressed card.

Regarding the 120th Annual Session, Dr. Ladyman reported that to simplify the recording process of the scientific sessions attended, future programs will provide the amount of credit that may be claimed per Scientific Session.

Dr. German suggested that it might be interesting to have a discussion at the Annual Meeting covering such things as PSRO, HSA, etc. open to all individuals. Dr. Ladyman indicated that the Ad Hoc Committee on the 120th Annual Session had suggested several topics for the opening General Session—Medical Ethics, Consumerism and CME. A specific topic will be selected in the near future.

On motion, duly seconded, the Council approved the reports of the Ad Hoc Committee on the 120th Annual Session and on Continuing Medical Education.

MISSOURI HEALTH DATA CORPORATION

Dr. Francis Maple, President of the Missouri Health Data Corporation, sent a written report to the Council regarding the Corporation. They had three major projects they wished to accomplish this year.

The first was to obtain the 1976 data from the hospitals on the PAS system. This project is drawing to a close and should be wrapped up by October 15.

The second activity was to begin data collection for the PSROs in Missouri. This activity is progressing according to schedule. Data collection began in July for three PSROs. The abstracts for Medicare or Medicaid patients are submitted to MHDC in Jefferson City either via the PSRO or directly from the hospital, depending upon the PSRO area. The data is entered via terminals of MHDC directly into a computer in Albuquerque, N. M. The data is edited for accuracy as it is entered, with any documents with errors being returned to the PSRO for correction by the hospital.

A fourth PSRO will be added as soon as HEW approves their data processing contract and the final PSRO is scheduled to be phased in later in the year.

The third project was to offer a medical information service to hospitals to replace the many separate data collections on multiple forms. A great many meetings and much work has been involved in developing a single set of data elements to satisfy the needs of hospitals, PSROs, HSAs, etc. and to design a single sheet abstract to collect such multi-use data.

The data elements have been agreed to by all parties and the abstract was approved at the MHDC board meeting on July 27, 1977. With these important tasks behind them, they should be in a position to offer their medical abstract system to the hospitals. They anticipate replacing the state hospital abstract system as well as enrolling other hospitals.

By the use of the MHDC system, hospitals will need to furnish information only once. This will be less costly, more accurate, more reliable and less subject to misinterpretation.

They are pleased with their progress as they work toward achieving the goal set for them to become the non-profit, non-governmental central data collection agency for Missouri. The achievements so far and any future development of MHDC rely heavily on the Missouri State Medical Association representation on its Board.

On motion, duly seconded, the report as written by Dr. Maple and distributed to the Council was approved.

COMMISSION ON MEDICAL ECONOMICS

In the absence of Dr. Max Heeb, Chairman of the Commission on Medical Economics, Third Party Medicine and Governmental Relations, Dr. Torontow presented the report of the Commission to the Council.

MSMA Resolution #13—The Commission discussed the actions in the recent legislative session which led to a $4 million increase over the recommendation of the Governor. It was observed that the more active physicians become in communicating the needs of the Medicaid program, the more successful will be the results of their efforts. A resolution will be submitted to the Commission for action prior to the Interim Session deadline for resolutions regarding MSMA actions in the appropriation process next Session in the General Assembly.

Recommendation—That the Council encourage Dr. Howard McAlhany, President, to write each of the members of the appropriations committee to thank them for their efforts on behalf of the Medicaid program, to let them know that this can only be a first step toward saving the program and to assure them that MSMA encourages participation in the program.

MSMA Resolution #18—The Commission discussed some of the implications of withdrawing from participation in PSRO. It was agreed that much more information is necessary to assist the Council with this resolution.

The Commission requested Staff to conduct research to discover how PSRO is working in Missouri, specifically:

1. Number of delegated and nondelegated hospitals.
2. Hospital visits to observe function.
3. How it is operated.
4. For what are physicians paid.
5. How much are physicians paid in hourly rate and how much is the PSRO paying per month for physicians' services.
6. What does it cost to review a hospital under PSRO:
   a. Per bed cost.
   b. Per recipient of Medicare/Medicaid.
7. a. Has the length of stay been altered because of PSRO review.
   b. Has the number of hospital bed days been altered.
   c. Has the number of admissions decreased.
8. What steps are taken to protect the confidentiality of PSRO data.
9. What data is considered confidential.

The Commission will report to the Council on PSRO prior to the next Annual Session.

MSMA Resolution #21—The Commission discussed recent developments on the AMA level with respect to physician involvement in negotiation and collective bargaining. The Commission notes that close cooperation and coordination with the only existing physician organization of negotiating capacity continues.

Recommendation—The members encourage the Council to explore the possibility of amending the charter or reorganize so that MSMA may serve its membership by negotiation on their behalf.

The Commission recommends that given the present political situation in the AMA, that the best way to encourage AMA is by example.

Third Party Relations—The Commission thoroughly discussed the questions raised in the Fourth District concerning arbitrary withdrawal of payment for certain professional procedures by third parties. The Commission noted that it is difficult for a medical organization to defend obsolete procedures.

The Commission advised the Council that it is appropriate for third-party payers to define what services it will provide so long as the policy holder is informed of what is covered in his policy.

Mandatory second opinions—The Commission discussed several news releases regarding mandatory second opinions. The members expressed approval of the AMA policy embodied in Resolution #77 of the June, 1977 AMA Convention, but would add the admonition, "Often a second opinion is not as valid as the first."

The Commission agreed to reexamine the issue after the Health Insurance Association of America releases its study of second opinion coverage.

Generic Drugs—The members discussed the effects of the recent amendment to the Medicaid formulary which removed some brand name drugs to be replaced by generics. Several members reported that they have received letters from pharmacies requesting the physician to sign to auhorize substitution.

Recommendation—

1. The physicians of Missouri will continue to prescribe the most efficacious drug for each patient's needs
2. The Commission regrets that the Division of Family Services chooses not to pay for certain proven drugs
3. The Council should pursue all administrative remedies to alter the effect of the rule

Laboratory Services—The Commission examined the rulng of HEW that a physician is not entitled to payment for ny laboratory services not performed by him. The members re concerned that the ruling may unduly burden certain inividual practitioners since Missouri does not pay a drawing r handling fee for the physician who uses the laboratory ervice.

The Commission is drafting a resolution to submit at the nterim Session to authorize MSMA to sponsor legislation hat would allow Medicaid to pay a drawing or handling e.

Single Fee for Medicaid Service—The Commission relled that it is MSMA policy to support the single fee for ngle service concept in Medicaid payments. The Commison feels that with fees for physician services becoming a ne item in the Medicaid budget, the timing may be apopriate for this additional modification.

Recommendation—The Commission asks the Council for s guidance and recommendation.

HMO—The Commission mentioned an article in the ug. 11, 1977 issue of *Kansas City Times* which described ow economically HMOs have operated and failed to menon the public funds which are necessary for them to pay eir way.

Recommendation—The Commission recommends that the ouncil respond in an appropriate manner.

Following this presentation, the Council discussed the port. Regarding the Single Fee for Medicaid Service, it s agreed that the President of the Association would ite a letter to the Division of Family Services, with a py to the Department of Social Services, pointing out our pport for the single fee for single service concept in Medicaid Payments and that the Commission on Medical Economics should proceed with negotiations on that subject.

Regarding the article appearing in the *Kansas City Times* concerning HMOs, it was moved, seconded and passed that President McAlhany would send a letter to the *Times*.

COUNCILOR DISTRICT REPORTS

District #1—Dr. Hedges indicated that his district had endorsed the program of the UMKC Medical School placing medical students in physician offices for a short period of time.

The Northwest Missouri PSRO is active at the present time. Approximately 66% of hospital beds have now received delegated status. Seventeen physicians are presently on the PSRO Board.

Clay County Medical Association is co-sponsoring a workshop on "Public Relations for Medical Personnel" on October 11-12, in Liberty.

Dr. Hedges reported that a one-day program on Child Abuse is being held on September 12 at the Tri-County Mental Health Center located at the North Kansas City Hospital.

District #2—Dr. Walterscheid had no report at this time.

District #3—Dr. Bradley reported that in keeping with Dr. German's suggestion regarding programs on HSAs, there will be a meeting on September 28 at the St. Louis Medical Society Auditorium and a panel of experts will present a program on HSAs.

District #4—Dr. Hetlage reported that the following items were discussed at the recent meeting of the Fourth District officers and delegates. Reports of the Commission on Medical Economics and Committee on Planning were reviewed. Another item discussed was the continuing rise in cost of medical care.

Dr. Hetlage indicated his support of Dr. McAlhany's response to the Division of Family Services regarding the recent articles on possible Medicaid fraud in the State.

A discussion was held at the Councilor District meeting regarding the problems mutual to pharmacy and medicine, particularly the matter of cost control and the frequent substitution of generic drugs for brand name drugs. It is generally felt that increased communication between the professions would be of value. Therefore, the following resolution is proposed:

> Whereas, Problems have arisen between the medical profession, pharmacists and the Division of Welfare concerning substitution of brand vs generic drugs and unlimited refill policies, and
>
> Whereas, The implication of computerized record keeping has not been fully explained, and
>
> Whereas, Proper liaison between the MSMA and the pharmaceutical association could lead to a significant reduction in the overall cost of medical care, therefore, be it
>
> *Resolved*, That a liaison committee of the MSMA be formed to meet with the Missouri Pharmaceutical Association for the purpose of increasing communication and cooperation between the two professions, and a more unified stand on policy in regard to matters concerning the Division of Welfare.

It was moved, seconded and carried that the above resolution be accepted by the Council.

Dr. Hetlage indicated his full support for the "Action Plan" proposed by Dr. McAlhany.

District #5—Dr. Ekern reported that the PSRO in his district is active and seems to be functioning well. He reported that an HSA public hearing would be held in Mexico on September 12.

Dr. Ekern reported that the Missouri Academy of Family

Physicians is adopting the MSMA key man concept and will try to use this to become more effective in the political arena.

The 5th District is planning a Legislative Dinner with Delegates and Legislators in early December.

District #6—Dr. Torontow did not have a report at this time.

District #7—Dr. McCanse reported that on October 13-14, the AMA and the Jackson County Medical Society will sponsor a session on patient relationships for physicians' office personnel.

Several members of the Jackson County Medical Society participated on a Teenage Pregnancy Task Force and came up with some concrete proposals. This received a good deal of favorable publicity.

Jackson County Medical Society office now handles the administrative duties of the Eye Bank. They now perform administrative duties for nine organizations.

The TEL-MED program, a telephone service for lay people administered by the Jackson County office, is now receiving 7,000 calls per month and the three main topics of inquiry are: (1) Masturbation, (2) Vasectomy and (3) Am I Really Pregnant?

District #8—Dr. German reported that the "Singing Doctors" had produced another record and it appears that this record will be their largest selling one to date. The funds produced from the sales of records have provided scholarships for medical students.

Dr. German indicated that an Arthritis Symposium will be held in October.

District #9—Dr. Cooper reported that the coordinator for family practice at the University of Missouri—Columbia had recently presented a one-day seminar for physicians in his area. The physicians received 5½ hours of CME credit and another seminar is planned for December.

District #10—In the absence of Dr. Hansbrough, Dr. Ladyman, Vice-Councilor, reported that the HSA in his area is having some problems. There is very little physician representation.

Dr. Ladyman stated that the PSRO in District #10 is going very well. Twenty-one out of twenty-three hospitals have been delegated and there are 21 physicians on the 23-man Board.

AMA REPORT

Dr. Froelich reported that actions of the House of Delegates at the June meeting of the AMA had been published in the *AMA News*. Dr. Froelich indicated that the AMA House had been informed that the AMA is in much better financial shape than it was one year ago.

Dr. Froelich reported that quite a bit of time was spent on National Health Insurance. It was agreed that the name of the AMA's insurance proposal be changed to Comprehensive Health Insurance rather than be called a National Health Insurance proposal.

Dr. Froelich reported on Missouri's resolution on a physician serving on the AMA Department of Negotiations. There was confusion regarding this resolution since the AMA staff assumed that we wanted a full-time salaried physician on the staff of this Department. The resolution was amended to read that a physician may be added to the staff of this department.

Missouri's resolution on the health education assistance act was referred back to the Board for preparation of amendments. Our resolution on the ban of saccharin had been combined with a similar resolution from New Jersey and was adopted.

Dr. Froelich stated that he felt Missouri's delegation had functioned very well during the recent AMA Session.

BRIEF SUMMARY OF
PRESCRIBING INFORMATION

ANTIMINTH® (pyrantel pamoate)
ORAL SUSPENSION

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against *Enterobius vermicularis* (pinworm) and *Ascaris lumbricoides* (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13 μg/ml) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. *Usage in Pregnancy:* Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefit/risk should be considered.

Precautions: Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with preexisting liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. *Children and Adults:* Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 ml of Antiminth per 10 lb. of body weight. (One teaspoonful=5 ml.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

When you're good people recognize you.

Highly effective
Single-dose convenience
Non-staining
Economical
Pleasant tasting

Antiminth®
(pyrantel pamoate)
equivalent to 50 mg pyrantel/ml
ORAL SUSPENSION

a drug of choice in pinworm infections

Please see brief summary of prescribing information on facing page.

©1977 LONE RANGER T.V., INC.

BREATHING WITH COMFORT.

Choledyl—a highly soluble, true salt of theophylline—rapidly relaxes bronchospasm to promote easier breathing. And, gastric discomfort is minimal.

Because Choledyl is more stable...more rapidly absorbed from the G.I. tract than aminophylline.

Available in both tablets and elixir for patients with obstructive lung disease.

Choledyl® (oxtriphylline) Tablets and Elixir CAUTION: Federal law prohibits dispensing without prescription. Each partially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. Each teaspoonful of the elixir contains 100 mg oxtriphylline; alcohol 20%. *Indications.* Choledyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema. *Warning.* Use in pregnancy—animal studies revealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation or in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child. *Precautions.* Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly CNS stimulation in children. *Adverse Reactions.* Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. *Dosage.* Average adult dosage: Tablets—200 mg, 4 times a day; Elixir—two teaspoonfuls, 4 times a day. *Supplied.* 200 mg yellow, partially enteric coated tablets in bottles of 100 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose—200 mg tablets (N 0047-0211-11); 100 mg red, partially enteric coated tablets in bottles of 100 (N 0047-0210-51). Elixir—bottles of 16 fl oz (1 pint) 474 ml (N 0047-0215-16). *Toxicity.* Oxtriphylline, aminophylline and caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen. Full information is available on request.

CH-GP-51-4/C

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

CHOLEDYL®
(OXTRIPHYLLINE)

SINGLE-ENTITY
BRONCHODILATION
MINIMAL GASTRIC DISCOMFORT

COMMITTEE ON ARRANGEMENTS FOR 1978 AMA ANNUAL SESSION

Chairman McCanse appointed the following to serve on a Committee on Arrangements for the 1978 AMA Annual Session: Drs. Martin, Chairman; Bradley; Balster; Lieb and McCanse.

Dr. McCanse then appointed a Committee on Arrangements for the upcoming 120th MSMA Annual Session—Drs. Hedges and Torontow and Dr. McCanse will serve as Chairman.

FUTURE COUNCIL MEETING DATES

The next meeting of the Council will be held at 9:30 AM on November 2 at the Howard Johnson Motor Lodge, Springfield.

The December Council Meeting will be held on December 16-17 at the Hilton Inn in Columbia. Budget Meeting at 1:00 on Friday, December 16; Executive Session at 5:00 on Friday; and full Council Meeting following day.

REPORT OF DEANS

Dr. William Allen expressed Dr. Lobeck's regrets for not being able to attend the Council meeting and reported on several new department chairmen. Dr. Robert Jackson of the University is retiring after many years and will be honored at a banquet on September 29.

Dr. Allen reported to the Council members that they may get some questions in their areas regarding the medical school examination for those applying for entrance. This is a seven-hour, six-part examination including biology, chemistry, physics, reading, reading comprehension and problem solving. There were 535 candidates for admission to medical school this fall.

Dr. Noback reported that the UMKC continues to grow both in faculty and student numbers. A new Chancellor, George Russell, has been appointed effective October 1.

Dr. Noback thanked the Councilors for their role in making it possible for UMKC students to participate in and work with physicians in their areas. This was done successfully in District #6 and now will be tried in District #1.

Dr. Thoma indicated that St. Louis University is instituting a new student loan program whereby the University makes loans from local banks and in turn makes reloans to the medical students. The University is asking the alumni to pledge their proportionate share in any default of these loans.

Dr. Thoma discussed the Health Manpower Bill and indicated that the Board of Trustees upheld the position of the Medical School Dean that they not accept capitation grants. Application for the grant has been made, however, if the present law is not amended, they will not accept the money.

St. Louis University was recently designated as the Bi-State Regional Trauma Center for Southern Illinois and Eastern Missouri.

LEGISLATIVE REPORT

Dr. Matthews gave the following Legislative Report. The following resolutions from the Annual Session were discussed and indicated action taken.

Resolution #4—"Coverage of Chemotherapeutic Costs." Bill is to be drafted and a sponsor obtained.

Resolution #12—"Optometric Legislative Activity." The intent of this resolution was carried forth during the last session of the Legislature.

Substitute Resolution for Resolutions #13, #14 and #20 regarding the Medicaid Program. No legislation called for at the present time.

Resolution #23—"Psychiatric Representation on State Mental Health Commission." Bill will be drafted and sponsor obtained.

Resolution #25—"Repeal of Delaney Amendment." Legislative Committee will study all implications of this resolution and report back to Council at future date.

Resolutions #6 and #15—"Physicians' Assistants." The recommendations by the House at its last meeting suggested that the legislative efforts in this area be watched but not supported.

SIDS—It is the understanding of the Legislative Committee that a resolution on this topic will be introduced at the Interim Session of MSMA giving the Association more firm directions on how to proceed.

State Funding for Primary Care Residencies—Last session, a bill for support of family practice residencies was introduced. However, other primary care specialties felt they should be included in a bill of this type. It is anticipated that we will introduce a bill this session similar to the Oklahoma Physician Manpower Training Program bill which would cover all primary care specialties.

Three malpractice bills will be reintroduced at the coming session, namely—expert witness, collateral sources and structured awards.

Dr. Matthews stated that the 1122 program is the SSA proviso for review of capital expenditures. It was the opinion of the Committee that we should go on record as favoring the reimplementation of the 1122 program until the certificate of need legislation is passed by the Legislature.

On motion, duly seconded, the Report of the Legislative Committee was approved.

The meeting adjourned.

MISSOURI STATE MEDICAL FOUNDATION

Give now to your student loan fund!

Send A Generous Contribution To

MISSOURI STATE MEDICAL FOUNDATION

113 Madison, Jefferson City, Missouri 65101

Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction
THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Bargmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

For Your Convenience

Use this coupon for your TAX-DEDUCTIBLE CONTRIBUTION to the Missouri State Medical Foundation.

TO: MISSOURI STATE MEDICAL FOUNDATION
Box 1028, Jefferson City, Mo. 65101

I enclose my donation of $ . . . . . for the MSMF STUDENT LOAN FUND.

NAME

ADDRESS

. . . .

. . . .

Make Checks Payable to Missouri State Medical Foundation.

The Missouri State Medical Foundation is classified by the Internal Revenue Service under Section 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Burroughs Wellcome Co. Insert (586-587)

Flint Laboratories Insert (578-579)

Fred S. James & Co. of Missouri, Inc. 575

Eli Lilly and Company 590

Medical Protective Company 612

Munns Medical Supply 607

Pennwalt Insert (586-587)

Pharmaceutical Manufacturers Association Insert (586-587), 587

Roche Laboratories 574, 615, 616

Roerig & Company Insert (578-579), 610, Insert (610-611)

Smith Kline & French Insert (578-579)

Warner-Chilcott 582 & 583, Insert (610-611)

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

T. JOSEPH HOSPITAL, ST. CHARLES, Mo.—Has posi- ons available for full- and part-time Emergency Department hysicians to complete staff. Very competitive salary, vaca- on and insurance. Excellent Emergency Room personnel nd back-up medical staff. Only hospital in county. Te- metry. 36,000 visits yearly. Contact: Gerald J. Duling, I.D., Medical Director, St. Joseph Hospital, St. Charles, Iissouri 63301.

NTERNIST & FAMILY PRACTITIONER—To join 11- an multi-specialty group; city of 20,000 with a population raw of 60,000. Incorporated, offering excellent salary, fringe enefits and retirement plan. Liberal vacation and study olicy. Opportunity to pursue special interest in this prac- ce setting. Clinic presently expanding facilities and is in oximity of Hannibal's two accredited hospitals. Mark wain's home town is an ideal place to raise a family. Call write: Wyeth Hamlin, M.D., LaMoine Rapp, M.D. or ale J. Anderson, Administrator, at (314) 221-5250, The annibal Clinic, Inc., 711 Grand Ave., Hannibal, Missouri 401.

BFP PHYSICIAN—Needed to join eleven-man, well es- blished incorporated multi-specialty group in county-seat wn near recreational areas 65 miles south of St. Louis. ,000 population base, 110-bed hospital. Call or write G. Hirsch, Adm., Medical Arts Clinic, 301 West Liberty reet, Farmington, Missouri 63640. (314) 756-6751.

MOBIL RADIOGRAPHIC X-RAY FACILITY FOR SALE —Or lease. In excellent condition. Completely self-contained x-ray laboratory, consisting of a 22-foot air-conditioned and vandal-protected Winnebago van, condenser discharge x-ray system with tubestand and table, Dupont daylight film loading system, Kodak automatic cold water film processor and all accessories. Very useful for care of nursing home patients, industrial screening examinations, athletic events or disaster work. Contact Drs. Perilla, Sindler & Assoc., P.A. 3350 Wilkens Avenue, Baltimore, MD 21229.

AVAILABLE FOR LOCUM TENENS—Or part-time emergency room duty. 54 years old, semi-retired, Washington U. graduate, 26 years solo general practice plus two years emergency room experience. F. A. Elders, M.D., Rt. 1, Box 69A, Cuba, Mo. 65453.

PRIMARY CARE PHYSICIANS—Who are seeking new group practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

INTERNIST—Busy internal medicine practice in Independence, Missouri. Exceptional opportunity for financial growth. Immediate full participation in group profits in proportion to contribution to practice income. Office adjacent to Independence Medical Center. If interested, please contact Suite 107, 17221 E. 23rd Street, Independence, Mo. 64057. Phone: (816) 373-1122.

SURGEON—St. Joseph Hospital has a new position for full-time first assistant in General Surgery, effective January, 1978. Board eligible or Certified ACS. Contact G. J. Duling, M.D., St. Joseph Hospital, St. Charles, Missouri 63301. (314) 946-6811.

HANLEY 14 x 17 Vertical X-Ray and Medical Record Cabinets are used in most hospitals in America.

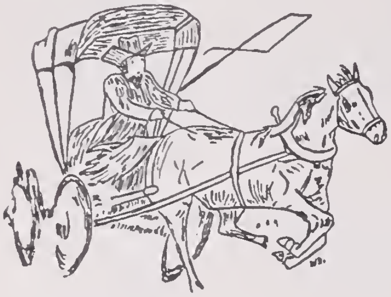
Special new ultrasonic, $399. Physio Therapy—Complete Examining and Reception Room Furniture—Traction Equipment—Hospital Beds—Wheelchairs—Jacuzzi Whirlpools—Oxygen. SOLD & RENTED.

HANLEY MEDICAL EQUIPMENT

5614 S. Grand St. Louis, Mo. 63111 314-351-3359

LEO H. POLLOCK, M.I

Missouri Medicine in Review



FORTY YEARS AGO

The Jackson County Medical Society has created a Medical Business Bureau. The Bureau was organized under the supervision of the Executive Council and is managed by Mr. W. H. Bartleson. The Bureau at present is functioning in collecting delinquent accounts for physicians and in assembling credit information for the benefit of physicians. A broader scope of work is planned as the Bureau progresses.

Kansas City was one of 19 larger cities in the United States that had no deaths from diphtheria in 1936. In the report of its annual survey of 93 cities from which it has obtained death rates for the last 14 years, *The Journal of the American Medical Association* states that six cities had no deaths from either diphtheria or typhoid, 18 had no deaths from typhoid and 19 had no deaths from diphtheria.

When the first survey was made in 1923, the death rate from diphtheria was 13.13 per 100,000 population. Today, it is 1.51 per 100,000.

TWENTY-FIVE YEARS AGO

Max S. Franklin, M.D., St. Louis, describes the "Present Day Treatment of Acute Rheumatic Fever." "The treatment of acute rheumatic fever has changed a great deal since 1943 when Coburn emphasized the use of large doses of salicylates. However, there is still no truly specific means of conquering the infection even though great encouragement was obtained when Hench brought out the use of ACTH cortisone."

The Hill-Burton program (Public Law 725), which has been in effect since Aug. 13, 1946, ha brought to Missouri $15,548,875 in federal fund which are being used to build some $33,600,00 worth of hospital beds, teaching facilities an health centers.

The Missouri State Board of Medical Examiner in Jefferson City has announced that the next Missouri State Board of Examination will be given o October 24-25.

Frank Hurwitt, M.D., Kansas City, has been appointed medical coordinator for the Missouri Civi Defense Agency in Jefferson City.

The 70th General Hospital Unit held its secon reunion in St. Louis on August 30-September 1 This is the St. Louis University Unit which serve in Africa and Italy in World War II.

TEN YEARS AGO

"I will never retire," said Dr. Frank G. Mays when he was interviewed on the eve of his 40th year as a surgeon in Washington by Bob Hamilton of *The Washington Missourian.* Dr. Mays has been that community's city health officer and city physician since 1928. Since 1955, he has been chairman of the University of Missouri Medical School Foundation which, he said, was the first in the world to be devoted exclusively to aiding medical students in their education.

Of the four active members of the American Orthopedic Association in Missouri, three are on the staff of the Washington University School of Medicine. They are Dr. Fred C. Reynolds, professor of orthopedic surgery; Dr. H. Relton McCarroll, clinical professor; and Dr. Lee T. Ford, Jr., clinical instructor.

Dr. Edward T. Auer, professor and chairman of the Department of Neurology and Psychiatry at St. Louis University School of Medicine, has been named the first appointee in the establishment of the Samuel W. Fordyce Chair of Psychiatry.

Dr. Kenneth D. Serkes, former assistant director of surgery at The Jewish Hospital of St. Louis, is now associate professor of surgery at Temple University School of Medicine and a member of the Division of Surgery, Albert Einstein Medical Center in Philadelphia.

THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® Ⓒ IV
chlordiazepoxide HCl/Roche
5mg, 10mg, 25mg capsules

Libritabs® (chlordiazepoxide) available
in 5 mg, 10 mg and 25 mg tablets.

B re prescribing, please consult com-
pl e product information, a summary of
wh h follows:
n cations: Relief of anxiety and tension
c rring alone or accompanying various
ase states.
C raindications: Patients with known
y rsensitivity to the drug.
W ings: Caution patients about pos-
b combined effects with alcohol and
CNS depressants. As with all CNS-
ct g drugs, caution patients against
a dous occupations requiring com-
e mental alertness (*e.g.*, operating
inery, driving). Though physical and
sy ological dependence have rarely
e reported on recommended doses,
e aution in administering to addiction-
o individuals or those who might in-
e dosage; withdrawal symptoms
c ding convulsions), following discon-
u on of the drug and similar to those
vith barbiturates, have been reported.

***U ge in Pregnancy:* Use of minor**
t quilizers during first trimester
s uld almost always be avoided
b ause of increased risk of con-
g ital malformations as suggested
in everal studies. Consider possi-
bi y of pregnancy when instituting
th apy; advise patients to discuss
h apy if they intend to or do
ome pregnant.

ec utions: In the elderly and debilitated,
children over six, limit to smallest
e dosage (initially 10 mg or less per
preclude ataxia or oversedation,
ing gradually as needed and toler-
ot recommended in children under
ough generally not recommended, if
ation therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.;* severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets,* 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see following page.

THE ANXIETY-SPECIFIC

Since its discovery in the research laboratories at Roche, Libri
has been the object of ongoing pharmacologic and clinical investigatio

The published record on Librium is enormous. So large, in fact,
put it into a computer literature retrieval system to make it more accessi
in answering your inquiries.*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® ©IV
chlordiazepoxide HCl/Roche

ROCHE

*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page
for a summary of
product information.

iladelphia 3, Pa. 19103

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

NOVEMBER, 1977

VOLUME 74, NUMBER 11

Scientific Articles

SURVIVAL FOLLOWING CORONARY ARTERY BYPASS, Malcolm Arnold, M.D., Duncan A. Killen, M.D., Suchint Wathanacharoen, M.D., William A. Reed, M.D., Ben D. McCallister, M.D. and Lynn H. Kindred, M.D. 635

OUTCOME AUDIT TECHNIQUES USED TO WRITE MEDICAL ARTICLES, Sherwin H. Malt, M.D. 639

VISUAL REHABILITATION IN THE 'BLIND,' Robert D. Lewis, M.D. and Harry R. Brady, M.D. 641

Special Feature

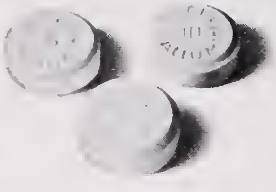
ABSTRACTS FROM THE ANNUAL MEETING OF THE MISSOURI CHAPTER, AMERICAN COLLEGE OF SURGEONS 623

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

DEC 6 - 1977

Contents on Page 621

120th MSMA Annual Session
April 13-16, 1978, Kansas City



A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) Ⓘⓥ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors. psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication, abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed, drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported, should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

What's new at Bio-Science St. Louis?

Always the latest specialized diagnostic tests.

Chemistry
Anti-convulsant group
Cadmium in blood
Darvon®
Ferritin in serum
Free erythrocyte protoporphyrins
Pyridoxal phosphate (B_6)
Riboflavin (B_2)
Succinimides in serum
Theophylline by HPLC
Uroporphyrinogen-1-synthetase

Endocrinology
Androstenedione in serum
Calcitonin
C-peptide
Estriol in serum
Placental Estriol in urine
HCG-β- subunit
Pregnanetriol in urine (GLC)
Prolactin
7-OH Progesterone in serum
Thyroglobulin in serum

Immunochemistry
Anti-extractable nuclear antigen (Anti-ENA)
Beta 2-microglobulin
Fungus antibody group
Gentamicin
Intrinsic factor antibodies
Tobramycin
Anti-tissue antibodies

Bio-Science

Bio-Science Laboratories

St. Louis Branch
1530 Page Industrial Blvd.
St. Louis, MO 63132
(314) 426-3474

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missouri State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. MISSOURI MEDICINE (Publication No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in MISSOURI MEDICINE is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MSMA

NEWS ROUND - UP

November,1977

MSMA House adopts new policies

At the second Interim Session of the Missouri State Medical Association held in Springfield, Nov. 3-4, a total of 141 delegates attended and took action on 26 resolutions.

Resolutions on various issues and policies were dealt with as follows:

Constitution and Bylaws Changes

- Increasing number of delegates — Allows each component society one delegate or one alternate to the House of Delegates for each 25 full paid members.
- Action Plan — MSMA may serve as a bargaining agent for its members and enter into negotiations on their behalf. An increase in dues of $25 per year is in effect.
- Amendments — Establishes that delegates may amend articles at the Interim as well as the Annual Session.
- Component societies — Substitutes "component society" for "component county society" and for "county society" as they appear in the Bylaws.
- Purpose — Amends the Purpose of MSMA in the Constitution and adds to the Bylaws to include "the organization of its membership for negotiation and collective bargaining purposes."
- Election of AMA delegates — Clarifys the methods of voting for contested AMA positions.
- Ballots — Contested elections of officers shall be by written ballots.

Legislation, Regulations

- Fee for Laboratory Specimens -Urges Legislation to once again provide payment to the physician for collecting specimens from an outside laboratory.
- Medicaid payments — Resolves that the MSMA remind the Governor and the General Assembly of their responsibility to provide an adequately funded Medicaid Program in Missouri.
- SIDS — Supports legislation for more indepth reporting of SIDS and public education programs to counsel parents of SIDS victims.
- Confidentiality — Urges legislation to fully protect the confidentiality of patients' medical records.
- Collateral Source Rule — Resolves to resubmit a bill for admission of the collateral source rule.
- Reporting of VD Tests — Resolves that MSMA condemn the practice of reporting results of a test for veneral disease by laboratories to the Missouri Division of Health before the diagnosis is definitive.
- Psychiatric Care Insurance — Resolves that MSMA supports insurance coverage for psychiatric care on parity with general medical, surgical and obstetrical services.

MSMA Internal Affairs

- Obsolete Medical Procedures — Resolves that the Interspeciality Commission review medical procedures which may be obsolete.
- Public Relations — Approves embarking on a program to disseminate medicine's stands to the public and engaging the services of an outside firm to survey and analyze the public's opinion on medicine and the profession.
- Physicians Assistants — Directs the MSMA to make a continuing study of the role of physicians assistants.
- Professional Liability Insurance Company — Resolves that the MSMA shall form a MSMA-owned captive professional liability insurance company.
- Missouri Federation of Physicians and Dentists — Endorses the Federation and encourages MSMA members to participate and cooperate with it.

Policies

- Head Gear for Motorcyclists — Urges motorcyclists to wear properly constructed helmets.
- Bonding for Newborns — Resolves that MSMA recognizes potential benefits of the bonding and family interaction involving newborns and encourages hospital staffs to review their current policies concerning it.
- Missouri Medical Services, Inc. — Directs the MSMA to dissolve its association with Missouri Medical Services (St. Louis Blue Shield).

MSMA will offer a new malpractice insurance

The MSMA House of Delegates voted at its Nov. 3 meeting to form a member-owned captive professional liability insurance company.

The new company, Missouri Medical Insurance Company (MOMEDICO), will be set up as a stock insurance company which offers "occurrence" coverage to MSMA members. The premium rates, which will be based on a study of the malpractice situation in Missouri, should be lower than the rates of commercial insurance companies.

MOMEDICO will be capitalized by using the borrowing power of MSMA and MSMI, the "claims-made" company formed in 1975. Then, when a MSMA member pays his first premium to the new company, he will also add to the capital. For this contribution, the physician receives a note which can be redeemed upon retiring or leaving the state.

Continued on Next Page

MOMEDICO

Continued

Because MOMEDICO will be a stock insurance company, assessments cannot be made on insured members.

Irving H. Clark, M.D., of Kansas City, President of MSMI, said that Missouri is now ready to form such a company because the AMA recently began providing reinsurance to insurance companies owned by state medical societies.

Dr. Clark also said that arrangements will be made so members of MSMI will be able to purchase the new policy and be covered for prior acts.

Another proposal approved by the House was the "MSMA Action Plan," presented by Howard J. McAlhany, M.D., MSMA President.

As a result of its adoption, the following statement is added to the Bylaws:

"The MSMA may serve as the bargaining agent for its members and enter into negotiations on their behalf."

Three Ad Hoc "Action Committees" are also established, each headed by a member of the Council.

The Committee on Socioeconomic Issues will try to resolve differences between physicians and third parties, including government, relative to payment of benefits, fees and conditions of services. If a member feels he is aggrieved by a third party, he should refer it to this committee to investigate and respond. He thus has strength through unity of members, said Dr. McAlhany.

The Committee on Political Affairs will involve itself in an ongoing political program to increase MSMA's effectiveness in Jefferson City. Each political candidate should be interviewed and presented with medicine's views, stated Dr. McAlhany.

The Ad Hoc Committee on Medical Affairs will handle disputes between physicians and hospitals, interference with physician-patient relationships,etc.

As a result of adopting the "Action Plan," MSMA dues will be increased by $25 annually to pay for the additional staff, printing, travels, and committee expenditures necessary to implement the new program.

"We must forget 'dollars and cents' and look to our future in terms of the total practice environment," stated Dr. McAlhany. "The name of the game is unity. We can speak with an effective voice only if we stand together."

Malpractice hearings find physicians 'not liable'

The first two hearings held by Missouri Professional Liability Review Boards resulted in findings in favor of the physicians. The hearings took place on Sept. 27 and Oct. 13 in St. Louis. In each case a board composed of a different group of persons, including two physicians, two lawyers and a layman with a Circuit Court judge presiding, made the decision of "no liability."

Since January 1, 1977, 319 cases have been filed with the Executive Secretary of the Board, Ron Kennedy. In addition to the two cases on which hearings were held, six others were disposed of by settlement. Judge Morgan, of the Missouri Supreme Court, is expected to begin assigning all 120 Circuit Court judges to cases by Nov. 1.

One St. Louis law firm has filed 10 of the first 17 cases before the board. Of those, three have been settled prior to hearing. No information is available as to whether the plaintiffs in the first two cases will choose to pursue their claims in Circuit Court.

Constitution and Bylaws changes

The House of Delegates adopted a report at the Interim Session which increases the number of MSMA delegates and alternates.

The Bylaws amendment states that each component medical society may send one delegate, or alternate, to the House of Delegates for each 25 full paid members or fraction thereof in the Association, plus one additional delegate for each 100 members or major fraction thereof.

However, each component society composed of two or more counties may send at least one delegate from each county having one or more members practicing in the county. Such delegates must practice or reside in the county they represent. Alternate delegates may be elected from the entire membership of the component societies.

As a result of the adoption of this resolution, the number of delegates to the House will change from 228 to 308.

In addition, the House instructed the Council to act to insure that no member is disenfrancised from the House and that no newly organized component society contain less than five members.

The House also passed a resolution which clarifys the method of electing AMA delegates and alternates.

When there is no contest, a majority vote without ballot elects the delegates.

When a nomination is contested, AMA delegates are elected by ballot. Each MSMA delegate has one vote for each position open. A nominee is elected by receiving votes on a majority of the ballots cast and receiving the highest number of votes cast for that position.

Three of the resolutions submitted to this Interim Session dealt with redistricting of the Association to assure more proportional representation in the House of Delegates and to the AMA. The House voted to refer these resolutions to the Committee on Planning for further study.

Several more of the resolutions adopted result in technical changes in the Constitution and Bylaws to make them conform with present practice.

The words "Interim Session" are added to some Bylaws, such as in Chapter V, Section 1: "The Council shall meet during the Annual and the Interim Session at such times as necessity may require."

The increase in dues and in the sum of bond for the Treasurer have been substituted in the Bylaws. And in the future, contested elections will be decided by written ballot.

Regulations for mutual assessment companies

The Missouri Division of Insurance recently issued regulations spelling out certain obligations of medical malpractice associations (mutual assessment insurance companies) and their members.

Paragraph (1) (B) 4 of the regulations reads:

> *"The maximum amount which may be assessed by any one assessment against any one member; however, no limit may be placed on the number of assessments made during any calendar year unless there is a valid treaty of reinsurance or other risk transfer in effect covering all amounts for which the association may be held liable under its policies above the amount collectible and payable by said assessments."*

The CME Program goes computer

A new recording method for the Continuing Medical Education Program, which will allow each physician to receive an accurate up-to-date record of his activities semi-annually, has been implemented recently by the MSMA.

The new method records the individual physician's CME activities on an AMA computer; the computer then furnishes the physician with a cumulative resume of his CME credit hours. When the physician has completed 150 CME hours within a three-year period, he will receive the Physician's Recognition Award. This will now be an automatic process, so a separate request will not be necessary.

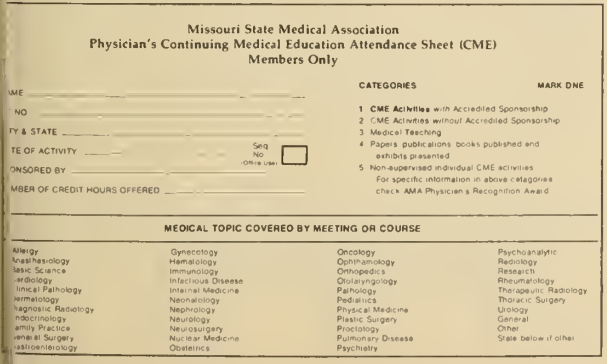
The new reporting tool which has been developed for the CME program is a green card. This changeover from the program's original manila folder to a green card will conveniently convert the system to a computer file.

These cards will be accessible through accredited hospitals and organizations and through the component medical societies. They can also be obtained at Interim and Annual Sessions or by requesting them from MSMA Headquarters.

The physician is requested to fill out the cards as he completes each CME activity, and then send a group of the cards to the MSMA office. The MSMA reviews the cards and forwards them to the AMA. Each December and June the physician will receive a print-out from the AMA listing the hours he has accumulated. If there are any errors on the print-out, the physician should contact the MSMA and corrections will be forwarded to the AMA.

Since the new green card (see copy) may cause some confusion in the beginning, some suggestions regarding ts use might be helpful.

- Each card should contain hours obtained on **one day.** A list of multiple dates, such as for scientific sessions at Annual Session, is not acceptable.
- No card can list more than 24 hours credit. A physician can claim one hour of CME credit for each hour spent in a continuing medical education activity.
- The sponsor should be indicated on the card.
- The ME No. refers to the physician's medical education number. The 11-digit number is shown directly above the physician's name on his MSMA membership card.
- For simplicity, the various specialities have been categorized by topic. The physician can check the topic which most appropriately applies.
- Of the 150 hours necessary for the PRA, at least 60 must be obtained in Category I. An explanation of the various categories can be found in the handbook, "The Physician's Recognition Award."



Missouri State Medical Association
Physician's Continuing Medical Education Attendance Sheet (CME)
Members Only

AME ____________________
NO ____________________
TY & STATE ____________________
TE OF ACTIVITY ____________________
ONSORED BY ____________________
MBER OF CREDIT HOURS OFFERED ____________________

Seq No (Office Use) ☐

CATEGORIES MARK ONE

1 **CME Activities** *with* Accredited Sponsorship
2 CME Activities *without* Accredited Sponsorship
3 Medical Teaching
4 Papers publications books published and exhibits presented
5 Non-supervised individual CME activities
For specific information in above categories check AMA Physician's Recognition Award

MEDICAL TOPIC COVERED BY MEETING OR COURSE

Allergy
Anesthesiology
asic Science
ardiology
linical Pathology
ermatology
iagnostic Radiology
ndocrinology
amily Practice
eneral Surgery
astroenterology
Gynecology
Hematology
Immunology
Infectious Disease
Internal Medicine
Neonatology
Nephrology
Neurology
Neurosurgery
Nuclear Medicine
Obstetrics
Oncology
Ophthamology
Orthopedics
Otolaryngology
Pathology
Pediatrics
Physical Medicine
Plastic Surgery
Proctology
Pulmonary Disease
Psychiatry
Psychoanalytic
Radiology
Research
Rheumatology
Therapeutic Radiology
Thoracic Surgery
Urology
General
Other
State below if other

Certificate of Need bills to be considered

Capital expenditure review for health care facilities may be one of the most important issues to be considered in the 1978 session of the Missouri General Assembly. The so called "Certificate of Need" legislation is mandated in every state by P.L. 93-641 (the Health Planning Law).

Two versions of CON bills are expected to be introduced in the Missouri General Assembly. The state's Health Systems Agencies are attempting to come to a consensus of opinion on one draft bill.

The other draft is a modification of a bill introduced by the State Health Planning and Development Agency in the two previous sessions of the Assembly. The MSMA is studying both preliminary drafts.

At least 32 states have enacted some form of CON legislation, but many will have to amend their laws to conform to the regulations issued by the Secretary of HEW earlier this year. Those regulations exempt physicians' offices, which many state laws include in their capital expenditure review requirements. The MSMA opposes including physicians' offices in CON.

A statewide hearing on CON will be held in conjunction with the Annual Meeting of the Missouri Hospital Association, 10:30 a.m., November 9 at Tan-Tar-A. Senator Harry Wiggins will preside at the meeting of the Senate and House Committees on Public Health.

The MSMA, the Missouri Association of Osteopathic Physicians and Surgeons, the Missouri Hospital Association and the Missouri Health Care Association are expected to offer testimony.

Informed consent document for voluntary sterilization

Voluntary sterilization under the Medicaid Program requires an informed consent document, according to the federal regulations of the Department of Health, Education and Welfare. One of two conditions concerning this document must be met before the Physician Claim Form MS-1 for charges for the sterilization can be processed.

First, a copy of the completed informed consent document for voluntary sterilization can be attached to the claim for payment. The consent document, which includes the signature of the patient showing that he or she understands the procedures, risks and alternatives to sterilization, should be signed in front of a notary public or another individual who has heard the explanation.

Or secondly, if the consent document is not attached, the following information must be included on the claim:

- The patient is mentally competent to give informed and binding consent.
- The patient is age 21 or over.
- The completed informed consent document is on file.
- The date and hour that the consent document was signed by the patient. (Sterilization cannot be performed until at least 72 hours following consent.)

If any of these conditions are not met, the claim will be returned to the physician. Informed Consent Documents may be obtained from the Medical Services Section of the Division of Family Services.

New foreign residency exam causes confusion

Much confusion has developed as a result of a new examination which must be passed by any foreign medical graduate wishing to pursue residency training in the United States.

According to an official of the State Board of Registration for the Healing Arts, the origin of this Visa Qualifying Examination is P.L. 94-484 (Educational Assistance Manpower Act), which became effective in 1977.

The VQE is projected eventually to replace the ECFMG Examination, which is administered by the Educational Commission for Foreign Medical Graduates. Here lies the problem area. Most state licensing boards require an ECFMG Certificate as part of the basic credentials.

Yet, many foreign medical graduates, depending on the type of visa they hold, are going to be expected to take the VQE even though they are already in the U.S. In some cases, these physicians may have completed their residencies and entered private practice.

Another potential difficulty arises because the federal government has not provided the state licensing boards or the state medical associations with enough information to answer questions concerning the VQE.

For the present, anyone who feels he might be affected should consult the local office of the Department of Immigration.

Tax incentives for donations

Questions often arise concerning the tax considerations for individuals when they donate funds to th Missouri Medical Political Action Committee and th American Medical Political Action Committee (M MPAC/AMPAC).

Federal tax laws regarding individual consideration are quoted below:

> *"Individuals have two tax incentives for making political contributions:*
>
> 1. *Under Section 41, a taxpayer is entitled to a credit for political contributions paid during a taxable year. The credit is equal to one-half of the contribution, to a maximum of $25 ($50 on a joint return), or*
> 2. *Under Section 218, a taxpayer may claim a deduction for political contributions paid during the taxable year, to a maximum of $100 ($200 on a joint return).*
>
> *For any taxable year, the individual may elect either a tax credit or a tax deduction. Generally, the choice depends on the taxpayer's amount of contribution, tax bracket, and if deductions are itemized."*

Support your profession through 'Contacts'!

The opening of the Missouri General Assembly is not far away — so now is the time for all good men to come to the aid of their Association . . . and profession!

The MSMA "Legislative Contact" Program (former "Key Man" Program) will be in effect again this year, with approximately 500 MSMA and MSMA Auxiliary members participating. Each "Legislative Contact" receives a weekly Legislative Report informing him of the current status of important bills before the Legislature, reporting upcoming Committee hearings and requesting the "Contact" to convey medicine's stand to local lawmakers.

Each "Legislative Contact" also is responsible for informing his fellow physicians of important pending actions so all areas of the state can unite in support of favorable legislation and in opposition to unfavorable bills.

The number of "Contacts" must be limited so the Association can handle the mailing of Legislative Reports in one day. Although desirable, it would be impossible to mail timely reports to over 5,000 MSMA members every week.

Every effort is made to give physicians prior notice of General Assembly Committee hearings so they can plan ahead to attend, but advance notice is difficult.

Dr. John I. Matthews, chairman of the MSMA Legislative Affairs Committee, reports that the General Assembly Committees often post notice on Thursday afternoon of a meeting to be held the next Monday.

MSMA is seeking new "Legislative Contact" Program members who are private physicians of Legislators or who know their lawmakers well. These "Contacts" can explain medicine's point of view on vital issues. Interested members are urged to clip the accompanying blank and mail it to MSMA Headquarters, P.O. Box 1028, Jefferson City, MO 65101.

LEGISLATIVE CONTACT

I would like to participate in the "Legislative Contact" Program.

Please send me additional information.

Name ______________________

Street ______________________

City/State ______________________

Mail to:

Missouri State Medical Association
113 Madison, P.O. Box 1028
Jefferson City, MO 65101

DOCTORS ARE TALKING ABOUT THE
PRACTICAL WAY TO LOWER CHOLESTEROL

Choloxin®
(Sodium Dextrothyroxine)

And for good reasons. Diet alone doesn't always work. CHOLOXIN® (sodium extrothyroxine) has proved itself to be an effective cholesterol lowering adjunct to iet in euthyroid, non-cardiac patients. It has ndergone ten years of clinical trials and eight ears of practice. The clinical trials consisted f 337 clinical studies involving over 3,000 ypercholesterolemic non-cardiac patients. It is mong the most thoroughly evaluated drugs ver presented to physicians.

ractical, too, is the one-tablet-a-day dosage egimen. It encourages patient cooperation, and t's economical for long-term therapy.

CHOLOXIN (sodium dextrothyroxine) lowers cholesterol 15% to 35%, and keeps it down with most patients. *(Data on file, Flint Laboratories).*

Interested in receiving more information about lipid lowering? Write us or contact your Flint representative. We'll be glad to supply you with a complete product portfolio and samples for your evaluation.

NOTE: See following page for full prescribing information.

AN IMPORTANT NOTE:
It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Deerfield, Illinois 60015

Choloxin® (Sodium Dextrothyroxine)

Effectively Lowers Elevated Cholesterol With Convenient Once-A-Day Dosage

Four strengths 1, 2, 4, and 6 mg are available making the scored tablet regimen a flexible dosage system. And, for most patients, CHOLOXIN tablets offer once-a-day dosage

CHOLOXIN® (sodium dextrothyroxine) Single-Tablet-A-Day Dosage Schedules

See prescribing information in package insert reproduced below.

	Starting Dosage	Increased Monthly by	Usual Maintenance	Maximal Recommended
Adult Hypercholesterolemic	1.0-2.0 mg.	1.0-2.0 mg.	4.0-8.0 mg.	4.0-8.0 mg.
Pediatric Hypercholesterolemic	0.05 mg./kg. body weight	0.05 mg./kg.	0.1 mg./kg. body weight	4.0 mg.
Hypothyroid Cardiac	1.0 mg.	1.0 mg.	4.0 mg.	4.0 mg.

Choloxin®
(Sodium Dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN (sodium dextrothyroxine) stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN (sodium dextrothyroxine) is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively, in patients with significant myocardial impairment. CHOLOXIN (sodium dextrothyroxine) dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertension states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN (sodium dextrothyroxine) is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN (sodium dextrothyroxine) is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN (sodium dextrothyroxine). As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN (sodium dextrothyroxine) than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN (sodium dextrothyroxine) in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may not be advisable or possible to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN (sodium dextrothyroxine) therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN (sodium dextrothyroxine) therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and non-fatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN (sodium dextrothyroxine); a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN (sodium dextrothyroxine) potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is approximately 0.1 mg (100 mcg) per kilogram. The initial daily dosage should be approximately 0.05 mg (50 mcg) per kilogram to be increased in up to 0.05 mg (50 mcg) per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, IN
Deerfield, Illinois 60015

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper
Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Executive Assistant, Ron Ellison
Field Secretary, Don Wilson

Contents for November, 1977

Scientific Articles:

Survival Following Coronary Artery Bypass; Malcolm Arnold, M.D., Duncan A. Killen, M.D., Suchint Wathanacharoen, M.D., William A. Reed, M.D., Ben D. McCallister, M.D. and Lynn H. Kindred, M.D. . . . 635
Outcome Audit Techniques Used to Write Medical Articles, *Special Article;* Sherwin H. Malt, M.D. 639
Visual Rehabilitation in the 'Blind,' *Case Reports;* Robert D. Lewis, M.D. and Harry R. Brady, M.D. 641

pecial Feature:

bstracts From the Annual Meeting of The Missouri Chapter, American College of Surgeons 623

News and Features:

MSMA News Round-Up . . Insert (620-621)
In Brief 622
The Physician and the Law 626
From the Medical Schools 627
Continuing Education Coming Events . . 630
AMA Winter Scientific Meeting in Miami Beach 631
Dr. James R. McVay, Sr. Dies 633
President's Message 647
MSMA Auxiliary 648
County Society News 649
MSMA Members Receive Physician's Recognition Award 651
New Members 652
In Memoriam 652
Advertising Index 653
Missouri Medicine in Review 654

in Brief

A summary of AMA, medical & health news

American Medical Association/535 North Dearborn Street/Chicago, Illinois 60610/Phone (312) 527-1500/TWX 910-221-0300

HEW RELEASED its corrected list of physicians who allegedly received $100,000 or more in Medicare payments in 1975. The original list, published last March, listed 409 physicians. The AMA conducted a spot check of the original list and found an error rate of 65%. The new listing shows that 64 physicians originally named did not have billings of $100,000. It also shows that payments to 338 of the physicians represented group rather than individual income. Among the 338 were 24 cases in which the amount of reimbursement also was different. HEW said it regretted "any inconvenience for physicians whose records were incorrectly reported on our original list." HEW also said it intends to release similar data in the future and plans to make sure that "such financial information is accurate and relevant."

THE AMERICAN Hospital Association House of Delegates, at its annual meeting, voted to develop "national standards and guidelines for federally mandated, state-sanctioned rate review programs" as an alternative to the Administration's proposed hospital "cap" plan. Addressing the AHA House, Robert B. Hunter, M.D., chairman of the AMA Board of Trustees, called on physicians and hospitals to oppose measures that would "fallaciously and dangerously save costs by rationing the quality and quantity of care." The proposed "cap" plan, he said, would "penalize the hospitals that are the most creative, resourceful, and conscientious in dealing with the sick."

THE FEDERAL Trade Commission's antitrust case against the AMA, the Connecticut State Medical Society and the New Haven County Medical Association is expected to last five and a half months. The AMA and the two medical societies went to trial in September to fight FTC charges of anti-competitive actions. A proposed FTC order would require the AMA to abandon many ethical positions that protect the public against false and deceptive advertising and other practices. In a 103-page brief, AMA attorneys describe the case as one "which does not serve the public interest and which, if successful, will expose consumers to deception and to a threat of inferior health care." The AMA also contends it is not subject to FTC jurisdiction and that the issuance of *Principles of Medical Ethics* is an exercise of First Amendment rights.

"WHAT THE REPORT really reveals is that the Medicaid program is nothing less than an administrative horror," the AMA said in commenting on a House Subcommittee's report that attempts to show high rates of surgery for Medicaid patients. The report was prepared by the staff of the House Subcommittee on Oversight and Investigations. "The data collected from the various state programs are so inconsistent and so contradictory as to suggest a national scandal," the AMA said, adding that the report "should be required reading for anyone who gives serious attention to proposals that would extend government management further into medical care." When the study was released, the Subcommittee itself commented: "The inconsistencies in the data compiled by states make conclusions about the precise rate of surgery tentative only."

TWO AMA draft bills deal with the subject of forced medical school transfers. One proposed bill would delete from the law the requirement that medical schools accept such transfers and would expand the special grant program for remedial training to include U. S. citizens studying medicine abroad who transfer to U. S. medical schools. The other bill would allow students to be eligible for the federal loan guarantee program, regardless of the school's compliance with capitation grant requirements.

THE BOARD of Trustees approved the establishment of an Ad Hoc Committee on Health Planning under the Council on Medical Service. The committee is to be composed of five members and will serve as a resource and strategy center to assist medical societies and physicians involved with state and local health planning, provide continuing physician input for material developed by HEW and assist in the development of any future national planning legislation.

Special Feature

Abstracts From the Annual Meeting of the Missouri Chapter, American College of Surgeons

---

Missouri Medicine is pleased to publish this first group of abstracts of papers presented at the 1977 Annual Meeting of the Missouri Chapter of the American College of Surgeons. Additional abstracts are scheduled for publication in subsequent issues. Boyd E. Terry, M.D., served as Chairman of the Program Committee for this meeting.—THE EDITOR

Bacterial Contamination of Transplanted Cadaver Kidneys

CHARLES B. ANDERSON, M.D., F.A.C.S. AND
EDWARD E. ETHEREDGE, M.D., PH.D., ST. LOUIS

*From the Department of Surgery,
Washington University School of Medicine*

Bacterial contamination of cadaver kidneys during storage has been reported to result in recipient infection after transplantation. The results of 106 consecutive renal allografts performed during 1975 and 1976 were reviewed. There were 78 cadaver transplants in which the kidneys were stored from six to 52 hours by hypothermic pulsatile perfusion with a plasmanate solution containing penicillin. Aerobic and anaerobic cultures of the perfusate were routinely obtained before the kidney was added (all with no growth) at one hour after starting perfusion, whenever the cassette was opened and, finally, when the kidney was removed from the perfusion apparatus.

Thirteen kidneys (17%) had a single positive culure and five (6%) had multiple positive cultures definite contamination). Eleven different organisms were identified. Ten patients received prophylactic antibiotics postoperatively and eight did not. No patient developed a wound or other infecion with organisms cultured from contaminated kidneys. Of 78 cadaver transplants, only three 4%) had primary wound infections.

It is concluded that contrary to other reports, ontaminated kidneys are not an important source f postoperative infections in renal transplant atients.

Confrontation: The Child and the Riding Lawnmower

VIRGINIA M. BADGER, M.D., F.A.C.S. AND
LEO V. TIPPEY, C.P.O., ST. LOUIS

*From the Shriner's Hospital for Crippled
Children, St. Louis Unit*

The wounding capability of the blade of the rotary lawnmower is not appreciated by the naive adult who entices a child to ride beside him or on the cowling of the blade. More than 7 million new rotary mowers are being purchased annually and an estimated 160,000 power-mower injuries occurred in the United States last year.

The less common and less publicized injuries are the more serious ones involving young children who may fall off and are actually run over by the mower. Twenty-five of these children are currently being treated at the Shriner's Hospital for Crippled Children, St. Louis Unit.

Levels of injury include the partial foot, loss of the entire foot and below-knee amputations. Epiphyseal injuries of the tibia also have been noted with resultant ankle deformity. Wound care and levels of amputation in regard to growth potential of the disabled limb are discussed in relation to expected functional capacity of the child in daily activities and in sports.

* * *

Intrauterine Transfusion

EUGENE G. HAMILTON, M.D., F.A.C.S., ST. LOUIS

In severely rhesus sensitized women, intrauterine transfusions (IUT) were proposed to enable the fetus to survive in utero, avoiding delivery before it became able to survive outside the uterus. Recently, doubt has been raised as to its efficacy because of a 20% mortality rate for each procedure.

In our hands, there was an overall survival rate in nonhydropic fetuses of 75% and a mortality rate for each IUT of 3.6%. In the last five years, the survival rate has risen to 85% with a mortality rate of 2.2% for each IUT.

We consider this a life-saving procedure leading to a baby who is in better condition at birth, thus requiring less, very costly newborn intensive care.

* * *

Influence of Antibiotics in Surgical Practice

LINDA BICKERSTAFF, M.D., MICHAEL COOPERSTOCK, M.D., THOMAS J. PRENDERGAST, JR., M.D. AND BOYD E. TERRY, M.D., F.A.C.S., COLUMBIA

From the Department of Surgery, University of Missouri Medical Center

The use of antibiotics in the preoperative and postoperative care of surgical patients has been discussed at length in the world's literature and at numerous conferences across the country during the last five years. However, little has been reported regarding methods of monitoring antibiotic usage in an ongoing manner. A simple coding method has been developed which, when applied to each antibiotic order, gives data about the dose and mode of administration of each antibiotic, the affected body system and whether the antibiotic is being ordered on the basis of culture result, clinical impression or for prophylaxis.

The data for the first six months of surveillance are analyzed for all general surgery patients with preliminary data suggesting that, among other things, this method will be quite useful in (1) assisting in identifying the number and types of infections in the surgical-patient population; (2) analyzing the appropriateness of antibiotic usage in specific types of infection; (3) educating both housestaff and attending staff in present trends in antibiotic usage; and (4) relating antibiotic usage to nosocomial infection patterns.

* * *

Acute, Slipped Capital Femoral Epiphysis

MICHAEL S. CLARKE, M.D., SPRINGFIELD

Slipping of the capital femoral epiphysis is infrequently encountered. The diagnosis is sometimes difficult and must be kept in mind. Acute slips are rarer and differ significantly in diagnosis, treatment and results from the more common chronic slips and acute superimposed on chronic slips. Acute slips by definition have symptoms less than two weeks and are reducible. The initiating trauma may be minimal. Satisfactory lateral x-rays are difficult. The anterior-posterior x-ray should be carefully evaluated to compare the height of the epiphysis on the involved side, the location of the junction of the medial epiphyseal line with the edge of the acetablum and the contour of the superior border of neck and head.

Reduction and pinning is the preferred method of treatment. Reduction is performed by skeletal traction both longitudinally and in internal rotation. Reduction can be performed by the Ledbetter or similar maneuvers on the operating table. Reduction should be gentle and overcorrection should be avoided.

Results of severe slips are comparable to those of chronic slips except for a significant increase in chondrolysis and, oddly, a slight decrease in avascular necrosis. Drawing from the experience with 68 slipped capital femoral epiphyses, examples are presented.

* * *

Cervico Facial Actinomycosis

WILLIAM DAILY, M.D., JERRY TEMPLER, M.D., F.A.C.S. AND WILLIAM E. DAVIS, M.D., F.A.C.S., COLUMBIA

From the Department of Surgery, Section of Otolaryngology, University of Missouri Medical Center

Actinomycosis may present as an abscess, tumor-like mass or draining sinus tract in the face or neck. Although an uncommon disease, cervico facial involvement represents 60% of all actinomycotic infections. Antinomycosis is a microaerophilic or an aerobic, non-acid, fast fungus-like bacterium that normally inhibits the gingival crevices, periodontal pockets, retromolar and tonsillar crypts. Following facial trauma or dental procedures, actinomycosis may become a pathogen with an ill-defined, catalytic-like action in association with other organisms to present as an indurated irregular swelling that spreads by burrowing without regard to facial planes.

Two examples of patients with cervicofacial actinomycosis are presented. The first represents a typical presentation of a submandibular mass with a draining sinus tract following dental manipulation. The second case represents a less common example of primary actinomycosis of the parotid gland presenting as a tumor mass. The presentation, typical course and treatment of actinomycosis is discussed.

Consideration in the Management of Open Heart Surgery in Uremic Patients

JOHN P. CONNORS, M.D. AND
RICHARD C. SHAW, M.D., ST. LOUIS

*From the Division of Cardiothoracic Surgery,
Waldheim Department of Surgery,
The Jewish Hospital of St. Louis*

Major cardiovascular surgical procedures are feasible in uremic patients who are on chronic hemodialysis. Experience with open heart surgery in this group is limited.

Two patients have recently undergone successful cardiac valvular replacement at our institution and their management in the preoperative period is outlined. One patient had severe mitral and tricuspid insufficiency requiring mitral valve replacement and tricuspid annuloplasty while the second patient had an aortic valve replacement for uncontrolled endocarditis and regurgitation. Lengthy hemodialysis (six hours) for volume and electrolyte control were performed immediately before cardiac catheterization and operation. Morphine anesthesia, saline and albumin pump primes and fresh whole blood were utilized during surgery. Daily hemodialysis was initiated immediately upon return to the intensive care unit and carried out for the ensuing five days. Adjusted doses of cardiotonic agents and antibiotics were employed.

Both patients are well 28 and 18 months following surgery. Coumadin anticoagulation in one patient has been uncomplicated despite thrice weekly dialysis. To avoid prosthetic endocarditis, a rigid antiseptic preparation of the fistula site is performed prior to hemodialysis and the indications for prophylactic antibiotic therapy remain the same as for other patients following cardiac valve replacement.

* * *

Subphrenic Abscess: Experience and Management

JOHN P. CHRISTY, M.D., F.A.C.S., POPLAR BLUFF

Clinical details of 18 cases of subphrenic abscess are discussed. The majority of cases were secondary to penetrating wounds of the abdomen. Where feasible, posterior dependent drainage was established via transpleural approach. Excellent drainage and results were obtained. Problems in diagnosis, management and surgical drainage are discussed.

Management of Hepatic Injuries

BURL M. DILLARD, M.D., F.A.C.S., ST. LOUIS

This paper will entail 16 hepatic resections performed by the author or under his direct supervision during the past 12 years from eight hospitals in St. Louis. The hepatic resections have been a result of the direct management of more than 300 major hepatic injuries, showing an indication for resection in the range of 5%. Preoperative studies are included in 35 mm slides, as well as the morbidity and mortality and techniques of resection for this series. Postoperative hepatic angiograms and liver scans show the regeneration of the liver, and galium scans show undetectable abscesses by standard techniques.

The mortality in this series was 11% with 8% of the patients dying from acute blood loss in the Emergency Room or the Operating Room. The other 3% died up to four months later from primarily subphrenic and intrahepatic abscesses or other associated injuries.

ONE WAY

to help speed processing of
your Blue Shield claims is to

CODE THE PROCEDURES REPORTED

using the NABSP Uniform
Coding shown in your
Blue Shield Physician's
Office Manual

Blue Shield
St. Louis
NON PROFIT COMMUNITY SERVICE ®

The Physician and the Law

. . . *Child Abuse*

Society and the law have always recognized that a unique relationship exists between physician and patient. Along with the unique relationship, a special responsibility has always been assumed by the physician.

A contemporary expression of this responsibility is embodied in the Principles of Medical Ethics as follows:

> A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.[1]

One of the most important exceptions to the physician's obligation to keep secret the confidences of the physician-patient relationship is the statutory requirement that the physician report cases of child abuse to the state. The current statute has been in effect for two years.[2] It requires professionals and other persons responsible for the care of children to report to the Division of Family Services when they have "reasonable cause to believe that a child has been or may be subjected to abuse or neglect or observe a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect. . . ."[3]

Abuse is any physical injury, sexual abuse or emotional abuse inflicted on a child other than by accidental means by those responsible for his care, custody and control. Neglect is defined as the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law or medical, surgical or any other care necessary for his well-being.[4]

The procedure of reporting is fairly simple. Anyone may make a report to the Division. A physician *must* make a report if he *suspects* child abuse or neglect. If the person who discovers the abuse is a staff member of a hospital, then the physician in charge must be notified immediately. The person in charge then becomes responsible for reporting the case. In addition, he must order a radiological examination, if medically indicated, and color photographs of physical trauma. Reproductions of the radiological reports and photographs are sent to the Division of Family Services.[5]

The initial report may be oral and by telephone, but this must be followed within 48 hours by a written report. A written report should include the following if known:

1. Names and addresses of the child and his parents or other person responsible for his care.
2. The child's age, sex and race.
3. Nature and extent of child's injuries, abuse or neglect.
4. Family composition.
5. Source of the report.
6. Name and address of person making the report and occupation.
7. Actions taken by reporting source.
8. Any other helpful information.[6]

A law enforcement official or any physician may take temporary protective custody of a child who is the object of child abuse or who is being examined for abuse without the consent of the child's parents or guardian. The custody cannot exceed 20 hours in duration and may be obtained when reasonable attempts to notify persons responsible for the child's care have failed, a court order cannot immediately be obtained and an imminent danger to the child exists.[7]

Full civil and criminal immunity from liability is granted by the state to any person, official or institution which acts in compliance with the statute in reporting child abuse or neglect.[8]

The Division of Family Services investigates the reported incidents of child abuse. The investigations are conducted to determine if the child requires the protection of the juvenile court or other social services. Reports and the results of investigations are kept confidential, but they are available to a physician treating a child who is believed to be abused or neglected. The person who is the subject of a report and investigation is informed of the results of the investigation. However, the name of the person making the report is never revealed.

Files on unsubstantiated reports of child abuse and neglect are kept three years while substantiated reports are retained for five years.

In summary, the exception to the responsibility to maintain the confidences of the physician-pa-

(Continued on page 633)

From the Medical Schools

WASHINGTON UNIVERSITY

Nobel Laureate Rosalyn S. Yalow, Ph.D., who won this year's prize for medicine, gave the third annual Mildred Trotter Lecture at Washington University School of Medicine on November 1. She spoke on "Perspectives of Radioimmunoassay."

The Mildred Trotter Lectureship was established in 1975 by the Washington University School of Medicine Alumni Association to honor Dr. Trotter, professor emeritus and lecturer in the Department of Anatomy, who has served the school for 57 years.

Dr. Yalow, Distinguished Service Professor, Mount Sinai School of Medicine, City University of New York, received the Nobel Award for her research in endocrinology—the study of glands and the hormones they produce—and for development of radioimmunoassays of peptide hormones.

Dr. Yalow received her Ph.D. in physics from the University of Illinois in 1945. She has received numerous honors including membership in the National Academy of Sciences, the Koch Award of the Endocrine Society and the Albert Lasker Basic Medical Research Award. She has served as Director of the Soloman A. Berson Research Laboratory at the Bronx Veteran's Administration Hospital since 1973.

Since 1966, Dr. Yalow has served as a member of the President's Study Group on Careers for Women. In 1977, she became president-elect of the Endocrine Society, the first woman to serve in this capacity.

Nautilis equipment, which is ordinarily used primarily by professional athletes, is the unique aspect of the new Orthopedic Center at the School of Medicine.

The Center was established in memory of *William G. Moore, Jr.* by his family and friends. Dedication ceremonies were held on October 26.

The sophisticated nautilis exercise equipment was chosen because of its durability and efficiency n improving muscle strength and endurance. Washington University is the only place in the Midwest and one of few places in the country where nautilis equipment is being used for rehabilitative purposes.

Leo A. Whiteside, M.D., head of the Division of Orthopedic Surgery, and *Jordan H. Ginsberg,* M.D., instructor in orthopedic surgery, are co-directors of the Center.

SAINT LOUIS UNIVERSITY

Lindbergh S. Sata, M.D., has been appointed chairman of the Department of Psychiatry at the School of Medicine effective Jan. 1, 1978.

Prior to his appointment at St. Louis University, Dr. Sata held the position of psychiatrist-in-chief at Harborview Medical Center in Seattle, Wash. He also served as professor of psychiatry in the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine in Seattle.

Dr. Sata

Dr. Sata is a member of numerous professional organizations including the American Association of University Professors, International Group Psychotherapy Association, North Pacific Society of Neurology and Psychiatry and National Training Laboratories of the Institute of Applied Behavioral Science.

The first failure-immune computer, the Tandem NonStop system, to be used for medical purposes by a university has been installed in the Department of Pathology.

The Medical Center will use the dual processor system to provide medical-legal data interactively with the St. Louis City medical examiner office. Medical examiner personnel will be able to use five remote terminals on the computer to report port-mortem examinations, obtain toxicology results, assemble homicide information, provide information for civil litigations and insurance investigations and program special studies.

The Department of Pathology will use the unique computer system for research, general data record management and computer instruction for medical faculty and students. The system is under the direction of *George E. Gantner,* M.D., professor of Forensic and Environmental Pathology.

Raul Mercado, M.D., professor and chairman, Department of Radiation Oncology, has been appointed chairman of the Linear Accelerator Advisory Committee. Purpose of the committee is to assess the overall capabilities of the Radiation Therapy Department of the Ellis Fischel State Cancer Hospital in Columbia.

Raghunath P. Reddi, M.D., associate professor of radiation oncology, and *Dr. Raul Mercado* will present a paper entitled "Low Dose Preoperative Radiation Therapy in Carcinoma of the Supraglottic Larynx" at the 63rd Annual Meeting of the Radiological Society of North America in Chicago on November 27-December 2.

UNIVERSITY OF MISSOURI-KANSAS CITY

James Olson, Ph.D., president of the University of Missouri, received formal notification on Sept. 19, 1977 from the Liaison Committee on Medical Education that the Council on Medical Education of the American Medical Association and the Executive Council of the Association of American Medical Colleges ratified the action of the Liaison Committee on Medical Education in removing the University of Missouri-Kansas City School of Medicine from probation and awarding full accreditation for a period of three years.

Alfred P. Fishman, M.D., *Norman Cousins, Kerr L. White,* M.D., *Merlin K. DuVal,* M.D. and *Boisfeiullet Jones* made their fifth annual visit to the UMKC School of Medicine in their role as consultants to the Chancellor at the end of October. These distinguished scholars and medical educators have spent several days at UMKC for a thorough review of programs and progress. They have provided advice and counsel during the formative years of the School.

Dr. R. K. Noback, Dean, received notification of a Health Professions Special Project Grant Award in the amount of $29,746. The purpose of the grant is to provide supporting education services for students and continue a successful program begun last year. In conjunction with the Division of Student Affairs of the University, a student learning center was initiated to assist students through instruction in cognitive skills, supplemental content program and attention to the affective and interpersonal factors involved in learning.

BRIEF SUMMARY OF
PRESCRIBING INFORMATION

ANTIMINTH® (pyrantel pamoate)
ORAL SUSPENSION

Actions. Antiminth (pyrantel pamoate) has demonstrated anthelmintic activity against *Enterobius vermicularis* (pinworm) and *Ascaris lumbricoides* (roundworm). The anthelmintic action is probably due to the neuromuscular blocking property of the drug.

Antiminth is partially absorbed after an oral dose. Plasma levels of unchanged drug are low. Peak levels (0.05-0.13 μg/ml) are reached in 1-3 hours. Quantities greater than 50% of administered drug are excreted in feces as the unchanged form, whereas only 7% or less of the dose is found in urine as the unchanged form of the drug and its metabolites.

Indications. For the treatment of ascariasis (roundworm infection) and enterobiasis (pinworm infection).

Warnings. *Usage in Pregnancy:* Reproduction studies have been performed in animals and there was no evidence of propensity for harm to the fetus. The relevance to the human is not known.

There is no experience in pregnant women who have received this drug.

The drug has not been extensively studied in children under two years; therefore, in the treatment of children under the age of two years, the relative benefit/risk should be considered.

Precautions: Minor transient elevations of SGOT have occurred in a small percentage of patients. Therefore, this drug should be used with caution in patients with preexisting liver dysfunction.

Adverse Reactions. The most frequently encountered adverse reactions are related to the gastrointestinal system.

Gastrointestinal and hepatic reactions: anorexia, nausea, vomiting, gastralgia, abdominal cramps, diarrhea and tenesmus, transient elevation of SGOT.

CNS reactions: headache, dizziness, drowsiness, and insomnia. Skin reactions: rashes.

Dosage and Administration. *Children and Adults:* Antiminth Oral Suspension (50 mg of pyrantel base/ml) should be administered in a single dose of 11 mg of pyrantel base per kg of body weight (or 5 mg/lb.); maximum total dose 1 gram. This corresponds to a simplified dosage regimen of 1 ml of Antiminth per 10 lb. of body weight. (One teaspoonful=5 ml.)

Antiminth (pyrantel pamoate) Oral Suspension may be administered without regard to ingestion of food or time of day, and purging is not necessary prior to, during, or after therapy. It may be taken with milk or fruit juices.

How Supplied. Antiminth Oral Suspension is available as a pleasant tasting caramel-flavored suspension which contains the equivalent of 50 mg pyrantel base per ml, supplied in 60 ml bottles and Unitcups™ of 5 ml in packages of 12.

More detailed professional information available on request.

ROERIG *Pfizer*
A division of Pfizer Pharmaceuticals
New York, New York 10017

When you're good people recognize you.
a drug of choice in pinworm infections

Highly effective
Single-dose convenience
Non-staining
Economical
Pleasant tasting

Antiminth®
(pyrantel pamoate)
equivalent to 50 mg pyrantel/ml
ORAL SUSPENSION

Please see brief summary of prescribing information on facing page.

©1977 LONE RANGER T.V., INC.

BREATHING WITH COMFORT.

Choledyl—a highly soluble, true salt of theophylline—rapidly relaxes bronchospasm to promote easier breathing. And, gastric discomfort is minimal.

Because Choledyl is more stable...more rapidly absorbed from the G.I. tract than aminophylline.

Available in both tablets and elixir for patients with obstructive lung disease.

Choledyl® (oxtriphylline) Tablets and Elixir CAUTION: Federal law prohibits dispensing without prescription. Each partially enteric coated tablet contains 200 mg or 100 mg oxtriphylline. Each teaspoonful of the elixir contains 100 mg oxtriphylline; alcohol 20%. *Indications.* Choledyl (oxtriphylline) is indicated for relief of acute bronchial asthma and for reversible bronchospasm associated with chronic bronchitis and emphysema. *Warning.* Use in pregnancy—animal studies revealed no evidence of teratogenic potential. Safety in human pregnancy has not been established; use during lactation or in patients who are or who may become pregnant requires that the potential benefits of the drug be weighed against its possible hazards to the mother and child. *Precautions.* Concurrent use of other xanthine-containing preparations may lead to adverse reactions, particularly CNS stimulation in children. *Adverse Reactions.* Gastric distress and, occasionally, palpitation and CNS stimulation have been reported. *Dosage.* Average adult dosage: Tablets—200 mg. 4 times a day; Elixir—two teaspoonfuls, 4 times a day. *Supplied.* 200 mg yellow, partially enteric coated tablets in bottles of 100 (N 0047-0211-51) and 1000 (N 0047-0211-60); Unit Dose—200 mg tablets (N 0047-0211-11); 100 mg red, partially enteric coated tablets in bottles of 100 (N 0047-0210-51). Elixir—bottles of 16 fl oz (1 pint) 474 ml (N 0047-0215-16). *Toxicity.* Oxtriphylline, aminophylline and caffeine appear to be more toxic to newborn than to adult rats. No teratogenic effects have been seen. Full information is available on request.

CH-GP-51-4/C

WARNER/CHILCOTT
Division. Warner-Lambert Company
Morris Plains, N.J 07950

CHOLEDYL®
(OXTRIPHYLLINE)

SINGLE-ENTITY
BRONCHODILATION
MINIMAL GASTRIC DISCOMFORT

"Kid, this stuff is the bananas."

Experts agree: when it comes to good-tasting banana flavor—without the unpleasant taste of paregoric—the makers of Donnagel®-PG really know their stuff!

For diarrhea

Donnagel-PG Ⓒ

Donnagel with paregoric equivalent

Each 30 cc. contains:

Kaolin	6.0 g.
Pectin	142.8 mg.
Hyoscyamine sulfate	0.1037 mg.
Atropine sulfate	0.0194 mg.
Hyoscine hydrobromide	0.0065 mg.
Powdered opium, USP (equivalent to paregoric 6 ml.) (warning: may be habit forming)	24.0 mg.
Sodium benzoate (preservative)	60.0 mg.
Alcohol, 5%	

Now with child-proof closure

A·H·ROBINS

A. H. Robins Company
Richmond, Virginia 23220

CLEAR THE TRACT!
630
NDC 0031 8680 25
A-H-ROBINS
Robitussin-DAC
EXPECTORANT
NASAL DECONGESTANT
ANTITUSSIVE
Each 5 ml (1 teaspoonful) contains
Guaifenesin, NF 100 mg
Pseudoephedrine Hydrochloride NF 30 mg
Codeine Phosphate USP 10 mg
(Warning: May be habit forming)
Alcohol 1.4 per cent
in a palatable aromatic syrup
KEEP THIS AND ALL DRUGS OUT OF REACH OF CHILDREN. IN CASE OF ACCIDENTAL OVERDOSE, SEEK PROFESSIONAL ASSISTANCE OR CONTACT A POISON CONTROL CENTER IMMEDIATELY
16 FL.OZ.(1PT.)
THIS PACKAGE INTENDED FOR REPACKAGING BY PHARMACIST

A·H·ROBINS

INTRODUCING...

NEW ROBITUSSIN®-DAC

for the difficult cough complicated by nasal congestion

*To help clear the lower respiratory tract—the most recommended single expectorant in the U.S.**

Guaifenesin, NF . . . . . . **100 mg**/5 ml

- Enhances output of less viscid secretions to aid in the removal of inspissated mucus.
- Relieves irritated membranes in respiratory passageways by preventing dryness through increased mucus flow.
- Makes dry, unproductive coughs more productive and less frequent.

For cough suppression...the drug of choice†—

Codeine Phosphate, USP . . . . . . **10 mg**/5 ml

(Warning: May be habit forming.)

- Reduces severity, frequency and patient awareness of cough.
- Promotes patient comfort.
- Low drug dependence and little risk of side effects in recommended dosage.

For accompanying nasal congestion—

Pseudoephedrine HCl, NF . . . . . . **30 mg**/5 ml

- An orally effective nasal/sinus decongestant.
- Relieves congestion, reduces edema, promotes drainage.
- 60 mg pseudoephedrine in a 2-teaspoonful adult dose.

Available in pints only. You prescribe the quantity dispensed.

References:
*National Disease & Therapeutic Index, Jan.-Dec., 1976. IMS America Ltd., Ambler, Pa. 1976.
†Amer. Med. Assn., Dept. of Drugs, A.M.A. Drug Evaluations, 2nd Edition, Publishing Sciences Group, Inc., Acton, Mass., 1973, pp. 482-3.

EE OFFER For a **1978** calendar featur-
g a poster-size, full-color reproduction of
s photo of Southern Railway Engine No.
0, write "**Robitussin-DAC**" on your Rx pad
d mail to "Train Offer," A. H. Robins Company,
07 Sherwood Avenue, Richmond, VA 23220.

Robitussin® -DAC—Each 5 ml (1 teaspoonful) contains: Guaifenesin, NF 100 mg; Pseudoephedrine Hydrochloride, NF 30 mg; Codeine Phosphate, USP 10 mg (Warning: May be habit forming) in a palatable, aromatic syrup. Alcohol, 1.4 per cent. INDICATIONS: For the temporary relief of cough and nasal congestion as may occur with the common cold or with inhaled irritants. CONTRAINDICATIONS: Hypersensitivity to any of the ingredients, marked hypertension hyperthyroidism, or in patients who are receiving MAO inhibitors or antihypertensive medication. WARNINGS: Use this product with caution in children under 2 years or in children taking another drug. Prescribe cautiously for patients with persistent or chronic cough such as comes with smoking, asthma, emphysema, or where cough is accompanied by excessive secretions. Caution should be taken in administering this drug to patients with high blood pressure, heart disease or diabetes. In patients with chronic pulmonary disease or shortness of breath, this product should be administered with caution. As with all products containing sympathomimetic amines use with caution in patients with prostatic hypertrophy or glaucoma. Do not exceed recommended dosage because at higher doses nervousness, dizziness or sleeplessness may occur. May cause or aggravate constipation. NOTE Guaifenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA) ADVERSE REACTIONS: Agitation, dizziness, insomnia, palpitations or nausea may occur. In such instances, reduction in frequency and/or quantity of dose is indicated. RECOMMENDED DOSAGE: Adults 1 or 2 teaspoonfuls every four hours, not to exceed 12 tea spoonfuls in a 24 hour period: children 6 to under 12 years, 1 teaspoonful every four hours not to exceed 6 teaspoonfuls in a 24-hour period: children 2 to under 6 years 1/2 teaspoonful every four hours not to exceed 3 teaspoon fuls in a 24 hour period; children under 2 years; use as directed by a physician. ALSO AVAILABLE: Robitussin®, Robitussin A-C® Robitussin with codeine Robitussin-CF® Robitussin with phenylpropanolamine and dextromethor phan. Robitussin DM® Robitussin with dextro methorphan Cough Calmers® lozenges Robitussin DM in solid form) Robitussin PE® Robitussin with pseudoephedrine A H Robins Co Richmond Va. 23220.

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132
(816) 276-4167

Dec. 7	Infectious Diseases
(1978) Feb. 1	Gynecology and Female Urology
Apr. 5	Hematology
June 2	Drug Actions and Interactions
Aug. 2	Anxiety, Depression and Psychosexual Problems

University of Missouri-Columbia
M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

Nov. 14-15	Missouri Rural Health and Safety Conference
Dec. 1-3	What Every Physician Wants to Know About Medical Problems and Dares to Ask!
(1978) Feb. 7-8	The Professional and Community Role of the Physician in Alcohol Abuse
Feb. 22-23	Dynamic Dietetics for Dedicated Diligent Doctors
Mar. 8-9	Preceptor's Day
Mar. 22-23	Common Problems in Cardiology
Apr. 6-7	24th Annual Urology Seminar (Kansas City)
Apr. 25	Pediatrics Refresher Course—1978
Apr. 29	Annual Day of Clinical Radiology
May 2-3	Sports Medicine Conference
May 10	Stroke

University of Missouri-Kansas City School of Medicine —Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

Nov. 18-19	The Long Weekend—Appropriate Use of the Laboratory/Methods of Diagnosis
Dec. 8-10	The Heart 1977
(1978) Jan. 22-27	Mid-Winter Traveling Medical Education Course (Steamboat Springs, Colo.)
Feb. 17-18	The Long Weekend—Immunology/Oncology
Feb. 19-25	Mid-Winter Traveling Medical Educational Course (Scottsdale, Ariz.)
Feb. 25-Mar. 4	Late-Winter Traveling Medical Educational Course (Maui, Hawaii)
April 20-21	Surgical Techniques
May 4-6	Seminar: Update in Obstetrics and Gynecology
May 19-20	The Long Weekend—Cardiovascular Disease I and II
June 1-2	Symposium on Physical Fitness

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

(1978) Apr. 2	Annual Spring Seminar

Washington University School of Medicine
Continuing Medical Education
Box 8063, 660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
***Contact:* Loretta Giacoletto**

Nov. 11-13	Anesthesia and the Geriatric Patient
Nov. 17-18	Rehabilitation in the Management of Patients With Common Medical Problems
Dec. 2	An Update in Diabetes
(1978) **Feb. 16-17**	Current Topics in Pulmonary Disease
Mar. 2-3	Rheumatology for the Practicing Physician
Mar. 16-17	Current Topics in Infectious Diseases
Apr. 6-7	Venous and Arterial Thrombosis: Current Status of Diagnosis, Prevention and Therapy
Apr. 17-18	Hysteria in Children
May 18	Third Annual Symposium on Surgical Problems in Children
May 19-20	Neuromuscular Diseases

The Edward Mallinckrodt Institute of Radiology—
Washington University School of Medicine
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
***Contact:* Ronald G. Evens, M.D.**

Nov. 14	Pseudomalignancies of the Skeleton
Dec. 12	New Techniques in Ultrasound
(1978) **Jan. 9**	Genitourinary Radiology
Feb. 13	Recent Advances in Cardiovascular Nuclear Medicine
Mar. 13	CT Scanning for Treatment Planning and Follow-up of Primary Brain Tumors
Apr. 10	Newer Aspects of Neuroradiology
May 8	Hematologic Bone Disease

American College of Physicians
***Contact:* Thomas W. Burns, M.D.**
University of Missouri School of Medicine
Columbia 65201

(1978) **Mar. 9-11**	Missouri Regional Meeting (Breckenridge Pavilion Inn, St. Louis)

American College of Obstetricians and Gynecologists
***Contact:* ACOG**
One E. Wacker Dr., Chicago, Ill. 60601

Oct. 20-21	Workshop on Practice Productivity

AMA Winter Scientific Meeting To Be Held in Miami Beach

The 31st Winter Scientific Meeting of the American Medical Association will be held on December 10-13 at Miami Beach.

For the first time, the interim winter session of the AMA's House of Delegates will be held separately from the scientific when the House convenes in Chicago on December 4-7.

The Winter Scientific Meeting offers a cross-disciplinary continuing medical education program for the physician who needs to keep abreast of the latest developments in his own and other medical specialty areas.

The program for the Florida meeting is published in the October 24 issue of the *Journal of the American Medical Association.* It encompasses post-graduate courses covering the full range of problems encountered by the practicing physician in his office. Some of the materials will be offered as video clinics and others as television courses and motion picture seminars.

State of the art lectures will be presented on such topics as the Pill; prevention and treatment of stroke; origins of sex and gender; cosmetic surgery; coronary artery disease; snakebite; and the team doctor in amateur sports. The luncheon programs will present discussions of acupunture, obesity, menopause and television's impact on our way of life.

A satellite will be used to transmit specially prepared programs from the meeting at Miami Beach to physicians in 35 hospitals in 11 states and the other side of the nation.

The event will mark the first time anywhere in the world that a major medical meeting of multi-disciplinary scope will harness the power of satellite technology to provide continuing medical education.

Further information on the meeting is available from the Division of Continuing Medical Studies, American Medical Association, 535 N. Dearborn, Chicago, Ill. 60610.

Think you know all about asthma?

Then you should know all about TEDRAL.
It provides—

☐ rapid symptomatic relief, as well as prophylaxis
☐ β-ADRENERGIC ACTION THAT RELAXES BRONCHIAL SMOOTH MUSCLE
☐ α-ADRENERGIC ACTION THAT REDUCES BRONCHIAL EDEMA AND SECRETIONS
☐ synergistic action of ephedrine and theophylline for effective and prolonged bronchodilation
☐ dosage forms to meet individual patient needs

For asthma management...

Tedral® / Tedral® SA / Tedral® Elixir

Each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); and 25 mg phenobarbital in the immediate release layer.

SUSTAINED ACTION

Each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine HCl, and 2 mg phenobarbital; the alcohol content is 15%.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950

T-GP-74-B/W

TEDRAL®

TEDRAL® SA Sustained Action

TEDRAL® Elixir

CAUTION: Federal law prohibits dispensing Tedral SA without prescription.

Description. Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

Tedral Elixir: each 5 ml teaspoonful contains 32.5 mg theophylline, 6 mg ephedrine hydrochloride, and 2 mg phenobarbital; the alcohol content is 15%.

Indications. Tedral, Tedral SA, and Tedral Elixir are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

Tedral Elixir is convenient for persons who may have difficulty in swallowing tablets.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

Contraindications. Sensitivity to any of the ingredients; porphyria.

Warnings. Drowsiness may occur. PHENOBARBITAL MAY BE HABIT-FORMING.

Precautions. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

Adverse Reactions. Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

Average Dosage. *Prophylactic or Therapeutic.*

Tedral: *Adults*—One or two tablets every 4 hours. *Children*—(Over 60 lb) one-half the adult dose.

Tedral SA: *Adults*—One tablet on arising and one tablet 12 hours later. Tablets should not be chewed. *Children*—Not established for children under 12.

Tedral Elixir: Note: One teaspoonful is equivalent to *one-quarter* Tedral tablet. *Children*—One teaspoonful per 30 lb body weight, every 4-6 hours, unless prescribed otherwise by physician. Should be given to children under 2 years of age only with extreme caution. *Adults*—One to two tablespoonfuls every four hours.

Supplied. Tedral: White, uncoated scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in Unit Dose—package of 10 x 10 strips (N 0047-0231-11).

Tedral Elixir: Dark red and cherry-flavored in 474 ml (16 fl oz) bottles (N 0047-0242-16).

STORE BETWEEN 59° and 86°F (15° and 30°C).

Full information is available on request.

Dr. James R. McVay, Sr., Dies; MSMA President in 1939-1940

Dr. James R. McVay, Sr., a Past-President of the Missouri State Medical Association, died on Oct. 18, 1977 at his home in Kansas City.

Dr. McVay served as President of the MSMA in 1939-1940 and was a delegate to the American Medical Association House of Delegates from 1933 to 1952.

He also was a past-chairman of the AMA Council on Medical Services of which he was a member from 1943 to 1952. He served as a member of the AMA Board of Trustees from 1952 to 1957.

Dr. McVay was a member of Jackson County Medical Society and a founding member of the Kansas City Southwest Clinical Society. A surgeon, he practiced in Kansas City for 57 years.

He was a Diplomate of the American Board of Surgery, a member of the American Association for Surgery Trauma and a Fellow of the American College of Surgeons.

Dr. McVay was a 1913 graduate of the University of Missouri and received his medical degree from Johns Hopkins University in 1925. Following his internship at Lakeside Hospital in Cleveland, he served in World War I as a lieutenant in the Army Medical Corps. He later held a Fellowship in Surgery at the Mayo Clinic.

He leaves two sons, Dr. James R. McVay, Jr. of Boca Raton, Fla. and William G. McVay of Topeka and eight grandchildren.

The Physician and the Law

(Continued from page 626)

tient relationship as it relates to child abuse and neglect is more than a duty to reveal confidences. The statute requires the physician to become actively involved in the state effort to protect children from abuse or neglect. The physician is acting in accordance with the AMA Principles of Medical Ethics because this action is required by law and is necessary to protect the welfare of the victim of suspected abuse or neglect.

REFERENCES

1. Principles of Medical Ethics, §9 *Judicial Council Opinions and Reports*. American Medical Association, 1977.
2. Chapter 210, Revised Statutes of Missouri, 1975 Supplement.
3. Chapter 210.115 RSMo, 1975 Supplement.
4. Chapter 210.110 RSMo, 1975 Supplement.
5. Chapter 210.110-.120 RSMo, 1975 Supplement.
6. Chapter 210.130 RSMo, 1975 Supplement.
7. Chapter 210.125 RSMo, 1975 Supplement.
8. Chapter 210.135 RSMo, 1975 Supplement.

Kefzol® I.M./I.V.
cefazolin sodium

Ampoules, equivalent to 500 mg., 1 Gm.,
and 10 Gm. of cefazolin

Lilly
700773

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 74, Number 11—November, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

MALCOLM ARNOLD, M.D., DUNCAN A. KILLEN, M.D.,
SUCHINT WATHANACHAROEN, M.D., WILLIAM A. REED, M.D.,
BEN D. McCALLISTER, M.D. *and* LYNN H. KINDRED, M.D., *Kansas City*

Survival Following Coronary Artery Bypass

Coronary artery bypass has become one of the more frequently performed major operative procedures in this country during the past five years. In general, the operation has proven effective in the relief of angina. However, the major determinant of its success or failure will be whether or not it favorably influences longevity. The present report is a summary of survival studies of a consecutive series of patients subjected to coronary artery bypass.

Methods and Materials

This report is the result of an analysis of a consecutive series of patients undergoing coronary artery bypass at St. Luke's Hospital in Kansas City during the five-year period ending December, 1975. Not included are patients who underwent coronary artery bypass in combination with some other cardiac procedure, such as valvular replacement or aneurysmectomy. Coronary artery bypass was accomplished in all patients in whom anesthesia was induced for the proposed procedure.

Pathologic classification of the coronary artery occlusive disease was based on the arteriographic findings. In each patient, the presence of obstruction (occlusion or stenosis compromising the arterial diameter by 50% or more) of the left main coronary artery, the circumflex coronary artery, the anterior descending coronary artery or the right coronary artery was tabulated. For tabulation purposes, an obstructing lesion of the left main coronary artery was equated to obstruction of both the circumflex and the anterior descending coronary arteries.

Performance of bypass to an obstructed branch of the circumflex, anterior descending or right coronary artery automatically resulted in assignment of obstruction to the parent artery. For instance, coronary artery bypass to the diagonal coronary artery resulted in tabulating the anterior descending coronary artery as obstructed. Obstructive disease in a branch artery not bypassed resulted in assignment of obstructive disease to the parent artery only if the obstructed branch was the major extension of the parent artery. For instance, obstruction of an obtuse marginal artery, which was larger than the remaining distal circumflex artery proper, resulted in assignment of obstructive disease to the circumflex artery. Utilization of these

---

A total of 2,013 consecutive coronary artery bypass procedures were performed in 1,982 patients during a five-year period. In general, there was a positive correlation between operative mortality and (1) the number of diseased arteries and (2) the age of the patient. Late follow-up reveals a survival rate equal to that of the general population when matched for age and sex. These data strongly suggest improved survival following coronary artery bypass. The authors are from the Thoracic Surgical and Cardiovascular Services at St. Luke's Hospital.

TABLE 1

OPERATIVE DEATHS

*Cause of Death**	*Number of Patients*	*Time of Death†*
Myocardial		
Low cardiac output§	6	OR, OR, 1, 1, 2
AMI‡	6	1, 2, 3, 14, 22, 26
Arrhythmia	3	3, 9, 13
Vascular		
Hemorrhage	3	3, 3, 9
Pulmonary embolus	1	14
Aortic dissection	1	18
Sepsis	1	22

* Principal cause of death when multiple complications.

† OR = operating room death; numbers refer to postoperative day.

‡ Acute myocardial infarction by EKG and/or autopsy.

§ Undoubtedly due to myocardial injury but without findings diagnostic of AMI.

criteria permitted segregation of patients into single, double and triple vessel disease categories.

Any death occurring during the first 30 days after operation was designated as an operative death. The relationships of operative mortality to age, sex, pathologic anatomy of the coronary arteries and the number of grafts performed were analyzed. The clinical course and cause of death in those cases of operative mortality were analyzed in detail.

Late survival was determined by office follow-up visits, follow-up through the referring physicians or by telephone interview with the patients. The overall survival through the first five post-operative years was analyzed by the Life Table Method.[1] Except for patients who underwent a primary coronary artery bypass procedure elsewhere and only entered the study with a secondary bypass procedure, those who underwent more than one coronary bypass procedure were followed from the time of the primary procedure.

TABLE 2

RELATION OF OPERATIVE MORTALITY TO AGE

Age	*Number of Operations*	*Operative Mortality*
20-29	2	0
30-39	83	0
40-49	471	4 (0.8%)
50-59	806	7 (0.9%)
60-69	580	7 (1.2%)
70-79	71	3 (4.2%)

RESULTS

During the five-year period of study, 1,982 patients underwent 2,013 coronary artery bypass procedures. Included were five patients who underwent a secondary coronary artery bypass procedure after having had an initial procedure performed elsewhere. Thirty-one patients underwent both an initial and a secondary artery bypass procedure during the period of study.

The age of the patients ranged from 28 to 78 years. Thirty-two percent of patients were in the seventh or eighth decades of life. Fifteen percent of the patients were women. The great majority of patients exhibited multiple vessel disease and 50% of the patients had three vessel disease.

There were 21 operative deaths. In 17 instances, death occurred during the patient's hospital stay. In four instances, death occurred within the first 30 days but after discharge from the hospital. The cause and time of the operative deaths are listed in Table 1.

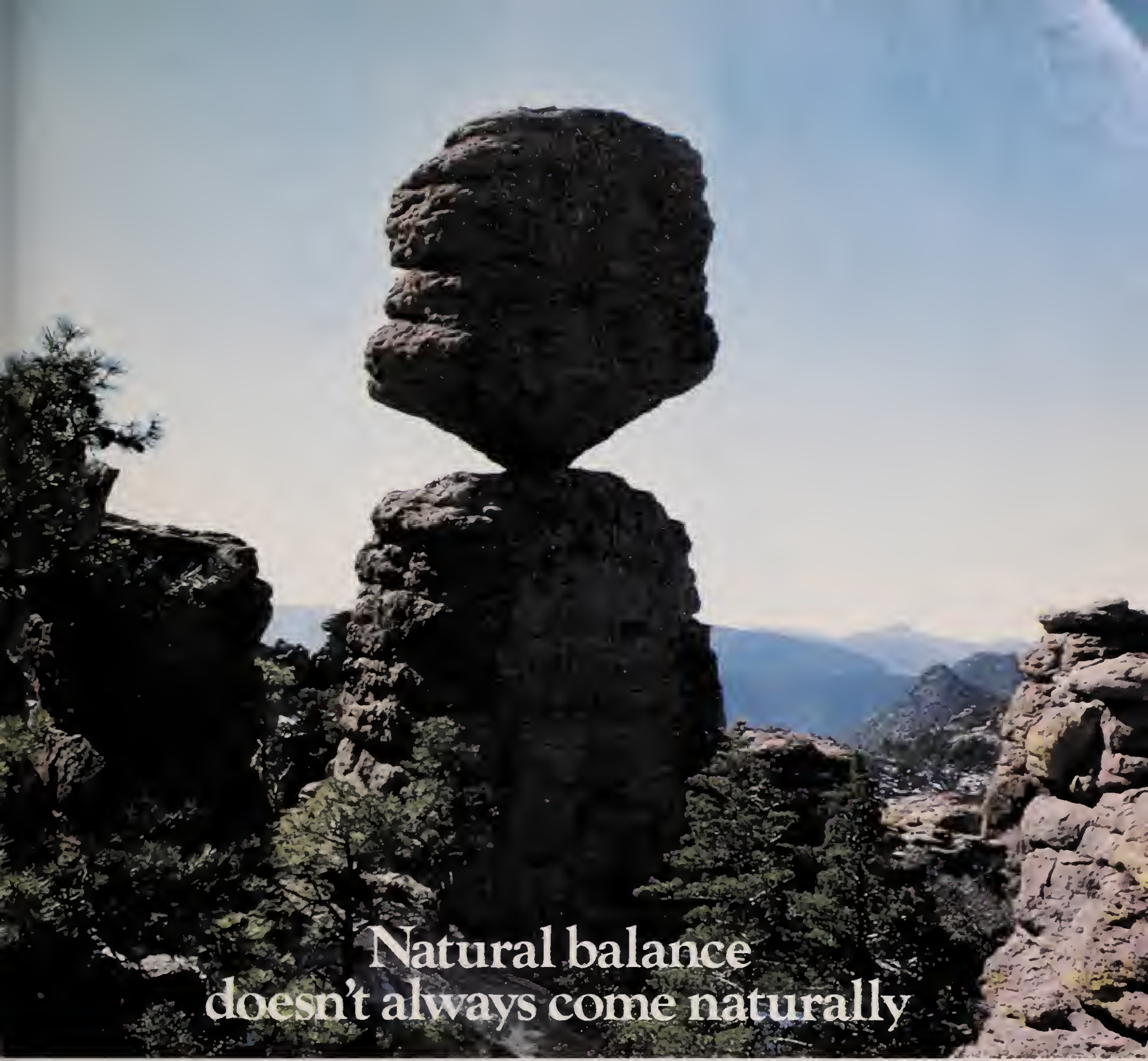
Death resulted from myocardial dysfunction in 15 patients. Five other deaths were caused by extra-myocardial cardiovascular complications. In only one instance was death due to a noncardiovascular etiology (sepsis). This patient experienced a series of complications in the postoperative course, namely, respiratory insufficiency, aspiration pneu-

TABLE 3

RELATION OF OPERATIVE MORTALITY TO NUMBER OF ARTERIES OBSTRUCTED

*Arteries Obstructed**		*Number of Bypasses*				*Operations*		*Operative Mortality*
		ONE	TWO	THREE	FOUR			
Single vessel disease	LAD	240	27	1	0	268	355	1 (0.3%)
	RCA	72	0	0	0	72		
	CCA	15	0	0	0	15		
Two vessel disease		223	388	37	2		650	8 (1.2%)
Three vessel disease		117	503	364	24		1,008	12 (1.2%)

* Obstruction of CCA, LAD, and/or RCA of $\geq$ 50%; LMCA obstruction equated to obstruction of CCA and LAD.



Big Balanced Rock, Chiricahua Mountains, Arizona (approx 1,000 tons)

- **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.
- **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo.*
- **Dosage for Vertigo***—The usual adult dosage for Antivert/25 s one tablet t.i.d.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25

(meclizine HCl) 25 mg. Tablets

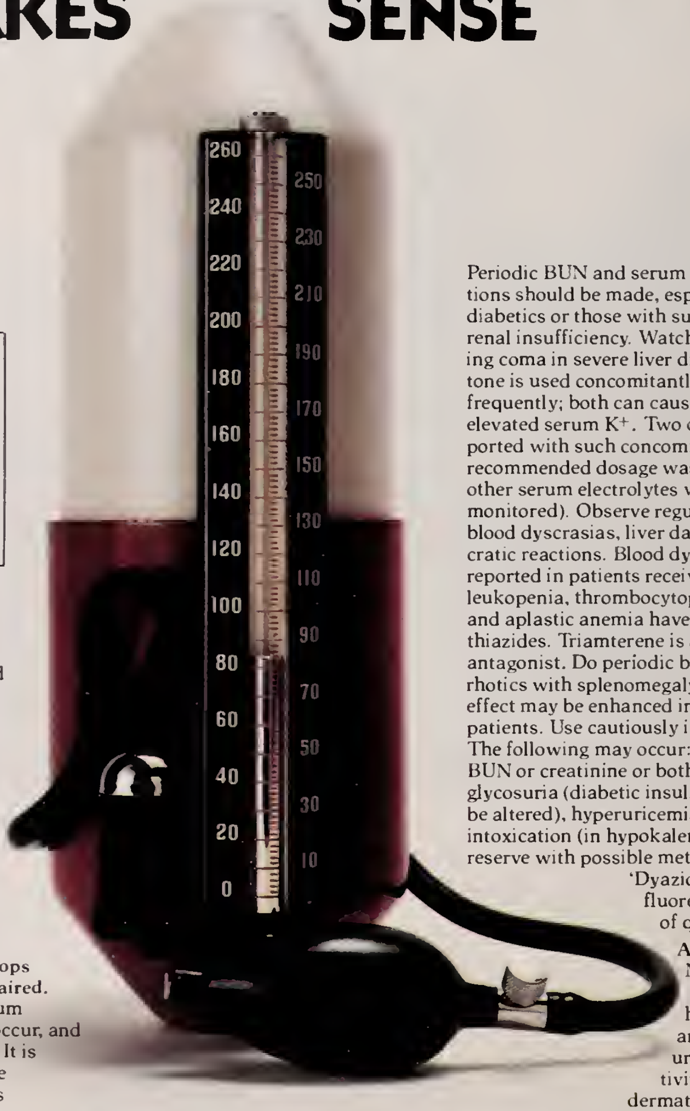
for vertigo*

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

*Indications: When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.** If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K$^+$ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K$^+$ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K$^+$ frequently; both can cause K$^+$ retention and elevated serum K$^+$. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

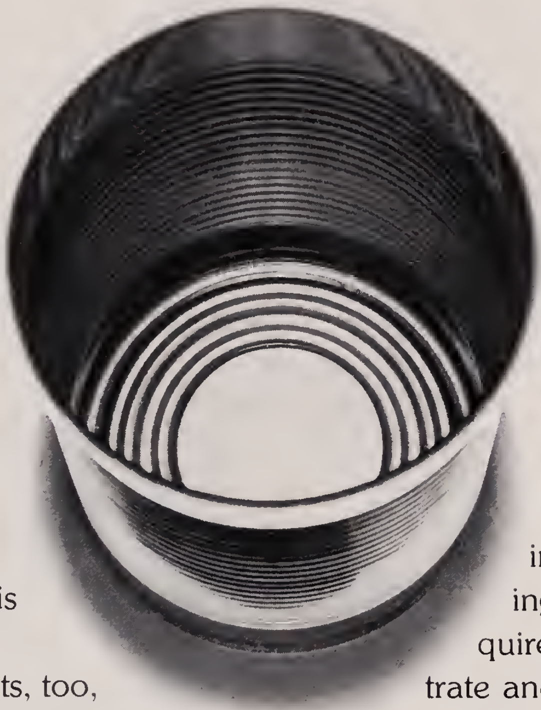
Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION:*
SERUM K$^+$ AND BUN SHOULD BE CHECKED PERIODICALLY.
(SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company

NOW a two-piece 14oz. can for Soyalac



A two-piece can means no soldered seam. No solder means no possibility of lead contamination from the container. Soyalac is the first infant formula with this packaging innovation.

There are improvements, too, in the formulation. Soyalac now has 25% more iron than known competitive hypoallergenic milk-free formulae. In fact, the entire formula has been slightly modified to reflect the current U.S. RDA levels set by the Food and Drug Administration.

Soyalac — formula for infants on regular feeding and for those who require milk-free diets; concentrate and single strength, ready-to-use. Made from the whole soybean. I-Soyalac concentrate, made from soy isolate, with no soy carbohydrates and **no corn products.**

For detailed information and samples call or write:

Western U.S.
LOMA LINDA FOODS
11503 Pierce Street
Riverside, CA 92515
(714) 785-2444

Eastern U.S.
LOMA LINDA FOODS
13246 Wooster Road
Mount Vernon, OH 43050
(614) 397-7077

Loma Linda®

B.W.CO.® HAS PUT MORE POTENCY IN THE LINE

EMPRACET™ with Codeine Phosphate, 60 mg, No. 4 ©
EMPRACET™ with Codeine Phosphate, 30 mg, No. 3 ©

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or codeine.
WARNINGS: Drug dependence. Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.
Usage in ambulatory patients. Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.
Interaction with other CNS depressants. Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.
Usage in Pregnancy. Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.
PRECAUTIONS: Head injury and increased intracranial pressure. Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.
Acute abdominal condition. These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.
Special risk patients. Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.
ADVERSE REACTIONS: Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritus.
DRUG INTERACTIONS: CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

For symptoms and treatment of overdosage and full prescribing information, see package insert.

Introducing
EMPRACET®
c̄ CODEINE #4

Each tablet contains: codeine phosphate, 60 mg (1 gr) (Warning—may be habit-forming); and acetaminophen, 300 mg. CIII

Our new non-aspirin/codeine analgesic for moderate to severe pain.

New peach-colored Empracet c̄ Codeine #4 offers a potent alternative for patients in whom aspirin is not indicated.

Unlike compounds containing oxycodone which afford comparable analgesia, new Empracet c̄ Codeine #4 gives you CIII prescribing convenience—up to 5 refills in 6 months at your discretion (where state law permits). And, prescribing by telephone is permissible in most states. Moreover, new Empracet c̄ Codeine #4 has less addiction potential than does oxycodone.

For those of your patients requiring a less potent analgesic, non-aspirin Empracet® c̄ Codeine #3 provides effective relief of moderate pain.

Burroughs Wellcome Co. makes codeine combination products. You make the choice.

Wellcome
Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

monitis, low cardiac output syndrome, recurrent ventricular tachyarrhythmias and gastrointestinal hemorrhage (requiring gastric surgery) preceding development of the fatal sepsis.

There is correlation of operative mortality with increasing age as shown in Table 2. The operative mortality in men was 1.1% and in women, 1.0%. The relationship of operative mortality to the number of arteries obstructed is shown in Table 3. Patients with left main coronary artery obstruction are included in the two- and three-vessel disease categories. There were 203 patients with left main coronary artery obstruction with three (1.5%) operative deaths. There was no obvious relationship of operative mortality to number of bypasses performed (Table 4).

The numbers of patients followed for postoperative intervals up to five years are tabulated in Table 5. Cumulative survival, which was calculated by using the Life Table Method,[1] reveals a projected five-year survival of 90.7%.

Discussion

In recent years, many studies of the natural history of patients with coronary artery disease have been reported. The reports of Bruschke *et al*[2,3] is unusually complete, having 590 patients followed for at least five years. As in the present study, coronary artery obstruction equal to or greater than 50% of the luminal diameter was designated as significant. Also, patients with other cardiac lesions, such as rheumatic heart disease and congenital heart disease, were not included. Factors which clearly influenced patient survival were the distribution of occlusive disease and left ventricular function.[2,3]

TABLE 4

RELATION OF OPERATIVE MORTALITY TO NUMBER OF BYPASSES

CAB Procedure	*Number of Operations*	*Operative Mortality*
Single	667	3 (0.5%)
Double	918	16 (1.7%)
Triple	402	2 (0.5%)
Quadruple	26	0
Totals	2,013	21 (1.1%)

The average yearly mortality of patients with coronary artery disease if treated medically was 2% to 4% for single vessel disease, 7% for double vessel disease and 11% for triple vessel disease. However, it must be noted that the series reported by Bruschke *et al* included 75 patients with left ventricular aneurysm which undoubtedly affected survival unfavorably. Even when patients with left ventricular aneurysm or diffuse left ventricular scarring were excluded, these investigators found the overall five-year survival rate to be 75% in patients with normal left ventricular function and 69% in patients with a localized left ventricular scar. The five-year survival rate of 90.7% in the present series still compares favorably with those data.

Other factors which affect long-term survival with coronary artery disease are the age and sex of the patients. The mean age in the present series of patients was somewhat greater (56 years vs 49.8 years) than that of the series reported by Bruschke *et al.* It is also helpful to compare survival curves against the survival of the general population matched for age and sex. The expected five-year

TABLE 5

PATIENT SURVIVAL

Interval	*Patients Entering Interval (Pe)*	*Deaths During Interval (D)*†	*Patients Not Followed Through Interval (Pnf)*	*Patients Survival Interval*	*Probability of Death**	*Cumulative Survival (%)*
0- 1 Mo	1,982	21	0	1961	.010595	98.9
1- 3 Mo	1,961	9	70	1882	.004673	98.4
3- 6 Mo	1,882	10	59	1813	.005398	97.9
6-12 Mo	1,813	10	260	1543	.005957	97.3
1- 2 Yr	1,543	14	849	680	.012572	96.1
2- 3 Yr	680	13	307	360	.024785	93.7
3- 4 Yr	360	5	230	125	.020283	91.8
4- 5 Yr	125	1	72	52	.011235	90.7

* Probability of death during interval = $\dfrac{D}{Pe - \dfrac{Pnf}{2}}$

† Death due to any cause.

TABLE 6

5 YEAR SURVIVAL FOR MATCHED POPULATION*

Age	*Sex*	*Number at Risk*	*Proportion Surviving 5 Yrs*†	*Theoretical Number of 5 Yr Survivors*
20-29	M	1	.9915	.99
	F	0	.9964	
30-39	M	73	.9871	72.06
	F	9	.9926	8.93
40-49	M	409	.9665	395.30
	F	52	.9818	51.05
50-59	M	705	.9153	645.29
	F	91	.9595	87.31
60-69	M	458	.8160	373.73
	F	113	.9083	102.64
70-79	M	45	.6419	28.89
	F	26	.7613	19.79
Totals		1,982		1,785.98 (90.1%)

* Matched for age and sex with present series of patients.

† Proportion of individuals (White U. S. Population, 1969-1971)[4] at mid-decade surviving 5 yrs.

survival of a population matched to that of the present series is 90.1% (Table 6). It appears from the survival data for the present series of patients that coronary artery bypass patients may not have an increased risk over that of the general population. It must be noted, however that the number of patients in the present series who were followed beyond three years is rather small (Table 5) and the validity of the projected survival curve is uncertain. Also of note is the fact that many of the late deaths in the present series were the result of coronary artery disease.

In the present report, we have not attempted to document the influence of coronary artery bypass on the course of angina, risk of acute myocardial infarction, modification of left ventricular function or the ability of the patients to perform external work. Such parameters are important and pertinent data in the present series are being accumulated. We have chosen to stress survival because it seems to be the most important criterion on which to evaluate the efficacy of coronary artery bypass. Also, it is an objective and easily quantified variable.

Although this study does not have the privilege of a matched control group of patients treated nonoperatively, we believe the data presented documents improved survival of patients undergoing coronary artery bypass. We have analyzed survival only of the series of patients as a whole. As data accumulate, it will be important and feasible to make more specific comparisons within subsets of patients classified according to the various clinicopathologic groupings.

References

1. Colson, T.: Statistics in Medicine. Boston, Little, Brown & Co., 1974, page 244.
2. Bruschke, A. V. G., Proudfit, W. K. and Sones, F. M., Jr.: Progress Study of 590 Consecutive Nonsurgical Cases of Coronary Disease Followed 5-9 Years. Arteriographic Correlations. Circ. 47: 1147, 1973.
3. Bruschke, A. V. G., Proudfit, W. K. and Sones, F. M., Jr.: Progress Study of 590 Consecutive Nonsurgical Cases of Coronary Disease Followed 5-9 Years. Ventriculographic and Other Correlations. Circ. 47:1154, 1973.
4. United States Life Tables: 1969-71: Vol. 1, No. 1, DHEW Publication (HRA) 75-1150.

Continuing its campaign against TV violence, the AMA gave a $30,855 grant to the National Citizens Committee for Broadcasting. The funds will support NCCB's 13-week monitoring study of violence in television programming this fall. The new NCCB study, titled "Monitoring for an Apparent Victory," will document the nature and amount of the reported reduction in TV violence.

SHERWIN H. MALT, M.D.

Outcome Audit Techniques Used To Write Medical Articles

Special Article

Outcome medical audits are used to satisfy the requirements of the Joint Commission of Accreditation of Hospitals and Professional Standards Review Organizations. Investigation of the hospital management of patients with a common primary diagnosis is based on information in hospital records, with special attention being paid to the outcome of treatment, complications and mortality during hospitalization. Data retrieval for audits is performed by Medical Records Analysts. Those aspects of patient care which fail to meet specified criteria are analyzed by physicians on the audit committee to determine if a pattern of deficiency exists.

The clinical medical article is often concerned with the consequence of hospitalization for a particular problem. For the preparation of such a report, hospital charts of patients with a particular diagnosis or who have undergone a specific operative procedure or form of therapy are reviewed with respect to various premises stated in the hypothesis of the report.

Because of the resemblance of the data-retrieval performed in outcome medical audits to that necessary in writing medical articles, the construction of an original medical article using medical audit techniques is possible and eliminates the time-consuming review of patient records generally done by one of the authors of the article. The technique is described below for the topic "above-knee (AK) and below-knee (BK) amputations for arterial insufficiency." (The article itself was submitted as a separate entity for publication.)

Materials and Methods

The records of patients undergoing AK and BK amputations were reviewed by a Medical Records Analyst according to the protocol in Fig. 1. In addition, a checklist was provided for the Analyst upon which indication was to be made if a chart conained evidence of any of the following: previous vascular surgery, previous amputations or secondary admitting diagnoses of arteriosclerotic heart disase, hypertension, stroke, diabetes, hyperlipidemia or obesity. The use of insulin, oral hypoglycemics, digitalis, coronary vasodilators, propranolol, warfarin, antihypertensives or other medications was to be indicated as well as the type of anesthetic used for each amputation, whether regional or general.

Discussion

An outcome medical audit is comparable to a computer program written by means of decision blocks. A decision block or criterion in the actual audit (Fig. 1) is composed of an "element of care"; a standard of either 100% or 0% used for screening purposes, i.e., whether the element should always be present or never be present in the chart; and exceptions (conditions on which a nonstandard response may be permitted).

In The Jewish Hospital of St. Louis audit of AK and BK amputations, the data returned by the medical record department displayed the percentage of charts in which amputation was performed for each of the indications listed in criterion Number 1 (Fig. 1); a list of any charts indicating amputation for reasons other than those specified; a list of charts indicating amputation performed for arterial insufficiency without a preamputation arteriogram or performed after an arteriogram showing reasonable run-off amenable to vascular reconstruc-

---

Outcome medical audits provide information on the results of hospital treatment of patients with specific conditions and are used by hospital staff as part of quality assurance programs. While the audit normally is used to satisfy accreditation requirements, it also has the capability of providing data useful in the preparation of clinical medical literature. This relieves the physician-author of the burden of personally performing a record review. Dr. Malt is from the Department of Surgery, Washington University School of Medicine and The Jewish Hospital of St. Louis and is a member of the clinical faculty for audit seminars of the Joint Commission on Accreditation of Hospitals.

THE JEWISH HOSPITAL OF ST. LOUIS AUDIT CRITERIA

TOPIC: AK and BK Amputation INCLUDE: MEDICAL X NURSING ___ INTERDISCIPLINARY ___
CODE NO.: 85.7, 85.8, 84.8 EXCLUDE: Amputation for trauma or tumor ORIGINAL AUDIT X RE-AUDIT ___
REPORT: Number of charts in each subsection of Criterion Number 1.

Crit. No.	*Elements*	*Standard*		*Exceptions/ Critical Management**
		100%	*0%*	
	VALIDATION OF SURGERY			
1.	Presence of any one of the following: a) failure of arterial bypass for gangrene or severe rest pain; b) gangrene without sufficient run-off on arteriography; c) failure to heal amputation at lower level secondary to infection or massive ischemia of surgical wound; d) gangrene in previously non-ambulatory patient; e) clostridium infection of leg; f) arterial embolus to leg (acute).	X		None
	JUSTIFICATION OF ADMISSION			
2.	Justified by diagnosis	X		None
	DIAGNOSTIC/THERAPEUTIC SERVICES			
3.	Arteriogram	X		Admitted for criteria #1, c, d, e listed above
4.	Immediate prosthesis		X	None
	DISCHARGE STATUS			
5.	Postop. rehabilitation	X		Mentally or physically unable to attend rehab.
	INDICATORS			
6.	Postop. length of stay: 10-30 days	X		Complications, transferred, or death
7.	Report charges minus room rate	X		None
8.	Mortality		X	None
	COMPLICATIONS			
9.	Wound infection		X	Incision and drainage and antibiotics based on sensitivities
10.	Congestive heart failure		X	Digitalis, diuretic
11.	Myocardial infarction		X	Medical Intensive Care Unit
12.	Cerebral vascular accident		X	Neuro consult
13.	Massive wound necrosis		X	Debridement
14.	Diabetic ketosis		X	Increase insulin dosage, Medical consult
15.	Pulmonary embolus		X	Anticoagulation with intravenous heparin, later warfarin

* "Critical management" applies only to complications (elements 9-15) and denotes the management considered appropriate for a given complication.

Fig. 1

tion; complication rates for each of the complications listed; and the mortality rate.

Physician involvement was not necessary in the course of the audit until analysis of the raw data was performed unless a particular criterion was not met. Review of the chart with respect to that particular criterion was then performed by the physicians of the audit committee to determine if the variation was valid or not. All charts of patients who died also were reviewed by the committee. The final data display of the audit showed the results of all charts reviewed, including the number of charts that did and the number that did not meet each criterion, regardless of whether actual physician inspection of the chart was necessary.

From the data returned by the medical record department, all necessary information became available to allow preparation of a manuscript describing the experience with AK and BK amputations over the time span desired. Existing preoperative conditions were analyzed with respect to mortality and morbidity rates, and the failure rate of attempted vascular reconstruction was discussed. Statistical analysis of the effect of various medications or anesthetics on operative success also was performed.

As illustrated in the example described, by delegation of data retrieval to the Medical Records Analyst, physician involvement in a publication is reduced to the formulation of the investigative problem, statistical analysis and actual composition of the manuscript. Hours of tedious work are saved

(Continued on page 642)

ROBERT D. LEWIS, M.D. *and*
HARRY R. BRADY, M.D., *St. Louis*

Visual Rehabilitation in the 'Blind'

Case Reports

THIS REPORT deals with the visual results of treatment in patients referred to the Missouri School for the Blind (MBS) because of legal blindness and in whom no further treatment had been recommended. Our cases were compiled between February, 1968 and November, 1976.

Legal blindness may be defined as a visual acuity of less than 20/200 in the better eye or a visual field of less than 20 degrees in the greatest horizontal diameter.[1] Glaucoma, although a treatable disease, is not included in this study because of lack of visual improvement.

The Missouri School for the Blind was organized in 1850. It was opened in 1851 as a private school and operated as such until 1855 when it became a state institution. The school is located at 3815 Magnolia in St. Louis. The school is both a residential and day school serving all legally blind persons over the age of five and under the age of 21 who are residents of the state of Missouri. All current students are examined yearly by the Ophthalmology Service at St. Louis University in the Health Center on the premises of the school. Follow-up examinations are done on an "as needed" basis.

The patient population consists of 192 students, 53% of whom are residential students. Forty-five students or 20% are totally blind. The remainder of the students are partially sighted. The breakdown as to referral diagnoses is as follows:

Congenital cataracts	39 (20%)
Optic nerve disease due to trauma, tumor or congenital defect	28 (15%)
Retrolental fibroplasia	26 (13.5%)
Congenital glaucoma	21 (11%)
Pathologic myopia	11 (6%)
Retinal pigmentary degeneration	9 (5%)
Other retinal degenerations	8 (4%)
Albinism	6 (3%)
Chorioretinitis	6 (3%)
Aniridia	6 (3%)
Bilateral microphthalmos	4 (2%)
Cortical blindness	4 (2%)
Bilateral coloboma	4 (2%)
Trauma	4 (2%)
Juvenile retinoschisis	3 (1.5%)
Corneal opacification	3 (1.5%)
CNS degenerative disease	3 (1.5%)
Chronic iridocyclitis	2 (1%)
Nystagmus	1 (0.5%)
Bilateral retinoblastoma	1 (0.5%)
Stevens-Johnson syndrome	1 (0.5%)
Persistent hyperplastic primary vitreous	1 (0.5%)
Congenital amblyopia	1 (0.5%)

Included in this report are examples of children who were thought to be hopelessly blind but in whom careful examination and vigorous treatment yielded significant improvement in visual acuity. The authors hope that the information in this article will serve as a reminder to those involved in the health care of children to be aware of this frequently overlooked group. Dr. Lewis is a Resident in Ophthalmology and Dr. Brady is Associate Clinical Professor of Ophthalmology at the St. Louis University School of Medicine. This paper was originally presented at the 119th Annual Session of the Missouri State Medical Society on April 16, 1977.

CASE REPORTS

Case # 1. An 18-year-old white man was referred on Feb. 21, 1968. His best corrected vision was 20/200 OD with hand motion OS. Referral diagnosis was "inflammation or infection in both eyes at an early age." Further treatment proposed was referral to the Missouri School for the Blind. Examination revealed cataracts OU felt to be secondary to chronic iridocyclitis. Extracapsular extraction was done OS in June, 1969. Intracapsular extraction was done OD in June, 1973.

Acuity in December, 1976 was 20/40 OD and 20/200 OS.

The patient left the School and has gainful employment. He has a driver's license and participates in many sports.

Case # 2. A 12-year-old white girl was referred to MSB on May 1, 1971. Visual acuity with best correction was 10/400 and 20/200 OS. Referral diagnosis was postoperative congenital cataracts. Proposed treatment was pupillary dilitation with atropine and phenylephrine drops. After evaluation, a discission of a secondary membrane was done OD with a postoperative acuity of 20/100.

The patient did develop a postoperative endophthalmitis which resolved with therapy. The patient has left the Missouri School for the Blind and has married.

Case # 3. A 5-year-old white boy was referred to the MSB on Aug. 23, 1971. Best visual acuity was recorded as 20/200 OU. The patient was initially seen as an inpatient and never kept the follow-up appointment. At a local clinic, the diagnosis made was congenital cataracts. In May, 1973, the patient underwent an aspiration and discission OS. A similar procedure was done OD in February, 1974. Acuity 2/76 was 20/40 OD and 20/50 OS.

The patient has returned to the regular school system and is doing well.

Case # 4. A 7-year-old white boy was referred to the MSB on Sept. 7, 1965. Best acuity was recorded as less than 20/200 in each eye. Diagnosis was postoperative congenital cataracts with pupillary occlusion. Proposed treatment was optical iridectomy. However, nothing was done. On Oct. 18, 1970, a laser iridectomy was done OS. On March 3, 1976, acuity was hand motion at 2 feet OD, 20/40+ OS.

Case # 5. An 18-year-old black woman was referred to MSB on Jan. 14, 1976. Best recorded acuity was 20/200 OU with a field of less than 20 degrees OU. Referral diagnosis was myopic retinal degeneration and no further treatment was recommended. After cycloplegic refraction, the following acuities were obtained: OD 20/50 with -5.00-4.50 × 165, OS 20/40 with -5.25-4.50 × 20. Visual fields were repeated with the spectacle correction and found to be 90 degrees OD and 100 degrees OS in horizontal diameter.

Glasses were prescribed and the child also has returned to the regular school system.

Case # 6. A 14-year-old white boy was referred on July 9, 1976. Acuity "could not be determined in either eye" and the diagnosis was deafness, pigmentary retinopathy OD and total retinal detachment with lens dislocation OS. Proposed treatment was "return to eye clinic in one year." Our examination indeed revealed a huge detachment. However, there was no lens dislocation and a scleral buckling was done OS in November, 1976 with an acuity of 20/100 postoperatively.

The child also is a ward of the court and has had multiple foster parents.

DISCUSSION

The purpose of this report is to demonstrate that many severely visually handicapped youngsters can be helped with vigorous follow-up and treatment. Although a child is labeled as "blind" and sent to an institution such as the Missouri School for the Blind, careful examination and follow-up treatment is sometimes quite rewarding.

The socioeconomic advantages of those individuals able to function as sighted cannot be overestimated. Three of the six people described in this report would meet state standards for a driver's license. In regard to the question of why further treatment was not recommended or carried out, several points need to be made. First, all patients were being seen at large clinic-type facilities. In several cases, follow-up appointments were not kept. One of these patients also was a ward of the court. Second, examination of children with serious eye problems is frequently difficult and time consuming.

It is our hope in presenting this report that those involved in the health care of children with visual problems take the time and make the effort needed to give these individuals the opportunity to pursue their abilities to the utmost.

REFERENCES

1. Fonda, G.: Management of the Patient With Subnormal Vision, 2nd ed., St. Louis, C. V. Mosby, p. 1.

Outcome Audit Techniques

(Continued from page 640)

and more time can be devoted to the intellectually challenging aspects of the investigation. Additionally, each medical topic prepared for publication by this technique would automatically furnish a completed audit for hospital accreditation or PSRO requirements, thereby benefitting the author's institution as well.

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

"Without your help . . . I simply would not have made it through medical school"

(The following letter was received from a physician who, as a student, received financial assistance from the Missouri State Medical Association members who have contributed to the Missouri State Medical Foundation. It is printed with his permission.)

Dear Doctor:

"Thank you very much for your thoughtful letter concerning receipt of my final payment on my medical student loan.

"I can well remember the feeling of destitution associated with being a reasonably good student but lacking funds with which to enroll for the next semester in medical school. Having always been, perhaps, more than adequately endowed with pride, it was a lesson in discipline and humility to go seeking financial assistance. However, the effort brought me in contact with some very nice people who really do a lot to keep one's faith in human nature alive.

"I sincerely appreciate the efforts which you and others put into the Missouri State Medical Foundation and all other student loan funds. You should feel a quiet heroism for the assistance you lend to needy students . . . without your help, I simply would not have made it through medical school."

The Missouri State Medical Foundation—MSMF—was created by the Missouri State Medical Association for the express purpose of giving financial assistance to deserving young Missourians who will be tomorrow's doctors.

Send a Check Today to MSMF!

MISSOURI STATE MEDICAL FOUNDATION

113 Madison St., Jefferson City, Missouri 65101

• SPONSORED BY THE MISSOURI STATE MEDICAL ASSOCIATION •

The Missouri State Medical Foundation is classified by the Internal Revenue Service under Section 501(c)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

THE BUSINESS SIDE OF MEDICAL PRACTICE
Professional Corporations in Perspective
MEDICOLEGAL FORMS
UP PRACTICE
IDELINES TO
INING OR FORMING
MEDICAL GROUP
PLANNING GUIDE FOR PHYSICIANS' MEDICAL FACILITIES
Preparing a patient information booklet
AMA
Talking with Patients

The keys to a more efficient medical practice

AMA Practice Management Publications

An efficient medical practice requires sound business management. By applying proven management techniques, you can improve the efficiency and profitability of your practice and--most important of all--have more time to devote to your patients.

These AMA Practice Management Publications, developed with the help of medical management consultants, are designed to provide you with the latest techniques and procedures in the management of your practice. Whether you are a new physician who must make immediate decisions about setting up your practice or an established physician who wants to increase the efficiency of your practice, these publications are an invaluable source.

TO ORDER: Write Order Department, American Medical Association, 535 N. Dearborn, Chicago, IL. 60610. Please specify title, OP number, and include payment with your order.

Publications

1 **The Business Side of Medical Practice** (OP-410) $2.00
Guide to basic management principles. Includes: deciding how to practice; selecting a location; setting up an office; financing; legal hurdles; insurance; mechanics of providing good medical service; billings and collections; human relations.

2 **Planning Guide for Physicians' Medical Facilities** (OP-439) $2.00
Provides guidelines and general principles to help you determine the criteria for selecting a medical office that best suits your needs. Includes: basic planning before building; office construction, inside and out; your office interior; office condominiums.

3 **Medicolegal Forms with Legal Anaysis** (OP-109) $1.25
Contains medicolegal forms, with legal analysis and citations of court decisions, for the more common interactions between patients and their physicians and hospitals, such as: consent and informed consent; patient's right to privacy; confidentiality of records; physician-patient relationship.

4 **Preparing a Patient Information Booklet** (OP-441) $.30
A guide for preparing a general information booklet for your patients on your specialty and type of practice.

5 **Talking with Patients** (OP-450) $.30
Provides proven psychological principles and specific examples on how to improve office-patient relations in telephone communications.

6 **Medical Collection Methods** (OP-448) $25.00
A "how to" cassette/workbook program designed to train medical assistants in the most effective collection techniques.
Extra Workbooks (OP-449) $2.00 each

7 **Professional Corporations in Perspective** (OP-102) $3.25
1977 publication which features: economic factors, advantages and disadvantages of incorporation; effect of ERISA on professional corporations; choosing a retirement plan; and managing a professional corporation.

8 **New Doctor's Kit** (OP-458) $10.00
Contains: **The Business Side of Medical Practice; Planning Guide for Physicians' Medical Facilities; AMA Publications Lists; Group Practice Guidelines; Current Procedural Terminology** order form; Uniform Health Insurance Claim Form; **Medicolegal Forms; Talking with Patients; Preparing a Patient Information Booklet;** AMA membership information; Placement Service; and bibliography on billing systems, recording keeping systems, etc.

9 **Group Practice Kit** (OP-457) $7.50
Contains: **Group Practice Guidelines; Professional Corporations in Perspective;** medicolegal reprints on such subjects as: professional liability, confidentiality, informed consent, etc.; samples of model legal agreements for a physician and employed associate, office sharing, medical partnerships, and forming a corporation.

"...Sleep that knits up the ravell'd sleave of care..."
—WILLIAM SHAKESPEARE, *MACBETH*, ACT II, SC. 2

Insomnia
a shade of blue that often accompanies depression

And, in anxiety/depression, Adapin® (doxepin HCl) often helps restore disturbed sleep patterns, such as early morning awakening, with a single daily dose at bedtime.[1] Adapin quickly relieves the patient's anxiety, gradually brightens his mood and outlook, with optimal antidepressant response usually evident within two to three weeks.

[1] Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974

Brief Summary of Prescribing Information
ADAPIN® (doxepin HCl) Capsules

Indications—Relief of symptoms of anxiety and depression.

Contraindications—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

Warnings—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, or on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdosage.

Precautions—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Adverse Reactions—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

Dosage and Administration—In mild to moderate anxiety and/or depression: 10 mg to 25 mg t.i.d. Increase or decrease the dosage according to individual response. **Usual optimum daily dosage is 75 mg to 150 mg** per day, not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

How Supplied—Each capsule contains doxepin, as the hydrochloride: 10 mg, 25 mg and 50 mg capsules in bottles of 100 and 1000.

For complete prescribing information please see package insert or PDR.

When they see life
in shades of blue...
help them see life
in all its colors.

Adapin®
(doxepin HCl)

single daily dose recommended h.s.

10-mg capsules
25-mg capsules
50-mg capsules

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester New York 14603

THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® Ⓒ IV

chlordiazepoxide HCl/Roche

5 mg, 10 mg, 25 mg capsules

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

> ***Usage in Pregnancy:*** **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc
Nutley New Jersey 07110

Please see following page.

THE ANXIETY-SPECIFIC.

Since its discovery in the research laboratories at Roche, Librium has been the object of ongoing pharmacologic and clinical investigation.

The published record on Librium is enormous. So large, in fact, we put it into a computer literature retrieval system to make it more accessible in answering your inquiries.*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® ⒸⅣ
chlordiazepoxide HCl/Roche

ROCHE

If you have a question about Librium
or any other Roche product, write to
Professional Services, Roche Laboratories,
Nutley, New Jersey 07110.

Please see preceding page
or a summary of
roduct information.

Obviously we don't have branches everywhere.

But we have them where they count.

MUNNS MEDICAL SUPPLY

Topeka • KC • Wichita • St. Louis • Tulsa

For Your Convenience

Use this coupon for your TAX-DEDUCTIBLE CONTRIBUTION to the Missouri State Medical Foundation.

TO: MISSOURI STATE MEDICAL FOUNDATION
Box 1028, Jefferson City, Mo. 65101

I enclose my donation of $........ for the MSMF STUDENT LOAN FUND.

NAME ....

ADDRESS ....

....

....

Make Checks Payable to Missouri State Medical Foundation.

The Missouri State Medical Foundation is classified by the Internal Revenue Service under Section 509(a)(3). Individuals may deduct up to 50% of their adjusted gross income for contributions made to the MSMF.

President's Message

Recently, the Greene County Medical Society held its annual orientation meeting for new members. Representatives were there presenting the views of organized medicine at the county, state and national levels. Following the meeting, there was an active exchange of ideas. Hopefully, this type of meeting will serve to strengthen our position at all levels.

It is unfortunate that too many physicians are only concerned about "What does the AMA do for Me?" and not the importance of all physicians working together to present a strong unified front. Space does not permit me to list everything the AMA has done for the physicians of this country. One brief example is the Keogh Plan. It is doubtful that this program would have been expanded without the efforts of the AMA. Now *all* physicians, whether they are AMA members or not, can put aside, *tax free,* more than they would spend on *all* professional dues for their *entire* professional career. Think about it!

Howard J. McAlhany, M.D.

The Federation concept is basic to the practice of organized medicine as we know it today. There must be a *unity* of members at the county, state and national levels. If we fail to interject ourselves at these levels, then we will continue to have less input as it relates to our profession. We simply cannot afford to surrender any more of our freedom.

Whither goest thou?

MSMA Auxiliary

Politics as Usual

All seems quiet on the political front, but this is the time to plan and organize so that we can be most effective during the next campaign.

Paul Newman, political consultant who spoke at the 1977 AMA Auxiliary Leadership Conference, said that the greatest sins in a campaign are against time and that most campaigns start at least three months later than they should. 1978 is an election year, so NOW is when we should start to think about our plans.

Mrs. W. Jack Stelmach
President

Are you interested in changing Congress? January to March is the time to mobilize support. Enlist important and influential people to your cause; their names will help you obtain the help of others.

Money is important now and your PAC dollars are needed at both the state and national levels. Where else can you get such value for your $40 family membership? Of course, a $100 sustaining membership is even better and is a small amount compared to the amount contributed by members of some groups.

With the changing election laws, four or five elections from now it probably will be manpower and not money that will be of the greatest significance. We need to start training our members to be educated, well-informed volunteers. This includes those who are mail stuffers and phone volunteers (these are important) as well as those who have input in the committee when decisions are made by the candidate and the staff. And, remember that when we speak of the candidate, we understand that some of the candidates most important to us are in the Missouri Legislature.

Do you realize that in the last election, organized labor manned 20,000 phone banks with 100,000 volunteers? We must feel as strongly and organize as well for 1978. As Rex Kinyon said at the Illinois Medical Society Convention, the 1978 elections will affect the country for the next ten years.

Please think about that!

County Society News

FIRST DISTRICT

COUNCILOR
RICHARD C. HEDGES, M.D., ST. JOSEPH

Buchanan County Medical Society

For the 22nd consecutive year, members of the Buchanan County Medical Society and the St. Joseph Bar Association met jointly. The dinner meeting was held at the Swiss Chalet in St. Joseph on October 12.

Presiding jointly at the meeting were the two presidents, Dr. Richard O. Craig and Joseph L. Flynn. Eighty physicians and attorneys attended the annual event.

The speaker for the occasion was a St. Joseph native, Robert M. (Bob) Wachter, director of Arrowhead Stadium operations for the Kansas City Chiefs football team.

After graduation from Christian Brothers High School in St. Joseph in 1943, Wachter served in the Marines for four years during World War II. He then continued his education at the University of Missouri-Columbia, where he lettered in basketball for four years and in baseball for two years. He has served in business management positions with the Kansas City Blues and Kansas City Athletics baseball teams and has been with the Chiefs since 1963.

Dr. Wallace McDonald, Medical Society program chairman, introduced the speaker.

Charles N. Mullican, M.D., *Secretary*

Grand River Medical Society

The Grand River Medical Society met at the Chillicothe Country Club on October 13 for a social hour and dinner meeting.

The guest speaker was William D. Johnston, M.D., acting chief of surgery at Ellis Fischel State Cancer Hospital in Columbia. His subject was "Adjuvants in Cancer Therapy."

Don Wilson, Field Secretary for the MSMA, was a guest at the meeting which was attended by 12 Society members and nine members of the Auxiliary. After the scientific session, Mr. Wilson presented information about the MSMA and the Interim Session scheduled for November 2-3.

The Nominating Committee presented the slate of officers for 1978 and members voted to unanimously elect the slate of officers. They are Drs. Frank R. Daley, Hamilton, President; William L. Fair, Chillicothe, Vice-President; John F. Rose, Chillicothe, Secretary-Treasurer and Albert D. Cross, Trenton, Program Chairman.

Delegates to the MSMA are Drs. Frank R. Daley, Hamilton; John Platz, Carrollton; Edward E. Nixon, Gallatin; Charles Edward Gilliland, Cameron; Albert D. Cross, Trenton; Merriam Gearhart, Bethany; John R. Dixon, Brookfield; Thomas N. Cofer, Chillicothe; and Oliver Duffy, Trenton.

Alternate Delegates to the MSMA are Drs. William L. Fair, John F. Rose, H. R. Trinidad, Young E. Park and Joseph A. Conrad, Chillicothe; R. Hamilton Staton, Carrollton; Watkins A. Broyles, Bethany; and Billy D. Howell and Ralph W. Bohnsack, Brookfield.

These delegates and alternates were elected to serve from October 13, 1977 through 1978 to include the 1977 MSMA Interim Session on Nov. 2-3, 1977; the MSMA Annual Session on April 13-16, 1978; and the 1978 Interim Session.

William L. Fair, M.D., *Secretary*

SECOND DISTRICT

COUNCILOR
JOHN H. WALTERSCHEID, M.D.,
HANNIBAL

Chariton-Macon-Monroe-Randolph County Medical Society

The Chariton-Macon-Monroe-Randolph County Medical Society held its October meeting in the Library Conference Room of Woodland Hospital in Moberly.

Members in attendance were Drs. R. L. Bautista, C. C. Cohrs, L. E. Huber, G. R. Hudson, C. H. Lin, H. T. Lin and R. V. Tompson of Moberly; F. S. Barnett of Paris; and Dr. P. V. Dreyer of Huntsville. Dr. Leopold LaChance of Centralia was a guest.

Dr. Bautista called the meeting to order. Officers elected for 1978 are the following: Drs. R. V. Tompson, President; D. D. Stuart, Vice-President; and G. R. Hudson, Secretary-Treasurer.

Delegates to the Missouri State Medical Association are Drs. D. D. Stuart, Chariton County; D. E.

Eggleston, Macon County; F. A. Barnett, Monroe County; and C. C. Cohrs, Randolph County. Alternate delegates are Drs. Ruel Miciano, J. E. Campbell, W. D. Chute and G. R. Hudson.

The Board of Censors has as its members Dr. Stuart, Dr. Campbell, Dr. Barnett and Dr. Chute.

The program was presented by Dr. Cohrs who told of his recent trip to Europe and his visits to Belgium, Sweden, Russia, Czechoslovakia and Switzerland. He and Mrs. Cohrs toured with a group of other Missouri physicians. The group was taken on conducted tours of hospitals and other medical facilities in various cities which were visited. He discussed the manner in which health care is organized and delivered in each country and emphasized that in the Communist countries, there is complete government control of all medical facilities and personnel.

Dr. Cohrs said that he was particularly impressed with the excellent quality of medical facilities and personnel in Switzerland as well as the friendliness of the Swiss people. In contrast, he said that the people in the Communist countries were more reserved and formal.

The lecture was illustrated with color slides showing the medical facilities and other points of interest and scenic beauty which the group visited.

The meeting was adjourned at 8:15 PM.

G. R. Hudson, M.D., *Secretar*

TENTH DISTRICT

COUNCILOR
EUGENE T. HANSBROUGH, M.D.,
POPLAR BLUFF

Mineral Area County Medical Society

The Mineral Area Medical Society met at the Terre du Lac Country Club in Farmington on September 22. Eighteen members and their wives were present.

Guests were Mr. Don Wilson, MSMA Field Secretary, and Mr. Steve Jones from Dista Pharmaceuticals.

Mr. Wilson gave a report regarding the Missouri State Medical Association. Mr. Jones presented a program on Haiti.

The following officers were elected for 1978: Drs. Jack Mullen, President; N. K. Datta, Vice-President; and Walter C. Gray, Secretary-Treasurer.

Dr. J. F. Tuttle agreed to represent St. Francois County at the Interim Meeting of the MSMA.

H. D. Dierker, M.D., *Secretary*

Specialized Service
IN
PROFESSIONAL LIABILITY INSURANCE
is a high mark of distinction
THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Borgmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

MSMA Members Receive Physician's Recognition Award

Fifty-five MSMA members were recipients of the MSMA-AMA Physician's Recognition Award (PRA) during the period of Aug. 26-Oct. 19, 1977.

The Award is a voluntary continuing medical education (CME) program designed to improve the physician's competence and recognize physicians who earn it by completing the educational requirements.

The PRA is based on a three-year cycle. In order to qualify, each physician must accumulate 150 credit hours of CME within a three-year period. Sixty of the credit hours must be earned in Category 1 programs.

Following are names of the most recent award recipients:

Bienvendio Z. Abella, M.D., Raytown
Jose Mario V. Alonso, M.D., St. Louis
Carol R. Archer, M.D., Clayton
Hugh R. Bailey, M.D., Kansas City
Robert A. Bauer, M.D., Florissant
Joseph W. Bell, M.D., St. Louis
James C. Bobrow, M.D., St. Louis
Harold A. Budke, M.D., Kansas City
Raymond J. Caffrey, M.D., Independence
John G. Campbell, M.D., Kansas City
Charles J. Cherre, M.D., St. Louis
Victor G. Clever, M.D., St. Louis
John D. DeMott, M.D., Kansas City
Thomas J. Donovan, M.D., St. Louis
Ervin H. Dorsch, M.D., Independence
J. Larry Dowell, M.D., Strafford
Klark Exarhou, M.D., St. Louis
James G. Fitz Simmons, M.D., Kansas City
Felix D. Fortin, M.D., Kansas City
Alejandro A. Galan, M.D., St. Louis
Walter C. Gray, M.D., Farmington
Frederick W. Hahn, M.D., Kansas City
Lee B. Heutel, M.D., Ballwin
Thomas O. Humphrey, M.D., Springfield
Grant Izmirlian, M.D., St. Louis
Helen H. Jorg, M.D., Kansas City
Kavous Khodadoust, M.D., St. Louis
Francis C. King, M.D., Kirkwood
George M. Klingner, M.D., Springfield
John W. Koehler, M.D., Joplin
Robert C. Kolodny, M.D., St. Louis
William C. La Hue, M.D., Lexington
John B. Lester, M.D., Kansas City
Leonisa T. Lim, M.D., St. Louis
Robert W. Lohr, M.D., St. Louis
Frank B. Long, M.D., St. Louis
David S. Martin, M.D., Maplewood
Lynn R. A. McCanse, M.D., Kansas City
Alfred E. McDermott, M.D., Perryville
John F. McDonnell, M.D., Kansas City
Elsie E. F. Meyers, M.D., Clayton
Richard I. C. Muckerman, M.D., St. Louis
Robert L. Newman, M.D., Kansas City
Allen J. Parmet, M.D., Richards-Gebaur AFB
George S. Postma, M.D., Kansas City
Robert A. Raich, M.D., Kansas City
Earl L. Rapp, M.D., Hannibal
Shabbir H. Safdar, M.D., St. Louis
Elson F. Seitz, M.D., Independence
Milton Shoss, M.D., Cape Girardeau
Donald E. Sklenar, M.D., St. Joseph
Raymundo D. Talaban, M.D., Fredericktown
Joe A. Wall, M.D., Houston
James C. Warren, M.D., St. Louis
George P. Williams, M.D., Kansas City

Give now to your student loan fund!
Send A Generous Contribution To
MISSOURI STATE MEDICAL FOUNDATION
113 Madison, Jefferson City, Missouri 65101

New Members

Lillard Governor Ashley, Jr., M.D., Suite 505, 1734 E. 63rd, Kansas City 64110, has become a member of Jackson County Medical Society. Dr. Ashley is a native of Boley, Okla., received his preliminary education at the Oklahoma State University and his M.D. degree at Meharry Medical School in 1967. He specializes in cardiology.

Robert E. Binda, Jr., M.D., 142 Research Medical Office Bldg., 6400 Prospect Ave., Kansas City 64132, has become a member of Jackson County Medical Society. Dr. Binda is a native of Union City, N. J., received his preliminary education at the St. Peter's College and his M.D. degree at the University of Pittsburgh in 1968. He specializes in anethesiology.

Nazar Chand, M.D., 666 Lester, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Chand is a native of India, received his preliminary education in India and his M.D. degree at the Medical College, Rohtak, Punjab, India in 1967. He specializes in pediatrics.

W. Bob Davis, M.D., 340 Penn Park Medical Center, 2928 Main, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Davis is a native of Wrightsville, Ga., received his preliminary education at Drew University and his M.D. degree at Meharry Medical College in 1971. He specializes in radiology.

Murlidhar R. Deshmukh, M.D., 9406 E. 63rd, Kansas City 64133, has become a member of Jackson County Medical Society. Dr. Deshmukh is a native of Datala, India, received his preliminary education in India and his M.D. degree at the Medical College and Hospital, Nagpur, India in 1971. He specializes in internal medicine.

John James Ferguson, M.D., 666 Lester, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Ferguson is a native of Grand Island, Neb., received his preliminary education at the University of Nebraska and his M.D. degree at the University of Nebraska in 1973. He specializes in dermatology.

Gaston G. Guerra, M.D., 330 Penn Park, 2929 Baltimore, Kansas City 64108, has become a member of Jackson County Medical Society. Dr. Guerra is a native of Quito, Ecuador, received his preliminary education at Central University in Ecuador and his M.D. degree at Central University in 1968. He specializes in general surgery.

Aruna D. Madduri, M.D., 666 Lester, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Madduri is a native of Kavali, India, received her preliminary education at the Padmavati Women's College and her M.D. degree at Kurnool Medical College in 1965. She specializes in obstetrics and gynecology.

Sivaprasad D. Madduri, M.D., 666 Lester, Poplar Bluff 63901, has become a member of Butler-Wayne-Ripley-Carter County Medical Society. Dr. Madduri is a native of Narsapur, India, received his preliminary education at Andhra Loyola College and his M.D. degree at Kurnool Medical College in 1965. He specializes in urology.

Padmini Charles, M.D., Medical Village, Rt. 4, Festus 63028, has become a member of Jefferson County Medical Society. Dr. Charles is a native of Madras, India, received her preliminary education at Queen Mary's College and her M.D. degree at Madras Medical College in 1956. She is in general practice.

In Memoriam

Charles A. Nester, M.D., 3921 Federer Pl., St. Louis 63116, a graduate of St. Louis University 1940; member of St. Louis Medical Society; age 66; died Sept. 22, 1977.

Cecil S. Campbell, M.D., 4961 Laclede, St. Louis 63108, a graduate of National University of Arts & Sciences 1916; member of St. Louis Medical Society; age 86; died Sept. 26, 1977.

Kenneth F. Struessel, M.D., 113 W. Broadway, Columbia 65201, a graduate of University of Missouri, 1964; member of Boone County Medical Society; age 38; died Oct. 9, 1977.

James R. McVay, M.D., 856 W. 62nd, Kansas City 64113; a graduate of Johns Hopkins Medical College, 1916; member of Jackson County Medical Society; age 86; died Oct. 18, 1977.

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Bio-Science Laboratories, St. Louis 619
Blue Shield St. Louis 625
Burroughs Wellcome Co. .... Insert (636-637)
Fred S. James & Co. of Missouri, Inc. 643
Flint Laboratories .... Insert (620-621)
Eli Lilly and Company 634
Loma Linda Foods .... Insert (636-637)
Medical Protective Company 650
Munns Medical Supply 646
Penwalt .... Insert (644-645)
A. H. Robins .... Insert (628-629), 629
Roche Laboratories 618, Insert (644-645), 645, 655, 656
Roerig & Company
.... 628, Insert (628-629), Insert (636-637)
Smith Kline & French .... Insert (636-637)
Warner-Chilcott .... 632 & 633

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

WE NEED A GP—Have building, plenty of patients, current doctor retired. Rural area, no country clubs but a lot of nice people. Write to Rogers Hewitt, Box C, Shelbyville, Missouri 63469.

ST. JOSEPH HOSPITAL, ST. CHARLES, Mo.—Has positions available for full- and part-time Emergency Department physicians to complete staff. Very competitive salary, vacaion and insurance. Excellent Emergency Room personnel nd back-up medical staff. Only hospital in county. Teemetry. 36,000 visits yearly. Contact: Gerald J. Duling, M.D., Medical Director, St. Joseph Hospital, St. Charles, Missouri 63301.

PRIMARY CARE PHYSICIANS—Who are seeking new group practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

SURGEON—St. Joseph Hospital has a new position for full-time first assistant in General Surgery, effective January, 1978. Board eligible or Certified ACS. Contact G. J. Duling, M.D., St. Joseph Hospital, St. Charles, Missouri 63301. (314) 946-6811.

AVAILABLE FOR LOCUM TENENS—Or part-time emergency room duty. 54 years old, semi-retired, Washington U. graduate, 26 years solo general practice plus two years emergency room experience. F. A. Elders, M.D., Rt. 1, Box 69A, Cuba, Mo. 65453.

MSMA MEMBERS—Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

HANLEY 14 x 17 Vertical X-Ray and Medical Record Cabinets are used in most hospitals in America.

Special new ultrasonic, $399. Physio Therapy—Complete Examining and Reception Room Furniture—Traction Equipment—Hospital Beds—Wheelchairs—Jacuzzi Whirlpools—Oxygen. SOLD & RENTED.

HANLEY MEDICAL EQUIPMENT
5614 S. Grand St. Louis, Mo. 63111 314-351-3359

Take stock in America

Bonds are a safe way to save.

LEO H. POLLOCK, M.D

Missouri Medicine in Review

FORTY YEARS AGO

"The Doctor's Heart" by A. Morris Ginsburg, M.D., Kansas City, was read at the 80th Annual Meeting of the Missouri State Medical Association on May 10-12, 1937 in Cape Girardeau:

"For the last few years, heart disease has been the leading cause of death in this country. Medical men are prone to think in terms of patients and not of themselves. This paper is written with the purpose of calling to the attention of medical men that heart disease is the leading cause of death in their profession and that it has a greater incidence in their profession than it has in the general population.

"It is shown that in the last five years, more deaths occurred among doctors in March and January than in any other months of the year. Heart disease is the leading cause of death among United States physicians, causing about 40% of all deaths, almost double the percentage found in the general population (23.85%). Heart disease is the leading cause of death of members of the Jackson County Medical Society (36.2%). At the average age of graduation (26.8 years), the life expectancy of the average white male is 67.51 years, while it is 64.1 years for the average physician in the United States and 62.6 years for the Jackson County doctor."

TWENTY-FIVE YEARS AGO

Edward J. McCormick, M.D. of Toledo, Ohio, President-Elect of the American Medical Association, was the principal speaker at the annual banquet of the Mississippi Valley Medical Society i St. Louis on October 2. Among the other banque speakers was J. William Thompson, M.D., St Louis, President of the Missouri State Medica Association.

Numerous nuggets of practical medical information are expected to be "dropped" at three important medical meetings in the state on November 6. They are the Second Councilor District meeting in Hannibal, the Eighth Councilor District meeting in Joplin and the Clay County Society Clinical Conference in Excelsior Springs.

Alphonse McMahon, M.D., St. Louis, will serve as first vice-president and Grayson Carroll, M.D., St. Louis, will serve as councilor from Missouri at the 46th Annual Session of the Southern Medical Association which will convene in Miami, Fla. on November 10-13.

TEN YEARS AGO

Among the giants of American surgery, Moberly's Emile Holman must be counted. He is best known for his definitive studies on arteriovenous fistulae and many other works on cardiovascular disease, but he also published important studies on such varied topics as skin homograft rejection, lung abscesses and surgical exposure in biliary surgery.

Dr. Charles R. Doyle, St. Louis, was presented the Cross of the Knights of St. Gregory by Bishop Joseph Gottwald at the St. Louis Cathedral recently. He was nominated for the Papal Award, one of the highest available to Catholic laymen, by the late Joseph Cardinal Ritter. Dr. Doyle is secretary-treasurer of the Missouri State Medical Foundation.

Dr. William Maxwell has been appointed professor and head of the Department of Anatomy at Washington University School of Medicine. He succeeds Dr. Edward W. Dempsey who served in this post from 1950 until 1966, when he became professor and head of the Department of Anatomy at the College of Physicians and Surgeons, Columbia University in New York City.

ROCHE

For recurrent attacks of urinary tract infection in women

Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

Just one tablet b.i.d. for 10 to 14 days

- Action at urinary/vaginal/lower bowel sites helps eliminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum helps eradicate recurrent UTI
- Low incidence of bacterial resistance in community practice
- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake; perform CBC's and urinalyses with microscopic examination.

Before prescribing, please consult complete product information, a summary of which follows:

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii.* **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

The recommended quantitative disc susceptibility method (*Federal Register, 37*:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and enal function tests, particularly where there is impaired renal unction.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblas- c anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, ypoprothrombinemia and methemoglobinemia. *Allergic reac- ons:* Erythema multiforme, Stevens-Johnson syndrome, eneralized skin eruptions, epidermal necrolysis, urticaria, serum ickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, eriorbital edema, conjunctival and scleral injection, photosensiti- ation, arthralgia and allergic myocarditis. *Gastrointestinal reac- ons:* Glossitis, stomatitis, nausea, emesis, abdominal pains, epatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets*, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets*, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension*, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Please see back cover.

9 South 22nd Street
Philadelphia 3, Pa. 19103

Her next attack of cystitis may require
the Bactrim™
3-system counterattac

ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of Bactrim diffuses into vaginal fluid in effective concentrations, thus combating migration of pathogens into the urethra.

Studies have shown that Bactrim acts against *Enterobacteriaceae* in the bowel without the emergence of resistant organisms. Thus, Bactrim reduces the risk of introit colonization by fecal uropathogens. It has *no* significant effect on other normal, necessary intestinal flora.

Bactrim fights uropathogens in the
urinary tract/vaginal tract/lower intestinal tract

Please see reverse side for summary of product information.

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

DECEMBER, 1977

VOLUME 74, NUMBER 12

ADDENDUM
to
1977-1978
MSMA
MEMBERSHIP
ROSTER
Insert (664-665)

Scientific Articles

COLORECTAL CANCER—1977, Carl G. Kardinal, M.D. and Michael C. Perry, M.D. . . 675

PRIMARY MALIGNANT MELANOMA OF THE VAGINA, Lolita N. Montano, M.D. and Nestor R. Canoy, M.D. 680

MISSOURI'S ROLE IN BREAST CANCER DETECTION, Ned D. Rodes, M.D., Corinne Farrell, M.D. and Charles W. Blackwell, M.D. 689

Special Article

AN OUTLINE OF THE HISTORY OF CANCER—Part I, Carl G. Kardinal, M.D. 662

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
JAN 1? 1978

Contents on page 661

Ellis Fischel State Cancer Hospital
and Cancer Research Center
SPECIAL ISSUE

A character all its own.

Valium (diazepam) is a benzodiazepine with a character all its own. Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

Valium® (diazepam) Ⓒ

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

MSMA Disability Insurance Programs

These Programs are sponsored by the MSMA for the benefit of its members.

• *Personal Disability Income*

Benefits are available up to $2,166 per month. Life Time Accident/to Age 65 Sickness Coverage—flexible waiting periods available from seven days up to one year—the plan is applicable for the Individual or Incorporated Physician. Coverage for private flying is available.

This individual contract with Special Renewal Guarantees is the ideal foundation for your Disability Income Protection Program.

• *Office Overhead Expense*

Disability Insurance Coverage up to $2,000 per month to pay your continuing office expenses while you are unable to work due to illness or injury. Benefits are payable after 30 days continuous disability and begin retro-active from the first day of disability. The benefit is a maximum of 24 months.

Your premium is a tax-deductible business expense—your individual contract has Special Renewal Guarantees—benefits may be assigned to your corporation.

• *Major Hospital-Nurse Expense*

Pays 80% of expenses incurred over deductible you select of $250, $500 or $1,000 up to $25,000 maximum per Illness or Injury. Excellent supplement for Blue Cross. Your employees are eligible, too. Pays in addition to any other insurance you have.

Be sure your Disability Income Insurance Plan is up-to-date and adequate for your needs. Professional service on your programs is available on a personal basis from your Administrators.

For full particulars, the Administrators invite you to call or write today.

MSMA Insurance Programs Administrators

Western Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
2 Crown Center • 2420 Pershing Rd. • Kansas City, Mo. 64108
(816) 842-6670

Eastern Missouri Administrator
FRED. S. JAMES & CO. OF MISSOURI, INC.
720 Olive Street . . . Suite 607 Saint Louis, Missouri 63101
(314) 421-1838

•Serving MSMA Since 1943•

Missouri Medicine

THE JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Joseph V. Finnegan, M.D., *Editor*
Jean E. Duensing, *Managing Editor*
Royal O. Cooper, *Business Manager*

EDITORIAL BOARD

Robert K. Skillman, M.D., Kansas City
Wilfred E. Wooldridge, M.D., Springfield
James N. Haddock, M.D., St. Louis
William A. Leo, M.D., Kansas City
William M. Hart, M.D., Columbia
Leo T. Neu, Jr., M.D., Springfield
Wayne A. Simril, M.D., St. Louis
Ben H. Koon, M.D., Kansas City
Richard D. Blim, Kansas City
John W. Berry, M.D., St. Louis
Richard O. Craig, M.D., St. Joseph
Thomas M. Mier, M.D., St. Louis
Bentley A. Nelson, M.D., Kansas City
Donald J. Mehan, M.D., St. Louis
William D. Bradshaw, M.D., Columbia
Raymond A. Ritter, Jr., M.D., Cape Girardeau

PUBLICATION COMMITTEE

Joseph V. Finnegan, M.D., St. Louis, Chairman
William C. Mixson, M.D., Kansas City
Charles S. Sherwin, M.D., St. Louis
Byron M. Stuart, M.D., Boonville
Wilfred E. Wooldridge, M.D., Springfield

Editorial and Business Office, 113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101. Copyright 1977 by Missouri State Medical Association. All rights reserved. Second Class postage paid at Fulton, Missouri. Missouri Medicine (Publication No. 355380) is published monthly, except semimonthly in August, by the Missouri State Medical Association at 1201-05 Bluff Street, Fulton, Missouri 65251. Subscription Price: $6.00 Per Year; Medical Students, Interns and Residents, $3.00 Per Year. Printed by The Ovid Bell Press, Inc., Fulton, Missouri.

Information for Contributors

Articles are accepted for publication on condition that they are contributed solely to this journal. Material appearing in Missouri Medicine is protected by copyright. Permission will be granted on request for reproduction in reputable publications provided proper credit is given and author gives permission.

Manuscripts should be typewritten, double spaced, and the original with one carbon copy submitted. Retain another carbon copy for proofreading. Used manuscripts are not returned. School and hospital appointments of the author should accompany the manuscript. It is desirable that a synopsis-abstract of approximately 135 words accompany the manuscript. References should be arranged at the end of the article in the order in which the references are cited in the text. The reference should give name of author, title of article, name of periodical, volume number, initial page number and year. Authors are responsible for reference accuracy.

Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly on the backs. Legends should appear on a separate sheet. Colored illustrations will be used when suitable if author assumes the actual cost.

Legal difficulties may arise from unauthorized use of names, initials or photographs in which individuals can be identified. Permission should be secured from patient or legal guardian and signed duplicate or photostat submitted with such photographs or identification. The Editor and Editorial Board assume no responsibility for the opinions and claims expressed in articles contributed by authors. If citation of an institution related to the article is made, approval of the chief of service should be given in a letter accompanying the article.

Reprint order blanks will accompany proof, which will be sent to authors prior to publication.

All material other than scientific should be received prior to the first of the month preceding month of publication.

Please give notice of change of address at least one month in advance of the change, giving old and new addresses.

MISSOURI STATE MEDICAL ASSOCIATION

113 Madison St., P. O. Box 1028, Jefferson City, Mo. 65101
Telephone: AC 314-636-5151

OFFICERS

President, Howard J. McAlhany, M.D., Springfield
President-Elect, John N. Martin, M.D., St. Joseph
Vice-President, Stanley S. Peterson, M.D., Springfield
Vice-President, Irving H. Clark, M.D., Kansas City
Vice-President, Ernest Wadlow, M.D., St. Joseph
Secretary, John I. Matthews, M.D., Jefferson City
Treasurer, James M. Stokes, M.D., St. Louis
Speaker, Edwin K. Burford, Jr., M.D., Cape Girardeau
Vice-Speaker, Lily Ann Hanes, M.D., St. Louis

DELEGATES TO THE AMA

James C. Sisk, M.D., St. Louis
Richard P. Bowles, M.D., Liberty, *Alternate*
Rae W. Froelich, M.D., Lebanon
Melvin C. Kasten, M.D., Cape Girardeau, *Alternate*
Robert A. Slickman, M.D., Kansas City
Hugh E. Stephenson, Jr., M.D., Columbia, *Alternate*
Lawrence W. O'Neal, M.D., St. Louis
Donald Judd, M.D., St. Louis, *Alternate*

COUNCILORS

Andrew McCanse, M.D., Kansas City, *Chairman*
Richard V. Bradley, M.D., St. Louis, *Vice-Chairman*

1st District, Richard C. Hedges, M.D., Excelsior Springs
  Vice-Councilor, Gary Dyer, M.D., St. Joseph
2nd District, John H. Walterscheid, M.D., Hannibal
  Vice-Councilor, Patricio Avila, M.D., Hannibal
3rd District, Richard V. Bradley, M.D., St. Louis
  Vice-Councilor, Richard Fallon, M.D., St. Louis
4th District, Louis P. Hetlage, M.D., Troy
  Vice-Councilor, Frederick D. Peterson, M.D., St. Louis
5th District, H. Peter Ekern, M.D., Mexico
  Vice-Councilor, Mary J. McCaffree, M.D., Jefferson City
6th District, John Torontow, M.D., Nevada
  Vice-Councilor, Roy W. Pearse, Jr., M.D., Nevada
7th District, Andrew McCanse, M.D., Kansas City
  Vice-Councilor, Irving H. Clark, M.D., Kansas City
8th District, Walter A. German, M.D., Springfield
  Vice-Councilor, Marvin Singleton, M.D., Joplin
9th District, Claude W. Cooper, M.D., Thayer
  Vice-Councilor, Jack Wiles, M.D., West Plains
10th District, Eugene T. Hansbrough, M.D., Poplar Bluff
  Vice-Councilor, George H. Ladyman, M.D., Poplar Bluff

Max S. Franklin, M.D., St. Louis, *Immediate Past-President*
Executive Secretary, Royal O. Cooper
Assistant Executive Secretary, C. C. Swarens
Governmental Relations Director, John W. Kuebler
Scientific Affairs Director, Ron Ellison
Field Secretary, Don Wilson
Communications Director, Becky Auner Hankins

Contents for December, 1977

Scientific Articles:

Colorectal Cancer—1977; Carl G. Kardinal, M.D. and Michael C. Perry, M.D. 675
Primary Malignant Melanoma of the Vagina, *Case Reports;* Lolita N. Montano, M.D. and Nestor R. Canoy, M.D. 680
Missouri's Role in Breast Cancer Detection; Ned D. Rodes, M.D., Corinne Farrell, M.D. and Charles W. Blackwell, M.D. 689

Special Articles:

An Outline of the History of Cancer, *Part I;* Carl G. Kardinal, M.D. 662
The Judgment Seat; Nestor R. Canoy, M.D. . . 667
Addendum to MSMA Membership Roster . . . . Insert (664-665)

News and Features:

MSMA News Round-Up . . Insert (664-665)
The Council Reports 665
From the Medical Schools 668
Continuing Education Coming Events . . 670
MSMA Auxiliary Fall Conference 671
County Society News 672
President's Message 695
MSMA Auxiliary 696
New Members 697
In Memoriam 698
Index to Volume 74 699
Index to Advertisers 701
Missouri Medicine in Review 702

Special Article

An Outline of the History of Cancer

Part I

CARL G. KARDINAL, M.D., ***Columbia***

- A. *Classic Civilizations*
  - 1. *Ancient Egypt*
    - a. *The Ebers' Papyrus* (c. 1500 BC)
      - (1) Discovered by Georg Ebers in 1873.
      - (2) Retranslated by Bendix Ebbell in 1937.
      - (3) Did not differentiate tumors from inflammatory swellings.
      - (4) Recommended treating tumors or swellings with poultices and incision.
      - (5) Warns against treating certain types of tumors because if touched they may prove fatal.
      - (6) Contains a mixture of references to gods and demons as well as rational approach to disease.
    - b. *The Smith Papyrus* (c. 1500 BC)
      - (1) Discovered by Edwin Smith in 1862.
      - (2) Translated by James Henry Breasted in 1922.
      - (3) A surgical text that describes eight patients with tumors or ulcers of the breast treated with cauterization with the "fire-drill."
      - (4) Warns that there is no treatment for bulging tumors.
    - c. *The Petrie Papyrus* (c. 2000 BC)
      - (1) Discovered by Sir Flinders Petrie in 1898.
      - (2) A gynecologic text that describes lesions that were probably gynecologic cancers.
  - 2. *Greece*
    - a. *Hippocrates* (c. 460 BC)
      - (1) First to use the term carcinoma (Grk. *karkinōma)* derived from crab (Grk. *karkinos)*. The Latin translation of *karkinos* is cancer.
      - (2) Described cancer of the skin, breast, cervix and rectum.
      - (3) Classified tumors as:
        - (a) Carcinoma apertus—a malignant ulcer.
        - (b) Carcinoma occlusus—a deep seated occult tumor.
      - (4) Treated malignant tumors with cautery or caustic pastes.
      - (5) Recommended never operating on deep-seated tumors because it will only make them worse (the Doctrine of Hippocrates).
    - b. *Leonides of Alexandria* (c. 180 AD)
      - (1) Described nipple retraction in breast cancer.
      - (2) Recommended removal of the breast by excision through "sound" tissue.
      - (3) Utilized cautery to stop bleeding and destroy residual tumor.
      - (4) Would not operate on advanced cases.
    - c. *Galen* (c. 200 AD)
      - (1) An advocate of the *humoral theory* of disease, *i.e.*, all diseases are due to an excess or deficiency of one of the four vital humors: bood, mucus, yellow bile or black bile.
      - (2) Neoplasms are due to an excess of black bile *(atra bilis)* which solidifies in certain sites such as the lips, breast or tongue.
      - (3) Cancers are particularly common in conditions preventing the discharge of black bile such as suppression of menses or hemorrhoids.
      - (4) Since cancer is a systemic disease due to an excess of a body humor, it must be treated systemically with diet and purging. Walnuts were specifically forbidden.
      - (5) The first to use the term *sarcoma* for fleshy tumors or superficial swellings.
      - (6) Attempted to classify tumors and to separate true neoplasms from inflammatory lesions, localized edema, and gangrene.
      - (7) Classified swellings as:
        - (a) *supra naturam*—callous formation
        - (b) *secundam naturam*—the gravid uterus
        - (c) *praeter naturam*—true tumors

The history of cancer is as old as the history of medicine itself. Tumors were recognized and treated during the classic civilizations of ancient Egypt, Greece and Rome. Multiple etiologic theories and treatments emerged over the centuries. Many of these were mystical and illogical, but there was a slow progression of scientific knowledge. The author has utilized an outline format to present an extensive collection of material.

Since space limitations preclude publication of this article in a single issue, it has been divided into three segments.

Dr. Kardinal is Director of Internal Medicine, Ellis Fischel State Cancer Hospital and Cancer Research Center. This investigation was supported in part by Cancer and Leukemia Group B Grant CA 12046 from the National Cancer Institute, DHEW.

(8) Galen's theories and authority dominated medical thought for almost the next 1,500 years.

3. *The Roman Empire*
   a. Although a Greek, Galen became physician to the emperor Marcus Aurelius.
   b. *Aurelius Cornelius Celsus* (c. 30 AD)
      (1) Attempted to separate neoplasms from inflammatory swellings.
      (2) Excised cancers of the lip, face and breast.
      (3) Advised against removal of the pectoralis major during mastectomy.

B. *The Middle Ages* (475-1500 AD)

Both Christianity and Islam prohibited anatomic dissection and greatly limited the practice of surgery. Medical knowledge stagnated for more than 1,000 years.

1. *Paulus of Aegina* (c. 650 AD)
   a. "However, some say that cancer is so called because it adheres with such obstinacy to the part it seizes that, like the crab, it cannot be separated from it without great difficulty."
   b. Described uterine cancer.
2. *Avicenna of Arabia* (c. 1000 AD) introduced the interval use of arsenic for the treatment of cancer.
3. *Avenzoar of Arabia* (c 1160 AD) described carcinoma of the esophagus and stomach and introduced the use of esophageal sounds for the diagnosis and treatment of esophageal cancer.
4. *Rolando Capelluti of Parma* (c. 1230 AD) revitalized Galen's ideas and re-emphasized his authority. Cancer was again treated with diet, purgation, and cautery.
5. *Guy de Chauliac* (c. 1350 AD) made no original contribution but wrote the authoritative surgical text used in the 13th and 14th centuries.

C. *The Renaissance and the Decline of Galen's Influence* (c. 1500-1760 AD)

1. *Paracelsus* (1413-1541 AD)
   a. Challenged Galen's theory of *atra bilis.*
   b. Claimed that cancer was due to excess mineral salts in the blood and developed where these various salts became concentrated and sought outlet.
2. *Andreas Vesalius*
   a. Published *De Fabrica Corporis Humani* in 1543 AD
   b. His anatomic studies failed to confirm the existence of black bile.
3. *William Harvey* described the circulation of the blood in 1628. Although Harvey's studies did not relate to cancer, they confirmed that Galen was fallible.
4. With the fall of Galen's authority came chaos in medicine. Bizarre treatments and faith cures were developed for all diseases including cancer.
   a. *van Helmont* (1578-1644) claimed that cancer was due to a spiritual being, the Archoeus, in the stomach and spleen which had to be purified to prevent it from sending its ferments to the wrong places.
   b. *Bonet of Geneva* (c. 1680) and others felt that green frogs would influence the course of cancer. Ground dried frogs were used topically. Live frogs were used and it was claimed that they could suck out cutaneous cancers.
   c. *Fabricius Hildanus* (1560-1634)
      (1) Recommended treating cancer with an extract of suckling puppies boiled in wine and water containing goldenrod.
      (2) But he also was the first to do axillary dissections for breast cancer.
   d. *Jean Astruc* (1684-1766)
      (1) Reportedly burned a piece of breast cancer and compared its taste to that of burned beef steak. Finding the cancer was no more pungent than the

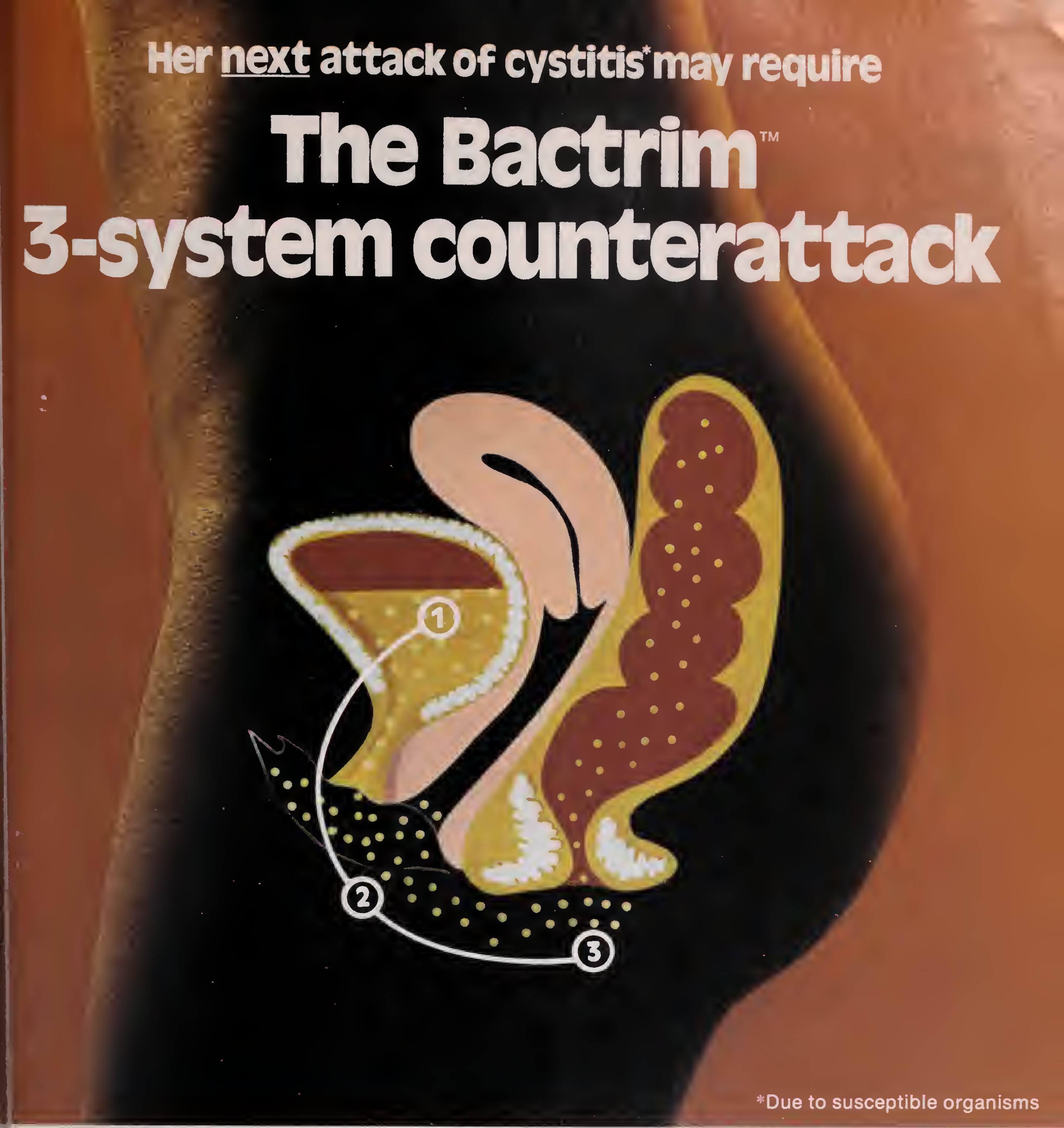
        control, he discarded the iatrochemical *(atra bilis)* theory of cancer.
    (2) But he also separated cysts from true tumors and demonstrated that scirrhus and soft cancer were of the same nature.

5. *The Lymph Theory of Cancer* developed to replace Galen's theory of *atra bilis*. Black bile was nowhere to be found, but blood and lymph were everywhere.
    a. *Stahl and Hoffman* (c. 1700) felt that cancer was composed of fermenting and degenerating lymph varying in density, acidity and alkalinity.
    b. *Louis* (1723-1792) distinguished gelatinous lymph (goiter) from albuminous lymph (scirrhus).
    c. *John Hunter* (1728-1793)
        (1) Claimed that tumors grow from coagulable lymph constantly thrown out by the blood.
        (2) Said that tumor tissue, like normal tissue, is nourished by the organism and develops according to the same biologic laws.
    d. *Johann Georg Christian Fredrick Lobstein* proposed in 1829 that all cancers result from the coagulation and transformation of "plastic lymph" which is under the influence of a misdirected vital force. The process was called "heteroplasia."
6. *LaLutte Contre Le Cancer of Rheims, France*
    a. The first cancer hospital established in 1740 by Jean Godinot.
    b. The very strong fear of the inhabitants that cancer was contagious forced the hospital from the city in 1779.
7. Summary of Renaissance knowledge of cancer based upon the first edition of the *Encyclopaedia Britannica,* 1771.
    a. *Cancer* is a roundish, unequal, hard, and livid tumor, generally seated in the glandulous parts of the body, supposed to be so called because it appears at length with turgid veins shooting out from it, so as to resemble the figure of a crab; or as others say, because like a crab, where it has once got, it is scarce possible to drive it away.
    b. "Tumores" are diseases attended with an increased size of the part without phlegmon. These are of 14 types as follows:
        (1) Aneurisma
        (2) Varix
        (3) Ecchymoma
        (4) Scirrhus
        (5) Cancer
        (6) Bubo
        (7) Sarcoma
        (8) Verruca
        (9) Clavus
        (10) Lupia
        (11) Ganglion
        (12) Hydatis
        (13) Hydrarthus
        (14) Exostosis
    c. A cancer is either "occult" or "manifest."
        (1) An "occult" begins as a small indolent tumor about the size of a pea or hazelnut and may remain dormant for years.
        (2) As soon as the "virulent humour" becomes more active, it begins to eat and break through the skin.
        (3) Further occult cancers communicating with the glands arise afterwards.
        (4) The parts being thus eaten away and consumed, death ensues.
    d. The principal symptom of cancer is pain which is attended by restlessness, watching, indigestion, slow fever, consumption, marasmus and the like.
    e. A small, incipient, free cancer, seated in a suitable place, should be extirpated without delay, for unless it is extirpated "root, branch and feed," it will be "exasperated" and strike inwards, generate others and increase those already formed.
    f. Cancer is the worst degree of scirrhus; a scirrhus may be distinguished by its want of inflammation or ulceration of the skin and generally, by its pricking pain.

REFERENCES

1. Bainbridge, W. S.: The Cancer Problem. New York, Macmillan Co., 1914, pp. 1-36, 106-129, 237-276, 277-286.
2. Bett, W. R.: Historical Aspects of Cancer, *in* Raven, R. R. (Ed.): Cancer, vol. 1. London, Butterworth and Co., Ltd., 1957, pp. 1-5.
3. Bordley, J. and Harvey, A. M.: Two Centuries of American Medicine. Cancer. Philadelphia, W. B. Saunders, 1976, pp. 667-704.
4. Burchenal, J. H.: David A. Karnofsky Memorial Lecture. From Wild Fowl to Stalking Horses: Alchemy in Chemotherapy. Cancer 35:1121-1135, 1975 (188 references).
5. Burchenal, J. H.: The Historical Development of Cancer Chemotherapy. Semin. Oncol. 4:135-146, 1977 (200 references).
6. Classics in Oncology: CA 21:302, 360, 1971; CA 22:21-25, 93-98, 151-157, 230-240, 296-302, 345-355, 1972; CA 23:52-60, 94-98, 171-180, 242-255, 305-312, 367-374, 1973; CA 24:49-56, 108-116, 169-181, 236-242, 294-305, 361-367, 1974; CA 25:31-39, 91-97, 1975; CA 26:116-121, 1976.
7. Edelstein, L.: Ancient Medicine: Selected Papers of Ludwig Edelstein, Temkin, O. and Tempkin, C. L. (Eds.). Baltimore, The Johns Hopkins Press, 1967.
8. Encyclopaedia Brittanica, 1st Ed., vol. 11, p. 18; vol. III, pp. 59, 139-140, 167, 664. Edinburgh, 1771.
9. Ewing, J.: Neoplastic Diseases, 2nd Ed. Philadelphia, W. B. Saunders, 1922, pp. 17-24, 94-148.
10. Haagensen, C. D.: An Exhibit of Important Books, Papers, and Memorabilia Illustrating the Evolution of the Knowledge of Cancer. Am. J. Cancer 18:42-126, 1933 (158 references).

(Continued on page 666)


Her next attack of cystitis* may require
The Bactrim™
3-system counterattack
1
2
3
*Due to susceptible organisms

Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal tract

Bactrim™ DS Double Strength Tablets

ROCHE

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

Please see reverse side for summary of product information.

ROCHE

For recurrent attacks of urinary tract infection in women

Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

Just one tablet b.i.d. for 10 to 14 days

- Action at urinary/vaginal/lower bowel sites helps eliminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum helps eradicate recurrent UTI
- Low incidence of bacterial resistance in community practice
- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake; perform CBC's and urinalyses with microscopic examination.

Before prescribing, please consult complete product information, a summary of which follows:

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii.* **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

The recommended quantitative disc susceptibility method (*Federal Register, 37*:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary Tract Infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

MSMA

NEWS ROUND - UP

December, 1977

Any NHI plan must be realistic

If National Health Insurance is around the corner (two-thirds of the people think it's needed, according to a recent Gallup poll), it ought to adhere to these basic premises:

"To best serve the American people, (it) must be **realistic** in its objectives; **manageable** in its costs to individuals, to families, and to the nation; and as **simple** as possible in its administration."

Any modifications in the present health-care system "must be accomplished without radical restructure that would undermine or sacrifice" the system's great strengths, which "far outweigh any imperfections."

Those premises were set forth by William C. Felch, M.D., chairman of the AMA Council on Legislation, at HEW's Washington, D.C., hearing on health insurance. The nationwide hearings are a preliminary to the White House's submission of an NHI plan — maybe in March.

How can the spectrum of the world's best care be made available to all the people without undermining the largely private structure that developed such care?

How can an insurance program be as realistic, manageable, and simple as Doctor Felch urges?

The answers lie in the AMA's Comprehensive Health Care Insurance bill (H.R. 1818 and S. 218) and its underlying guidelines, which he submitted to the hearing. (Note that the bill's title uses "Comprehensive" rather than "National," which tends to imply "federal.")

The guidelines principally are:

- Comprehensive coverage — both basic and catastrophic — for the entire population.
- Cost sharing by employers and employees — but by the government and the insured in the case of the self-employed, non-employed, and elderly. Lesser-income people would receive special consideration on insurance premiums and coinsurance.
- A minimum of federal dollars, limited essentially to helping poor and low-income families pay their premiums.
- A minimum of federal administration. The program would be handled primarily by private insurers, subject (as now) to state regulation.
- Pluralism in modes of health-care delivery. Choice of mode by both the patient and the physician.
- Continued integrity of the doctor-patient relationship, without federal interference.
- Uniform benefit coverage for everyone — including the jobless for definite periods.
- Avoidance of Social Security financing and supervision. Federal premium subsidies would be from general revenues.
- Continued state responsibility for licensure and certification of health manpower.
- Prudent methods of cost containment. Along with coinsurance, these would feature hospital reimbursement formulas agreed to by hospitals and insurers; "usual, customary, and reasonable" fees for medical services; appropriate utilization review; and coordination to avoid duplicate benefit payments.

The AMA's comprehensive insurance bill is **the** realistic answer to all the pertinent realities. Throughout the ranks of medicine, it merits the support it already has won from over 50 members of Congress.

Dr. McAlhany writes to Governor about Medicaid

Because the Medicaid Program in Missouri is rapidly deteriorating, Dr. Howard J. McAlhany, President of the MSMA, recently wrote a letter to Governor Teasdale requesting adequate funding for the fiscal year 1979.

Since 1968, when the Medicaid Program was initiated, there has been little or no increase in reimbursement to physicians for the medical care of welfare recipients. The present fees fail to cover even the overhead costs of some physicians.

It is the MSMA's understanding that the Department of Social Services has requested a 10 percent lower budget figure for fiscal year 1979. Missouri's outlay of $60 per month per patient is already the lowest of any of the states.

The Association recommended to the Governor that the funding level for physician services under Medicaid be increased to match those fees paid by the federal Medicare program administered by General American Life Insurance Company of St. Louis.

The MSMA further recommended that the dual fees for general practitioners and specialists be abolished and a single fee schedule be adopted.

Membership breakdown in AMA

As of October, 1977, about 72 percent of the 4,331 total paid members of the MSMA also belong to the AMA.

The breakdown of membership by component societies and percentage of AMA members is as follows:

TOTAL PAID MEMBERS

COMPONENT SOCIETY	STATE	A.M.A.	PERCENTAGE
Andrew	3	3	100
Audrain	22	15	68
Barton	3	3	100
Boone	234	107	46
Buchanan	87	45	52
Butler-Wayne-Ripley-Carter	49	41	84
Callaway	10	2	20
Cape Girardeau	67	58	87
Chariton-Macon-Monroe-Randolph	19	10	53
Clay	110	93	85
Clinton	3	2	67
Cole	55	49	89
Cooper	5	3	60
Dallas-Hickory-Polk-Dade	6	3	50
Dunklin	20	16	80
Franklin-Gasconade-Warren	26	19	73
Grand River	26	20	77
Greene	252	179	71
Henry	5	4	80
Howard	5	4	80
Jackson	876	706	81
Jasper	78	60	77
Jefferson	20	16	80
Johnson	13	11	85
Lafayette-Ray	23	20	87
Lewis-Clark-Scotland	1	1	100
St. Charles-Lincoln	68	44	65
Marion-Ralls-Shelby	31	26	84
Miller	1	1	100
Mineral Area	35	25	71
Moniteau	3	3	100
Montgomery	1	1	100
Morgan	5	3	60
North West	16	10	62
North Central	2	2	100
Ozarks	34	27	79
Pemiscot	10	9	90
Perry-Ste. Genevieve	14	8	57
Pettis	29	20	69
Mid-Missouri	36	21	58
Pike	8	5	63
Platte	4	2	50
St. Louis Medical	1428	1043	73
St. Louis County	496	301	61
Saline	7	5	71
Semo	36	28	78
South Central	17	16	94
Webster	2	2	100
West Central	30	29	97
TOTALS	4331	3121	72

Resolution calls for mandatory membership in AMA

A resolution calling for a change in the MSMA Constitution which would require mandatory membership in the AMA will be voted on by delegates at the Annual Session, April 13-17, 1978.

As stated in the Constitution, any constitutional change must be published prior to its submission to the House. Following is the resolution to be considered at the opening session of the House of Delegates:

> *"WHEREAS, the American Medical Association (AMA) is the only national professional association which represents* all *physicians regardless of their individual medical specialties or types of practice; and*
>
> *WHEREAS, in recent years the structure and programs of the AMA have been significantly changed to more truly reflect the philosophy, opinions, and wishes of the majority of its members; and*
>
> *WHEREAS, these changes in AMA structure and activities have resulted in a more positive and aggressive organizational attitude thus benefiting* all *physicians; and*
>
> *WHEREAS, the strength and influence of the AMA would be further enhanced if* all *physicians were members of the Association; therefore be it*
>
> *RESOLVED, that the Missouri State Medical Association officially endorse the concept of a unified medical profession, acting at the will of the majority but always protecting the rights of the minority; and be it further*
>
> *RESOLVED, that, in accord with this concept, the Constitution and Bylaws of the Missouri State Medical Association be amended to provide that any physician holding membership in a county medical society in Missouri and in the Missouri State Medical Association shall be required to hold membership in the American Medical Association."*

Board of Healing Arts receives complaints

The Missouri State Board of Registration for the Healing Arts reports that it receives complaints from three major sources.

The largest number come from the consumer of health care. They come not only from the patient, but also from his friends and relatives.

The second source is the professional medical community, and these generally relate to competence or the fraudulent practice of medicine.

And finally, complaints come from agencies of the local, state and federal governments, including law enforcement agencies. In most cases, these complaints allege illegal distribution of controlled substances or Medicare and Medicaid fraud.

From July 1, 1976, to June 30, 1977, the Board of Healing Arts received and acted upon 112 such complaints. While the majority were disposed of without punitive action, six physicians did lose their license to practice medicine in Missouri.

Are you receiving proper payment for Medicare?

Questions often arise from members as to whether they are receiving proper payment for Medicare.

Under the Medicare law, the carriers (General American Life Insurance Company and Blue Shield in Missouri) are responsible for payments being based on "reasonable charges" for physicians' services. Medicare will pay 80 percent of the reasonable charge for covered services after the beneficiary has paid the yearly deductible of $60.

The reasonable charge for a physician's service is the lowest of three kinds of charges: the actual charge, the physician's customary charge and the prevailing charge. The actual charge is the bill for the covered service. The customary charge is the amount the physician bills most of his patients for the same service. The prevailing charge is the lowest charge high enough to include at least three-fourths of the bills from all physicians in the same area for the same service. The lowest charge of the three is the reasonable charge.

In addition to establishing the prevailing charge criteria, the Medicare law also says that the reasonable charge for a service may not be higher than the allowable charge for the carrier's own policyholders for a comparable service under similar circumstances.

The current prevailing charges are based on data collected during the calendar year 1976. Data collected this year will be used to determine prevailing and customary fees beginning in July 1978.

Since 1973, the prevailing charges have been allowed to rise only as much as the general inflation. This limit is the so-called "economic index," and it applies only to the prevailing charge aspect of determining a reasonable charge. In 1977, Medicare prevailing charges were allowed to increase up to 35.7 percent above their 1973 levels.

A physician may obtain a copy of his individual customary charge profile as well as a prevailing charge profile by writing to the Medicare Part B carrier for his area:

General American Life Insurance Company
13045 Tesson Ferry Road
St. Louis, MO 63128
Phone: 314-843-8700

Blue Shield of Kansas City
3637 Broadway
Kansas City, MO 64111
Phone: 816-932-5000

MSMA will assist physicians in countersuits

If any physician feels he has been aggrieved unjustly in a malpractice case, he may contact his MSMA for help in a countersuit.

The MSMA resolution passed by the House of Delegates April, 1976, which deals with countersuits states:

"Resolved, That any Missouri physician found not to be negligent in a medical malpractice case shall have the assistance of the Missouri State Medical Association in determining if there exists a reasonable basis to commence an action for malicious prosecution arising out of such case."

The Council, in an attempt to implement this resolution, has suggested the following guidelines:

1. Any member of the MSMA may request a legal opinion as to the merit of his suit. This opinion will be rendered by attorneys hired by the MSMA. Funds have been budgeted for this purpose.
2. The MSMA cannot file a countersuit; it has no standing in a particular case. However, review and research is accomplished to support a physician in bringng counter action.

All of the four conditions listed below must be met before it can be recommended that a countersuit be enered into:

1. The suit must be settled with no award.
2. There must be malice on the part of the plaintiff.
3. There must be a lack of probable cause.
4. There must be injury to the defendant.

Dr. Fraser commended by AMA for his work on the Committee of Young Physicians

The Board of Trustees of the American Medical Association commended Daniel M. Fraser, M.D., of the St. Louis Medical Society, for his contribution to American medicine through his membership on the Ad Hoc Committee on Services to Young Physicians.

This committee of young physicians critically examined almost every important program of the AMA and made recommendations for extending and improving AMA activities. The Board considers the 10-member committee's report immeasurably helpful to them in meeting the needs of members and in planning future programs.

As a result of the young physicians' year-long study, they made the following suggestions:

- The AMA Auxiliary and the American Medical Political Action Committee, in conjunction with state and local societies, should emphasize educational programs on the importance of physicians and their families becoming more involved in the political process.
- The AMA member communications on important national issues should be coordinated with the American Association of Medical Society Executives.
- The AMA should actively develop and expand its activities in **pro bono** areas and increase the publicity.
- The staff complement of the Public Affairs Division should be increased.
- A similar young physicians' committee should be established every five years or so, with at least one member being a full-time medical school faculty member.
- The Board should consider establishing an ad hoc committee on Services to Medical School Faculty Members.

MSMA offers group insurance plans

Your MSMA offers its members and their employees a variety of types of group insurance plans which can provide substantial savings.

The **Disability Income Program,** which provides weekly benefits covering accident and sickness, offers a selection of three plans and optional benefits. Hospitalization is never required.

The benefits for an accident may be payable from five to ten years if disabled from your own occupation. All plans pay benefits (up to $2,166 per month) for a lifetime if disabled from any occupation for which you are reasonably fitted.

Sickness benefits may be payable for up to two years, up to seven years or up to age 65.

Another group insurance plan offered is the **Major Medical Plan,** which pays 80% of all covered medical bills, after the deductible, up to $5,000. The plan then pays 100% up to $100,000.

Major Medical covers bills incurred in or out of the hospital and pays regardless of any other insurance you may carry. To reduce premiums, the policy offers three choices of deductibles: $200, $500 or $1,000.

The MSMA sponsored **Term Life Insurance Plan** is available to any MSMA member under age 70. Members may enroll for benefits up to $100,000, spouses up to $50,000 and unmarried dependents for $2,500.

All benefits for member and spouse are doubled for accidental death prior to age 65.

An additional program, the **Business Overhead Expense Disability Plan,** provides a means of handling continuing expense obligations if you should become totally disabled by accident or sickness.

You are paid directly for covered office expenses, ranging from $300 to $2,000 a month. Benefits are payable after 30 days of continuous disability and begin retroactively from the first day of disability. They continue until disability has ended, up to a total of 24 months.

The **Group Accident Plan** offers benefits for loss resulting from accidental injury, sustained anywhere, on or off the job. The principal sum available for MSMA members and employees ranges from $25,000 to $150,000.

The principal sum will be paid for loss of life, loss of two or more members or total disability. The policy also provides for a monthly 1% of the principal sum to be paid for hospital confinements due to accidents.

Dr. Stelmach is selected

W. Jack Stelmach, M.D., of Kansas City, was selected president-elect of the American Academy of Family Physicians in October in Las Vegas, Nev. He will take office as president of the 39,000-member Academy at its annual meeting next year.

Dr. Stelmach is director of the Goppert Family Care Center at Baptist Memorial Hospital in Kansas City, a residency center for training family doctors. A graduate of the University of Kansas School of Medicine, Dr. Stelmach served as chairman of the Board of Directors last year and previously was chairman of the Education Commission.

Becky Hankins joins staff of MSMA

Becky Hankins has joined the staff of the Missouri State Medical Association as Director of Communications.

Becky, 25, received her B.A. in English and history from Cornell College in 1974 and her M.A. in journalism from the University of Missouri-Columbia in May, 1977.

Becky will handle publication of the MSMA News Round-up and public and press relations for the Association.

Extended comment period for Health Planning Guidelines

The comment period for the proposed National Guidelines for Health Planning has been extended from November 23 to December 9, 1977. The Guidelines would establish general health planning standards such as four short term hospital beds per 1,000 population and an average annual occupancy rate of 80 percent.

Specific guidelines would set minimum standards for use of obstetrical services, pediatric inpatient services, neonatal intensive care units, open heart surgery procedures, cardiac catheterization services, radiation therapy services, CAT scanner procedures and end stage renal disease services.

HEW cited "exceptional interest" and receipt of 10,000 comments as reasons for extending the comment period.

AMA provides speakers

The AMA Office of the General Counsel has undertaken a pilot project to provide attorney-speakers for medical societies and state-wide conferences. If interested in engaging such a speaker, contact Mr. William Smith, director of Membership Legal Affairs Department, American Medical Association, 535 North Dearborn St., Chicago, IL 60610.

The only cost is reimbursement of the speakers' travel expenses.

The available topics are:

The Parameters of Physician Advertising

Current Trends in Medical Malpractice Litigation

Legal Aspects of Hospital-Staff Relationships

The Business-Legal Affairs of Medical Organizations

Legal Aspects of Physician-Patient Relations

Current Anti-Trust Legislation

Attention, MSMA Members!

ADDENDUM to the 1977-1978 MEMBERSHIP ROSTER

Missouri Medicine regrets that the names of the following members of the Missouri State Medical Association as of June 1, 1977 were inadvertently omitted from the 1977-1978 MEMBERSHIP ROSTER issue which was published on Aug. 15, 1977.

These names are published on this insert for the convenience of all members and with the hope that you will remove the insert from this issue of the journal and attach it to your copy of the 1977-1978 Membership Roster issue.

Alphabetical Roster

(This alphabetical list of members includes the name and number of each member's county society.)

ALLEN, ARTHUR, AUSTIN	JACKSON	098
AMANAT, HABIBOLLAN,	ST. LOUIS CITY	190
ANDRUS, DON L,	BUTLER-WAYNE-RIPLEY-CARTER	034
ANSTEY, JOHN,	ST. LOUIS CITY	190
AQUINO, TOMAS,	ST. LOUIS CITY	190
BAILEY, HUGH, R,	JACKSON	098
BIDWELL, JO, JEANNE,	JACKSON	098
BONACORSI, JOHN,	ST. LOUIS CITY	190
BURKHART, EDWARD, F,	ST. LOUIS CITY	190
CAPAPAS-WAXELMAN, LENA, R,	ST. LOUIS COUNTY	194
CHAPMAN, CHARLES, LARRY,	BOONE	026
CLEVER, VICTOR, G,	ST. LOUIS COUNTY	194
COLLINS, HAROLD	ST. LOUIS CITY	190
COLLINS, ISABELLA, S,	ST. LOUIS CITY	190
CONGER, WILLIAM, REECE,	BUTLER-WAYNE-RIPLEY-CARTER	034
CSAKI, BELA,	CLAY	050
DEBNAM, JAMES, WALTON,	ST. LOUIS COUNTY	194
DESTOUET, JUDY,	ST. LOUIS CITY	190
DEXHEIMER, FRANK, R,	BOONE	026
DUNCAN, ROLIN, BERNELL,	BUTLER-WAYNE-RIPLEY-CARTER	034
FORGUE, DONALD, R,	JACKSON	098
GARAS, GAMAL,	ST. LOUIS CITY	190
GUKHOOL, PREMLALL,	ST. LOUIS CITY	190
HAMILTON, THOMAS, R,	ST. LOUIS CITY	190
HENRICKSON, W, E,	BUTLER-WAYNE-RIPLEY-CARTER	034
KAZA, RAMARAO,	ST. LOUIS CITY	190
KENNEY, JOHN, DONALD,	ST. LOUIS COUNTY	194
KESSEL, JAMES, W,	ST. LOUIS CITY	190
KIM, YONG, WON,	CAPE GIRARDEAU	042
KOEHLER, ROBERT, E,	ST. LOUIS CITY	190
KWOUN, SOUNG,	BUTLER-WAYNE-RIPLEY-CARTER	034
LASETER, MICHAEL,	BUTLER-WAYNE-RIPLEY-CARTER	034
LEU, FEI, TUNG,	ST. LOUIS CITY	190
LIEBHABER, HARVEY,	ST. LOUIS COUNTY	194
LU, FANG, TSE,	ST. LOUIS CITY	190
LUETJE, CHARLES, MARION,	JACKSON	098
MARGOLIS, DAVID, M,	ST. LOUIS CITY	190
MARTIN, CATALINO, V,	JACKSON	098
McFADDEN, MICHAEL, R,	ST. LOUIS CITY	190
McINTOSH, MICHELE, COCKERELL,	JACKSON	098
McPHEE, WM, R,	CLAY	050
MEYER, WAYNE, W,	ST. LOUIS CITY	190
MIKOLAJCZAK, JAMES,	ST. LOUIS COUNTY	194
MILLER, GERALD, LEE, JR,	JACKSON	098
MIR, ABDUL, RAUF,	JACKSON	098
MOORE, MICHAEL, TED,	WEST CENTRAL	214
NACHTER, RONALD, MAURICE,	GREENE	082
NOVACK, MARK, A,	ST. LOUIS COUNTY	194
PALMER, RUSSELL, H,	MARION-RALLS-SHELBY	130
PAYNE, JOSEPH, R,	JACKSON	098
PIMENTAL, MAURICIO, F,	ST. LOUIS COUNTY	194
RAMOS, ROCHE, P,	JACKSON	098
RAO, S, N,	ST. LOUIS COUNTY	194
REED, LESLIE, G,	ST. LOUIS COUNTY	194
REITER, FEDERICO, B,	ST. LOUIS COUNTY	194
RING, EDWARD, M,	ST. LOUIS COUNTY	194
ROBBINS, PHILIP,	ST. LOUIS CITY	190
SAMET, JOHN,	ST. LOUIS CITY	190
SCHAFERMEYER, ROBERT, W,	JACKSON	098
SHAH, HANSA, J,	ST. LOUIS CITY	190
SHAW, RICHARD, C,	ST. LOUIS CITY	190
SMITH, THOMAS, H,	JACKSON	098
SOPORI, UMA, DEVI,	ST. LOUIS CITY	190
SUVAN, R,	BUTLER-WAYNE-RIPLEY-CARTER	034
VERNIER, EDWARD,	ST. LOUIS CITY	190
VERZOLA, EUFENIO, G,	JEFFERSON	106
VITALE, STEPHEN, J,	ST. LOUIS COUNTY	194

THE COUNTY SOCIETY ROSTER FOR THESE MEMBERS APPEARS ON THE OTHER SIDE OF THIS PAGE.

(Please tear out this page and insert it in your personal copy of the 1977-1978 Roster of members.)

County Society Roster

Following are the names of members of the Missouri State Medical Association [as of June 1, 1977] which were not included in the 1977-1978 issue of MISSOURI MEDICINE as published on Aug. 15, 1977. The primary specialty appears after the member's name and address. County societies are listed in alphabetical order.

026—BOONE

CHAPMAN, CHARLES, LARRY, IM
401 KEENE
COLUMBIA 65201

DEXHEIMER, FRANK, R, GS
909 UNIVERSITY AVE
COLUMBIA 65201

034—BUTLER-WAYNE-RIPLEY-CARTER

ANDRUS, DON, L, GS
VA HOSPITAL
POPLAR BLUFF 63901

CONGER, WILLIAM, REECE, FP
KNEIBERT CLINIC
666 LESTER
POPLAR BLUFF 63901

DUNCAN, ROLIN, BERNELL, FP
666 LESTER
POPLAR BLUFF 63901

HENRICKSON, W, E, FP
HENRICKSON CLINIC
POPLAR BLUFF 63901

KWOUN, SOUNG, GS
217 OAK
POPLAR BLUFF 63901

LASETER, MICHAEL, IM
KNEIBERT CLINIC
POPLAR BLUFF 63901

SUVAN, R, PD
107 OAK
POPLAR BLUFF 63901

042—CAPE GIRARDEAU

KIM, YONG, WON, P
ST. FRANCIS MEDICAL CENTER
CAPE GIRARDEAU 63701

050—CLAY

CSAKI, BELA, US
WESTOWNE IV
SUITE 205
LIBERTY 64068

McPHEE, WM, R, PTH
1205 W 76TH ST
KANSAS CITY 64114

082—GREENE

NACHTER, RONALD, MAURICE, PTH
DEPT PATHOLOGY
COX MEDICAL CENTER
1423 N JEFFERSON
SPRINGFIELD 65801

098—JACKSON

ALLEN, ARTHUR, AUSTIN, II, N
751 E 63RD ST
KANSAS CITY 64110

BAILEY, HUGH, R, D
4320 WORNALL RD
KANSAS CITY 64111

BIDWELL, JO, JEANNE, P
4320 WORNALL
KANSAS CITY 64111

FORGUE, DONALD, R, PD
CHILDRENS MERCY HOSP
24TH & GILLHAM RD
KANSAS CITY 64108

LUETJE, CHARLES, MARION, OTO
105 PENN PARK MEDICAL CTR
2929 BALTIMORE SUITE 105
KANSAS CITY 64108

MARTIN, CATALINO, V, AN
ST MARYS HOSPITAL
101 MEMORIAL DR
KANSAS CITY 64108

McINTOSH, MICHELE, COCKERELL, PD
11200 WINNER RD
INDEPENDENCE 64052

MILLER, GERALD, LEE, JR, OBG
2929 BALTIMORE
SUITE 200
KANSAS CITY 64108

MIR, ABDUL, RAUF, IM
1734 E 63RD ST
KANSAS CITY 64110

PAYNE, JOSEPH, R, EM
TRINITY LUTHERAN HOSP
31ST AND WYANDOTTE ST
KANSAS CITY 64108

RAMOS, ROCHE, P, PTH
KC COLLEGE OF OST MED CHS
2105 INDEPENDENCE BLVD
KANSAS CITY 64124

SCHAFERMEYER, ROBERT, W, GP
CHILDRENS MERCY HOSPITAL
24TH & GILLHAM RD
KANSAS CITY 64108

SMITH, THOMAS, H, R
CHILDRENS MERCY HOSPITAL
24TH & GILLHAM RD
KANSAS CITY 64108

106—JEFFERSON

VERZOLA, EUFEMIO, G, GS
11 MAIN ST
HERCULANEUM 63048

130—MARION-RALLS-SHELBY

PALMER, RUSSELL, H, GP
706 S DICKERSON
PALMYRA 63461

190—ST. LOUIS CITY

AMANAT, HABIBOLLAN, EM
ST LUKES HOSPITAL
232 STN WOODSMILL
CHESTERFIELD 63017

ANSTEY, JOHN, OBG
615 S NEW BALLAS
ST LOUIS 63141

AQUINO, TOMAS, PTH
615 S NEW BALLAS RD
ST LOUIS 63141

BONACORSI, JOHN, OTO
1325 SOUTH GRAND
ST LOUIS 63104

BURKHART, EDWARD, F, D
621 S NEW BALLAS RD
ST LOUIS 63141

COLLINS, HAROLD, TS
1716 KEMNMONT RD
ST LOUIS 63124

COLLINS, ISABELLA, S, US
1716 KEMNMONT RD
ST LOUIS 63124

DESTOUET, JUDY, US
4989 BARNES HOSP PLAZA
ST LOUIS 63110

GARAS, GAMAL, AN
2109 CEDAR ROYAL DR
ST LOUIS 63131

GUKHOOL, PREMLALL, DR
510 S KINGSHIGHWAY
ST LOUIS 63110

HAMILTON, THOMAS, R, ID
2205 E 5TH ST
DULUTH MN 55812

KAZA, RAMARAO, U
2601 N WHITTIER
ST LOUIS 63113

KESSEL, JAMES, W, OBG
BARNES HOSP
BARNES HOSP PLAZA
ST LOUIS 63110

KOEHLER, ROBERT, E, DR
510 S KINGSHIGHWAY
ST LOUIS 63110

LEU, FEI, TUNG, PD
500 S KINGSHIGHWAY
ST LOUIS 63110

LU, FANG, TSE, GP
12858 SOMERTON RIDGE DR
ST LOUIS 63141

MARGOLIS, DAVID, M, GE
BARNES HOSP
ST LOUIS 63110

McFADDEN, MICHAEL, R, U
ST LOUIS UNIV HOSP
1325 S GRAND
ST LOUIS 63104

MEYER, WAYNE, W, GS
1207 PINYON DR APT 7
MANCHESTER 63011

ROBBINS, PHILIP, CRS
621 S NEW BALLAS RD
ST LOUIS 63141

SAMET, JOHN, IM
950 FRANCIS PL
ST LOUIS 63105

SHAH, HANSA, J, PTH
DE PAUL HOSP
2415 N KINGSHIGHWAY
ST LOUIS 63113

SHAW, RICHARD, C, TS
216 S KINGSHIGHWAY
ST LOUIS 63110

SOPORI, UMA, DEVI, PTH
5400 ARSENAL
ST LOUIS 63139

VERNIER, EDWARD, OBG
615 S NEW BALLAS
ST LOUIS 63141

194—ST. LOUIS COUNTY

CAPAPAS-WAXELMAN, LENA, R, IM
777 SOUTH NEW BALLAS RD
ST LOUIS 63141

CLEVER, VICTOR, G, OPH
10007 KENNERLY RD
ST LOUIS 63128

DEBNAM, JAMES, WALTON, R
391 MADEWOOD LA
CHESTERFIELD 63017

KENNEY, JOHN, DONALD, AN
10004 KENNERLY RD
SUITE 140
ST LOUIS 63128

LIEBHABER, HARVEY, OS
216 S KINGSHIGHWAY
ST LOUIS 63110

MIKOLAJCZAK, JAMES, US
#255 10004 KENNERLY
ST LOUIS 63128

NOVACK, MARK, A, IM
141 N MERAMEC
CLAYTON 63105

PIMENTEL, MAURICIO, F, GP
VA HOSPITAL
915 NO GRAND
ST LOUIS 63125

RAO, S, N, P
10822 ST CHARLES ROCK RD
ST ANN 63074

REED, LESLIE, G, US
VA HOSPITAL
170—J C
ST LOUIS 63125

REITER, FEDERICO, B, DR
11155 DUNN RD
ST LOUIS 63136

RING, EDWARD, M, TS
522 NEW BALLAS RD
ST LOUIS 63141

VITALE, STEPHEN, J, D
999 INDEPENDENCE DR
DAYTON OH 45429

214—WEST CENTRAL

MOORE, MICHAEL, TED, R
122 W WALNUT
NEVADA 64772

The Council Reports

Meeting of Nov. 2, 1977
Howard Johnson's, Springfield

Andrew McCanse, M.D., Kansas City, Chairman, called the meeting to order. Those present were Drs. McCanse; Howard J. McAlhany, Springfield; John N. Martin, St. Joseph; John I. Matthews, Jefferson City; James Stokes, St. Louis; Max S. Franklin, St. Louis; Stanley S. Peterson, Springfield; Richard C. Hedges, N. Kansas City; John Walterscheid, Hannibal; Richard V. Bradley, St. Louis; Louis P. Hetlage, Troy; H. Peter Ekern, Mexico; Roy W. Pearse, Nevada; Walter German, Springfield; Claude W. Cooper, Thayer; Eugene T. Hansbrough, Poplar Bluff; Gary Dyer, St. Joseph; Richard Fallon, St. Louis; Frederick Peterson, St. Louis County; Mary McCaffree, Jefferson City; R. John Torontow, Nevada; I. H. Clark, Kansas City; Marvin Singleton, Joplin; Jack Wiles, West Plains; George Ladyman, Poplar Bluff; Edwin K. Burford, Cape Girardeau; Lily Ann Hanes, St. Louis; Hubert A. Ritter, St. Louis; James Sisk, St. Louis; Lawrence W. O'Neal, St. Louis; Robert A. Slickman, Kansas City; Rae W. Froelich, Lebanon; George Hawkins, St. Louis; H. B. Ivy, Springfield; Clement B. Grebel, St. Louis; William C. Allen, Columbia; Thomas J. Cooper, St. Louis; Messrs. Edward Hirsch, St. Joseph; James E. Thompson, Springfield; Royal O. Cooper, C. C. Swarens, Ron Ellison, Don Wilson, John Kuebler and Becky Hankins, Staff.

Chairman McCanse opened the meeting by calling for approval of the Minutes of the September 10 Council Meeting. On motion, duly seconded, the minutes were approved as distributed.

Dr. McCanse introduced the newest member of the MSMA Staff, Becky Hankins, who was recently hired as Director of Communications.

PRESIDENT'S REMARKS

Dr. McAlhany indicated that he did not have any particular remarks concerning the upcoming Interim Session. However, he did state that he felt a membership recruitment drive could be beneficial to both the MSMA and the AMA.

Mr. Cooper stated that there are a large number of physicians in the state of Missouri who do not belong to the county or state associations and these names are available to us. He proposed that a membership kit be developed which would contain materials describing the activities and benefits of both the MSMA and the AMA. The larger component societies might wish to add information regarding their local society. This kit would contain a membership application. The local component societies would distribute these kits. On motion, duly seconded, the Council approved the formation of a membership recruitment program.

SPEAKER'S REMARKS

Dr. Burford said that a number of questions pertaining to the mechanism of operation of the Interim Session have arisen and are not addressed in the Bylaws due to the newness of this particular session. The Speaker indicated that he made interpretations regarding several aspects of operations of the House and brought the Council up-to-date on these interpretations which include (1) late resolutions, (2) resolutions dealing with bylaw changes and (3) credentials of delegates and alternates. He said these would again be spelled out at the opening session of the House of Delegates.

Discussion followed regarding the length of the Interim Session and whether the present two-day format is sufficient to cover all matters presented. Dr. Burford stated that the Interim Session is too new a concept to determine at this time whether the format is satisfactory. However, he did state that the Council does set the time and dates of the Interim Sessions.

REPORT OF COMMISSION ON PUBLIC AFFAIRS

Dr. Hetlage reported that a meeting of the Commission on Public Affairs was recently held and Resolution #6 from the 1976 Annual Session was discussed. This resolution called for a study of the feasibility of inviting medical students to the Annual Session. The Commission recommends that a program be established to invite medical students to the MSMA Annual Session and that the Council should decide on the number of students and the final arrangements for funding for the program.

The Commission discussed the possible establishment of a public information and relations campaign for the Association. The Commission will introduce a resolution at the Interim Session that would instruct the MSMA Council to engage services of an outside firm to survey and analyze public opinion in regard to the medical profession.

The Commission also discussed the AMA's "Speaker's Training Program" and recommended to the Council that such a program be held for MSMA members as soon as it can be scheduled.

The Commission members were invited to attend the Meeting of Component Medical Society Representatives which immediately followed the adjournment of the Commission meeting.

Following a brief discussion, on motion duly seconded, the report of the Commission on Public Affairs was accepted by the Council.

MEETING OF COMPONENT MEDICAL SOCIETY REPRESENTATIVES

Mr. Swarens reported that 23 physicians representing 16 component medical societies attended the Third Annual Meeting of Component Medical Society Representatives. Dr. McAlhany spoke to the group regarding his "MSMA Action Plan" and the representatives expressed general favor of implementing the plan. Dr. Clark explained the "Proposal for a Physician-Owned Professional Liability Insurance Company." Those subjects which drew considerable discussion at the meeting were Physicians Assistants; PSRO; Public Education—The representatives recommended that component societies reestablish or revitalize their "Speakers' Bureaus" to enable physicians to address public bodies and that MSMA supply these with information relating to the cost of medical care. The Committee further recommended that the MSMA Commission on Medical Economics study and devise methods of correcting overutilization of medical care.

Discussions were also held regarding the following:

Medicare-Medicaid—It was the consensus that the Association stay in close contact with officials of Medicare-Medicaid and that the program be monitored for possible improvements.

AMA—The group recommended that staff study the feasibility of sending AMA material to non-AMA members to encourage their membership.

Continuing Medical Education—The Association's CME program received praise.

Reapportionment of MSMA House of Delegates—Noted action would be taken by the House at the Interim Session.

Health System Agencies—It was suggested that the one method of increasing physician representation is for physicians to become actively involved in "Sub-Area Councils."

"911" Emergency Number—Representatives were in favor of establishing "911" as a statewide emergency telephone number. It was suggested that perhaps the Auxiliary to the MSMA might want to pursue "911" as a project this coming year.

Universal Insurance Forms—The representatives requested that the Commission on Medical Economics look into the feasibility of establishing a single code that could be used on all insurance forms.

It was agreed by those present that the meeting of component medical society representatives be continued on an annual basis and that the meeting days be changed to Saturday and Sunday and be held during September or October.

Dr. Hetlage stated that he felt this was a very worthwhile and impressive meeting. He said that some individuals present felt that their recommendations were not being carried out. However, it was pointed out that not all things that are recommended will be implemented.

After a brief discussion, motion was made, seconded and carried that the report of the Meeting of Component Medical Society Representatives be accepted.

CERTIFICATE OF NEED

Dr. Matthews explained that Certificate of Need legislation will again be introduced and that it is getting more difficult each session to prevent passage of this type of legislation. He expects some type of CON bill to be adopted this session.

Following lengthy discussion, Dr. Matthews asked for permission to express the Association's "qualified" support for CON legislation as embodied in last year's SB #231 with an amendment exempting physicians' offices from the bill.

On motion, duly seconded, the Council agreed that MSMA insist that physicians not be included in the bill and otherwise endorse it.

RESOLUTION #5 ADOPTED BY HOUSE OF DELEGATES AT 1977 ANNUAL SESSION

Resolution #5 adopted by the House of Delegates at the 1977 Annual Session was discussed. This regarded spending funds from the Missouri State Medical Insurance company relegated for medical liability defense to obtain suitable legal counsel to perform the basic legal research necessary for the successful pursuit of counterclaims in medical liability cases. Dr. George Hawkins discussed this and the legal opinions obtained from MSMA counsel and another outside legal opinion with the Council.

Dr. Hawkins agreed with the opinions rendered concerning the countersuit situation in Missouri. He mentioned that it would be much more effective and worthwhile at this time to direct MSMA efforts towards the high awards being handed down in Missouri rather than pursue additional legal research concerning countersuits.

POSSIBLE MERGER OF ST. LOUIS MEDICAL AND COUNTY

Dr. Hetlage indicated that active work is being done regarding the possible merger of the St. Louis Medical Society and the St. Louis County Medical Society and asked that the Council place the matter of what implications this merger might have in the hands of the Committee on Constitution and Bylaws. He called special attention to the implications regarding Councilors in this possible merger.

NEXT COUNCIL MEETING

The next meeting of the Council will be held on Friday and Saturday, Dec. 16 and 17, 1977 at the Hilton Inn in Columbia. The Budget Committee will meet on Friday, December 16, at 1 PM; Executive Session of the Council at 5 PM; and Council convenes at 9 AM, Saturday, December 17.

History of Cancer

(Continued from page 664)

11. Haagensen, C. D. and Lloyd, W. E. B.: A Hundred Years of Medicine, Chap. 22. New York, Sheridan House, 1943, pp. 223-227.

12. Morton, L. T.: A Medical Bibliography: An Annotated Check-list of Texts Illustrating the History of Medicine, 3rd Ed. Philadelphia, J. B. Lippincott Co., 1970, pp. 310-318 (70 references on tumors).

13. Shimkin, M. B.: As Memory Serves—An Informal History of the National Cancer Institute, 1937-1957. J. Natl. Cancer Inst. 59:559-600, 1977 (214 references).

14. Thorwald, J.: Science and the Secrets of Early Medicine, Chap. 3. New York, Harcourt, Brace, and World, Inc., 1962, pp. 47-60.

15. Triolo, V. A.: Nineteenth Century Foundations of Cancer Research: Advances in Tumor Pathology, Nomenclature, and Theories of Oncogenesis. Cancer Res. 25:75-106, 1965 (480 references).

NESTOR R. CANOY, M.D., ***Columbia***

The Judgment Seat

More than half of the money used in the treatment of cancer in this country is spent in palliative treatment. A cancer patient is deemed incurable, but his survival can be prolonged or his quality of life can be improved by certain surgical procedures or by radiation therapy or chemotherapy. With the expense involved and the bed shortage in the acute care hospital where such facilities are available for palliation, the physician has the painful task of being the judge as to whether the effort is worthwhile. This is especially true in radiation therapy where palliative efforts mean a two- to four-week stay in the hospital added to the expense of radiation treatments. The following two cases point out some of the pros and cons of an all-out palliative effort in patients with advanced cancer.

A 68-year-old white male patient had a colon operation for cancer of the lower colon and rectum in 1972. He developed a mass in the lower abdomen in 1975 and the biopsy showed a recurrent cancer. He was treated with chemotherapy for ten months without any benefit. By the time he was seen in Ellis Fischel, he had a large, foul-smelling abscess which communicated with the urinary bladder. As a consequence, he was leaking urine through the abscess. He was also leaking urine through the rectum, which indicated that this recurrent cancer in the pelvis had eroded into the rectum and bladder as well. He was treated with telecobalt 60 and did very poorly during the radiation administration. However, he completed the prescribed dose and was sent to the nursing home as a terminal patient. He was not seen in follow up until three months later when he returned to the hospital. He was ambulatory with the abscess completely healed and with normal urination and defecation. He is alive and well one year and four months after radiation therapy.

A 58-year-old-white male patient was a heavy cigarette smoker for the previous 23 years. He consulted his physician about an increasing cigarette cough and moderate difficulty in swallowing. On complete examination, including special x-ray procedures and an endoscopic examination, he was found to have a cancer of the lung which had grown into his esophagus. It was the consensus that he would benefit from radiation therapy. He underwent a series of treatments for three weeks and, like the first patient, did very poorly. He had almost completed the prescribed dose when he developed an aspiration pneumonia and died.

In the first case, many felt that the patient would not benefit from palliative radiation therapy. In the second case, it was the popular opinion that this patient had a good chance of being relieved of his symptomatic problems with radiation therapy.

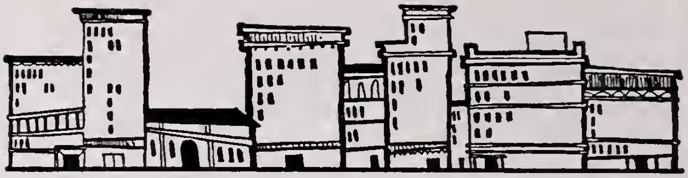
Dr. Canoy is Director of the Department of Radiation Therapy at Ellis Fischel State Cancer Hospital. The experience he reports in this article should encourage physicians in treating the patient with a difficult medical problem.

Cancer is a very expensive disease. Is it worthwhile treating a cancer patient whose life expectancy is predicted in months? Some of the patients with breast cancer may live with extensive disease from months to years and, during the period of their existence, they are in and out of the hospital for diagnostic tests and several series of treatments for one recurrence after another. Some of these tests are expensive and their necessity has been questioned on several occasions. Yet, it is well known that an early diagnosis of an isolated recurrence and proper treatment of this recurrence may result in better control and longer survival. Has the physician the right to tell the patient or his relatives that there is no sense in going to all these efforts and expense? Could life be equated in terms of money or hospital bed availability? The venerable, renowned surgeon, Dr. Wangensteen, defined life as the happy extension of death.

In 1974 in Springfield, Mo., I met the wife of a patient with cancer of the tongue who was treated in Ellis Fischel in 1973. I was surprised when she told me that her husband had died. I thought that he had a good response from the radiation treatments. She informed me that he did not die of his cancer. He was run over by an army truck.

"What is your life? For ye are a vapour that appeareth for a little time and then vanisheth away," *The Epistle of James 4:14.* "When I consider the heavens, the work of thy fingers, the moon and stars which thou hast ordained; what is man that thou art mindful of him? For thou hast made him a little lower than the angels and crownest him with glory and honor," *Psalms 8:3-5.*

From the Medical Schools



SAINT LOUIS UNIVERSITY

Cancer researchers at the Institute for Molecular Virology at the Medical Center have been awarded $1.5 million by the National Cancer Institute to investigate the role of common human viruses in cancer.

Dr. Green

Principal investigators for the cancer project are *Maurice Green,* Ph.D., professor and director of the Institute for Molecular Virology; *William S. M. Wold,* Ph.D., assistant professor of molecular virology; and *Jesse K. Mackey, Jr.,* Ph.D., assistant research professor of molecular virology.

More than $250,000 for a three-year research grant to investigate vitamin K and its role in controlling blood coagulation has been awarded by the National Institute of Health to *Robert E. Olson,* M.D., Ph.D., professor and chairman, Edward A. Doisy Department of Biochemistry, and professor of Internal Medicine. Dr. Olson's laboratory research may lead to important discoveries of new anticoagulant drugs for the treatment of heart disease.

Dr. Olson

Eminent cancer researchers from four universities and the National Cancer Institute will present different aspects of cancer research during a six-part "Basic Science Cancer Colloquia" sponsored by the St. Louis University Medical Center on the second Wednesday of each month, through May 10, 1978.

The Collaquia has been established, under the direction of *Eli M. Nadel,* M.D., assistant vice president for Medical Center Research and Cancer Program Coordinator, through a $300,000 clinical cancer education grant awarded by the National Cancer Institute.

J. Lester Zeffren, M.D., associate clinical professor of Internal Medicine, has been elected president of the St. Louis University Hospitals medical and dental staff. He succeeds *Paul E. Stohr,* M.D., assistant clinical professor of surgery. Other newly elected officers are vice-president, *R. William Burmeister,* M.D., assistant professor of internal medicine and microbiology, and secretary-treasurer, *Ronald J. Auclair,* M.D., assistant clinical professor of internal medicine.

G. Chinnadurai, Ph.D., assistant professor of molecular virology, has been awarded a two-year cancer research grant for $50,000 by the National Science Foundation to study the process of cancer induced by virus in animals and humans.

Michael B. Laskowski, Ph.D., assistant professor of physiology, has been awarded a three-year research grant for more than $40,000 by the Muscular Dystrophy Association to continue a study of the progressive wasting of muscle tissue in individuals with genetic muscular dystrophy.

WASHINGTON UNIVERSITY

Donald C. Shreffler, Ph.D., has been named James S. McDonnell Professor and Head of the McDonnell Department of Genetics at the School of Medicine. Dr. Shreffler has served as acting head since the formation of the department.

The Department of Genetics was established in 1975 with a gift of $4 million from James S. McDonnell and family and is located in the McDonnell Medical Science Building in the Medical Center. It is primarily a basic science department engaged in research and teaching.

Dr. Shreffler is a specialist in the genetics of the immunologic system and in the genetic basis for organ and tissue transplant rejections.

A native of Kankakee, Ill., Dr. Shreffler holds undergraduate and master's degrees from the University of Illinois and his Ph.D. in genetics from the California Institute of Technology. Associated with the University of Michigan Medical School from 1961 to 1975, he also was a National Science Foundation Research Fellow at the Basel Institute for Immunology, Switzerland.

Thomas B. Ferguson, M.D., professor of clinical cardiothoracic surgery, has recently been elected chairman of the American Board of Thoracic Surgery. This 15-member board is responsible for certification of surgeons in the specialty of thoracic and cardiac surgery after completion of seven years of postdoctorate residency training.

Paul Lacy, M.D., Edward Mallinckrodt Professor and Head of the Department of Pathology, has received an Honorary Doctor Degree from Uppsala University in Uppsala, Sweden, Scandinavia's oldest and foremost university. He received the honorary degree in honor of his achievements in the field of pathology and his many contributions to the medical profession.

Dr. Lacy joined the faculty of the School of Medicine in 1956 as an instructor of pathology. He was named to his current position in 1961.

UNIVERSITY OF MISSOURI-COLUMBIA

Six members of the graduating class of 1927 (B.S. in Medicine) returned for the M.D. Day weekend and a 50-year reunion on November 4-5. They included *Drs. Florian Harms*, Salisbury; *Lois Wyatt*, Kirkwood; *Doyle McCraw*, Bolivar; *Shelby Hughes*, Clinton; *Owen Craig*, St. Joseph; and *Oscar Damron*, Warrensburg. They received a standing ovation at the alumni banquet from their 250 fellow physicians who returned to Columbia for the event.

Dr. Larry Millikan, associate professor of medicine (dermatology), has been installed as president of the Boone County Medical Society. Dr. Millikan was graduated from the University of Missouri School of Medicine in 1962 and took his residency training at the University of Michigan before returning to UMC as a faculty member.

Dr. Wellington B. Stewart, professor of pathology, was honored at a recognition award ceremony at the joint fall meeting of the American Society of Clinical Pathologists and the College of American Pathologists. Dr. Stewart served as chairman of the Board of Registry in 1964-1967 and as Commissioner in 1967-1972.

A textbook on "Pediatric Radiology" by *Alan E. Oestreich*, M.D., associate professor of radiology and child health, was published in October by the Medical Examination Publishing Co., Flushing, N. Y. The text is a thorough and fully-illustrated outline of radiology relevant to the care of the child. The volume is organized with body systems as tracts to emphasize the application of tract abnormalities in the understanding of pediatric diseases.

Dr. James O. Davis, chairman of the Department of Physiology, is one of the editors of a new book, "Hypertension: Mechanisms, Diagnosis and Management," which was published by the HP Publishing Co., Inc. Co-editors are *John H. Laragh*, M.D., master professor of medicine and director of the cardiovascular center at New York Hospital and Cornell Medical Center, and *Amy Selwyn*, senior editor of *Hospital Practice*.

Dr. Davis also is one of the contributors to the book with a chapter on the control of renin release. He is internationally recognized for his research in hypertension, cited particularly for his proof of the involvement of the kidney in the production of aldosterone, a salt-retaining hormone.

UNIVERSITY OF MISSOURI-KANSAS CITY

The School of Medicine hosted a symposium on the subject of the six-year baccalaureate-doctor of medicine degree program on December 2-3. Students, faculty and administrators from 11 medical schools which admit students directly from high school participated in the discussions.

The initial session on December 2 featured a keynote address by *Vernon E. Wilson*, M.D., vice-chancellor for medical affairs at Vanderbilt University School of Medicine. Dr. Wilson formerly was vice-president for academic affairs at the University of Missouri-Columbia and was administrator for the Health Services and Mental Health Administration of the National Institutes of Health.

Dr. Wilson's address was followed by concurrent sessions; one presented an overview of four different combined BA/MD programs and the other reported the results of research on student selection, student socialization and student evaluation.

Carleton B. Chapman, M.D., president of The Commonwealth Fund, spoke at the banquet.

On December 3, research studies describing the graduates of Northwestern University's six-year program, of the Jefferson/Penn State's combined-accelerated program and of UMKC were reported. The students' point of view was heard in a panel presentation.

Small group discussions on both days focused on a variety of topics including selection of students, the interface with Arts and Sciences, curriculum innovations, attrition, evaluation of student performance and methodology of instruction.

In addition to the University of Missouri-Kansas City, the ten schools of medicine which participated in the Symposium were Boston University, Brown University, the University of California-Riverside/-UCLA, the City College of New York, Hahnemann Medical College, Jefferson Medical College, the University of Michigan, Northeastern University's School of Medicine, Northwestern University and the Medical College of Pennsylvania.

The Symposium provided a forum in which those interested in the combined liberal arts-health sciences program could communicate, exchange experiences and report research underway.

Continuing Education Coming Events

The continuing medical education accreditation program of the MSMA has full approval by AMA's Council on Medical Education. The institutions and functions listed here qualify for Category I credit for the AMA Physician's Recognition Award. All accredited institutions in Missouri are invited to send this information for listing in Missouri Medicine. *Please remember to include name of individual who can be contacted at your institution for additional information about your CME events.*

Ed Bixby Institute for Postgraduate Education
Research Medical Center
2316 E. Meyer Blvd.
Kansas City 64132
(816) 276-4167

(1978)	
Feb. 1	Gynecology and Female Urology
Apr. 5	Hematology
June 2	Drug Actions and Interactions
Aug. 2	Anxiety, Depression and Psychosexual Problems

University of Missouri-Columbia
M-175 Medical Center, Columbia 65201
(314) 882-2256
Contact: William Bradshaw, M.D., Director

(1978)	
Feb. 7-8	The Professional and Community Role of the Physician in Alcohol Abuse
Feb. 22-23	Dynamic Dietetics for Dedicated Diligent Doctors
Mar. 8-9	Preceptor's Day
Mar. 22-23	Common Problems in Cardiology
Apr. 6-7	24th Annual Urology Seminar (Kansas City)
Apr. 25	Pediatrics Refresher Course—1978
Apr. 29	Annual Day of Clinical Radiology
May 2-3	Sports Medicine Conference
May 10	Stroke

American College of Physicians
Contact: Thomas W. Burns, M.D.
University of Missouri School of Medicine
Columbia 65201

(1978)	
Mar. 9-11	Missouri Regional Meeting (Breckenridge Pavilion Inn, St. Louis)

University of Missouri-Kansas City School of Medicine —Kansas City Southwest Clinical Society
Continuing Medical Education
2220 Holmes St., Kansas City 64108
(816) 471-3876
Contact: Alta Bingham

(1978)	
Jan. 22-27	Mid-Winter Traveling Medical Education Course (Steamboat Springs, Colo.)
Feb. 17-18	The Long Weekend—Immunology/Oncology
Feb. 19-25	Mid-Winter Traveling Medical Educational Course (Scottsdale, Ariz.)
Feb. 25-Mar. 4	Late-Winter Traveling Medical Educational Course (Maui, Hawaii)
April 6-8	Update for the Primary Care Physician
April 20-21	Surgical Techniques
May 4-6	Seminar: Update in Obstetrics and Gynecology
May 19-20	The Long Weekend—Cardiovascular Disease I and II
June 1-2	Symposium on Physical Fitness

Mercy-Baptist Eye Seminars
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis 63141
Contact: Richard B. Oglesby, M.D.

(1978)	
Apr. 2	Annual Spring Seminar—Highlights of Ophthalmology

American College of Obstetricians and Gynecologists
Contact: ACOG
One E. Wacker Dr., Chicago, Ill. 60601

(1978)	
Oct. 20-21	Workshop on Practice Productivity

Washington University School of Medicine
Continuing Medical Education
Box 8063, 660 S. Euclid Ave., St. Louis 63110
(314) 367-9673
***Contact:* Loretta Giacoletto**

(1978)	
Feb. 16-17	Current Topics in Pulmonary Disease
Mar. 2-3	Rheumatology for the Practicing Physician
Mar. 16-17	Current Topics in Infectious Diseases
Apr. 6-7	Venous and Arterial Thrombosis: Current Status of Diagnosis, Prevention and Therapy
Apr. 17-18	Hysteria in Children
May 18	Third Annual Symposium on Surgical Problems in Children
May 19-20	Neuromuscular Diseases

The Edward Mallinckrodt Institute of Radiology—
Washington University School of Medicine
510 S. Kingshighway, St. Louis 63110
(314) 454-2291
***Contact:* Ronald G. Evens, M.D.**

Dec. 12	New Techniques in Ultrasound
(1978)	
Jan. 9	Genitourinary Radiology
Feb. 13	Recent Advances in Cardiovascular Nuclear Medicine
Mar. 13	CT Scanning for Treatment Planning and Follow-up of Primary Brain Tumors
Apr. 10	Newer Aspects of Neuroradiology
May 8	Hematologic Bone Disease

'Alcoholism and Today's Teenagers' Studied at Fall Conference

"Alcoholism is the worst drug problem we have."

This was the message presented to members of the MSMA Auxiliary by Dr. David L. Ohlms and Rev. Bill Little who offered startling statistics when they discussed "Alcoholism and Today's Teenagers" at the Auxiliary's annual Fall Conference in Joplin on October 26-27.

The Jasper County Auxiliary, the hostess group, also arranged for a special seminar conducted by Dr. Ohlms and Reverend Little for school counselors and nurses, community leaders, social workers and other concerned individuals in the Joplin area.

Alcoholism is reaching epidemic proportions in Missouri, according to the speakers. In regard to teenagers, Dr. Ohlms reported that a survey made in a St. Louis suburb revealed that 70% of the seventh-grade students drink alcoholic beverages.

Dr. Ohlms and Reverend Little have served as a team on education on alcoholism under a grant from the Department of Health, Education and Welfare.

Dr. Ohlms is a psychiatrist at the Hyland Center for Alcoholism at St. Anthony's Medical Center in St. Louis and associate professor at the Social Science Institute, Washington University. He is serving as a member of the MSMA Ad Hoc Committee on Impaired Physicians.

Reverend Little, who is pastor of Christ Memorial Baptist Church in St. Louis, is a certified family counselor and has served on the staff at the Washington University Social Sciences Institute for four years.

Howard J. McAlhany, M.D., President of the Missouri State Medical Association, and John I. Matthews, M.D., Chairman of the MSMA Committee on Legislative Affairs, addressed the Auxiliary at the banquet on October 26.

Richardson K. Noback, M.D., dean of the University of Missouri-Kansas City School of Medicine, spoke at the Deans' Luncheon on October 27.

Mrs. W. Jack Stelmach, President of the MSMA Auxiliary, presided at the meeting. Mrs. C. A. Martin of Joplin served as chairwoman for the Fall Conference.

Mrs. W. Jack Stelmach of Kansas City, Auxiliary President, and Howard J. McAlhany, M.D., President of the MSMA, at the Auxiliary's 1977 Fall Conference in Joplin.

County Society News

FIRST DISTRICT

COUNCILOR
RICHARD C. HEDGES, M.D., ST. JOSEPH

Buchanan County Medical Society

The November 9 meeting of the Buchanan County Medical Society was held at the Pony Express Restaurant. A brief discussion session was held after the dinner.

The members then heard a presentation on the recently developed Smith Kline & French product, Tagamet brand of cimetidine, by Dr. G. Don Byrd of Dallas, Tex., regional representative of the pharmaceutical company. He was assisted by Dr. David Jarvis of St. Louis, who also is associated with Smith Kline & French.

President Richard O. Craig presided at the meeting which was attended by 40 physicians. Dr. Wallace McDonald, program chairman, introduced the speaker.

Charles N. Mullican, M.D., *Secretary*

Grand River Medical Society

The Grand River Medical Society met at the Chillicothe Country Club on November 10. Eleven Society members and 11 Auxiliary members attended the social hour and dinner.

Mrs. W. Jack Stelmach of Kansas City, President of the Auxiliary to the MSMA, was the guest of the Auxiliary. Other guests were Dr. Dale Vandiver, a former member of the Society, and Mrs. Vandiver.

The Auxiliary held its annual bake sale and raised $663.50 for the benefit of the AMA-ERF. The Society members considered this an outstanding achievement.

This meeting did not include a scientific or business session.

William L. Fair, M.D., *Secretary*

SECOND DISTRICT

COUNCILOR
JOHN H. WALTERSCHEID, M.D.,
HANNIBAL

Chariton-Macon-Monroe-Randolph County Medical Society

The Chariton-Macon-Monroe-Randolph County Medical Society held its regular monthly meeting on the evening of November 10 in the Library Conference Room at Woodland Hospital in Moberly.

Members in attendance were Drs. R. L. Bautista, W. D. Chute, L. E. Huber, C. H. Lin, H. T. Lin, Ruel Miciano, E. S. Lin, T. S. Fleming, J. Will Fleming and Antonio Aguilera, Moberly; F. S. Barnett, Paris; D. E. Eggleston, J. Campbell, D. S. Shin and Gretchen Collins, Macon; and Dr. D. D. Stuart, Brunswick. Dr. F. Conley and Dr. Michael Daly were guests.

The guest speaker was Dr. Richard Martin, professor of medicine and chief of cardiology at the University of Missouri-Columbia School of Medicine. He spoke on aorta-coronary bypass grafting and gave a detailed history of two patients. He also discussed in detail removal of ventricular aneurysms as has been done at the University.

Dr. Huber was in charge of the program. Dr. T. S. Fleming introduced Dr. Martin.

The meeting was adjourned at 9 PM.

G. R. Hudson, M.D., *Secretary*

Give now to your student loan fund!

Send A Generous Contribution To

MISSOURI STATE MEDICAL FOUNDATION

113 Madison, Jefferson City, Missouri 65101

When pain complicates acute cystitis*

Azo Gantanol®

Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl

for the pain for the pathogens

☐ **Early relief of painful symptoms** such as burning and pain associated with urgency and frequency.

*Nonobstructed; due to susceptible organisms

☐ **Effective control of susceptible pathogens** such as *E. coli, Klebsiella-Aerobacter, Staph. aureus, Proteus mirabilis* and, less frequently, *Proteus vulgaris.*

☐ **Appropriate antibacterial therapy:** up to three days therapy with Azo Gantanol, then 11 days with Gantanol® (sulfamethoxazole), 0.5 Gm tablets.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: In adults, urinary tract infections complicated by pain (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli, Klebsiella-Aerobacter, Staphylococcus aureus, Proteus mirabilis* and, less frequently, *Proteus vulgaris*) in the absence of obstructive uropathy or foreign bodies.

***Note:* Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides.** Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Children below age 12; sulfonamide hypersensitivity; pregnancy at term and during nursing period; because Azo Gantanol contains phenazopyridine hydrochloride it is contraindicated in glomerulonephritis, severe hepatitis, uremia, and pyelonephritis of pregnancy with G.I. disturbances.

Warnings: Safety during pregnancy not established. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, Stevens-Johnson syndrome, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *G.I. reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia. Cross-sensitivity with these agents may exist.

Dosage: Azo Gantanol is intended for the acute, painful phase of urinary tract infections. *Usual adult dosage:* 2 Gm (4 tabs) initially, then 1 Gm (2 tabs) B.I.D. for up to 3 days. If pain persists, causes other than infection should be sought. After relief of pain has been obtained, continued treatment with Gantanol (sulfamethoxazole) may be considered.

Note: Patients should be told that the orange-red dye (phenazopyridine HCl) will color the urine.

Supplied: Tablets, red, film-coated, each containing 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl—bottles of 100 and 500.

ROCHE

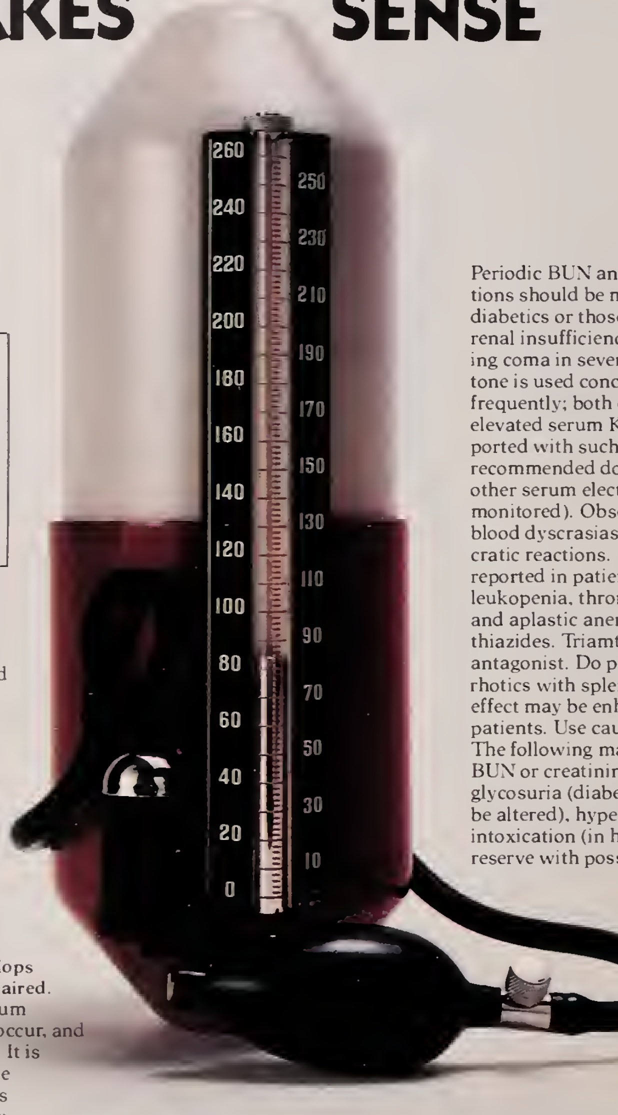
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

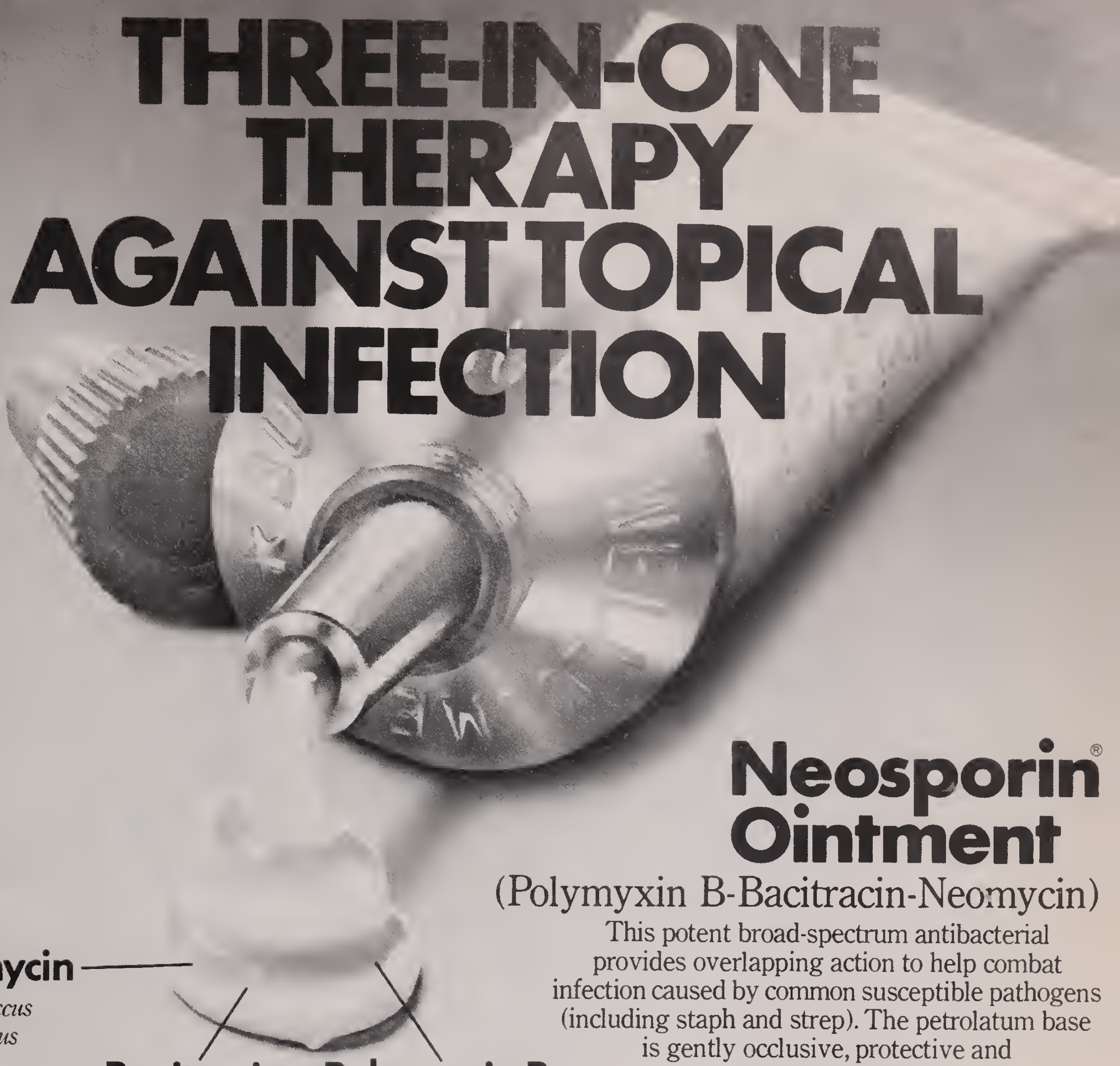
Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.*
SERUM K^+ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company


THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

Neomycin

Staphylococcus
Haemophilus
Klebsiella
Aerobacter
Escherichia
Proteus
Corynebacterium
Streptococcus
Pneumococcus

Bacitracin

Staphylococcus
Corynebacterium
Streptococcus
Pneumococcus

Polymyxin B

Pseudomonas
Haemophilus
Klebsiella
Aerobacter
Escherichia

In vitro overlapping antibacterial action of Neosporin® Ointment (polymyxin B-bacitracin-neomycin).

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

OLBY PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification at His Home Without Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26, 1920—[illegible] struggle for Wom-

Social Security Bill Is Signed; Gives Pensions to Aged, Joble

Roosevelt Approves Message Intended to Benefit 30,000 Persons When States Adopt Cooperating Laws–He Ca the Measure 'Cornerstone' of His Economic Program.

WASHINGTON, Aug. 14, 1 The Social Security Bill, prov a broad program of unemploy insurance and old age pens and counted upon to benefit 20,000,000 persons, became la day when it was signed by P dent Roosevelt in the presen those chiefly responsible for ting it through Congress.

Mr. Roosevelt cal [illegible] mea "the cornerstone [illegible] struc which is being [illegible] me s comple [illegible] ri to

COM

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent to

TRUMAN CLOSES TED NATIONS CONFEREN ITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

SIGNE

the Draft Ends Nov

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

Kefzol® I.M. /I.V.
cefazolin sodium

Ampoules, equivalent to 500 mg., 1 Gm., and 10 Gm. of cefazolin

Lilly
700773

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Volume 74, Number 12—December, 1977

Missouri Medicine

JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION

Copyright, 1977 by Missouri State Medical Association. All Rights Reserved.

CARL G. KARDINAL, M.D. *and*
MICHAEL C. PERRY, M.D., *Columbia*

Colorectal Cancer—1977

Although other cancers, such as breast or lung, receive more attention, colorectal carcinoma remains the most common solid tumor. During the next 12 months, nearly 101,000 individuals will develop this malignancy and more than half will eventually succumb to the disease.[1] Cure or, even better, prevention still eludes us, but recent progress gives physicians hope that a new era will soon be entered.

Within the last ten years, several new hypotheses have been advanced to explain the cause of colon cancers. Increased protein intake, increased sugar intake, increased fat intake, dietary fiber depletion or combinations of the above may be the etiologic explanation for variations in incidence of colonic cancer in different populations.[2, 3] It is unlikely that any *one* thing will be found to be the predisposing factor.

Nevertheless, several conditions are associated with an increased risk of developing cancer of the colon or rectum. The inherited gastrointestinal polyposis syndromes, such as Gardner's syndrome and familial colonic adenomatous polyposis, share a marked predisposition to colon cancer. This latter group has an incidence of at least 80% in untreated patients.[4] An increased likelihood of developing colon cancer has long been known to be a risk associated with ulcerative colitis and has recently been reported in Crohn's disease as well.[5, 6] The risk in children with ulcerative colitis is 20% per decade after the first ten years of disease. For Crohn's disease, the incidence is 20 times that of a control population.

Most authorities agree that villous (papillary) adenomas of the colon are likely to become malignant, but there is no consensus of opinion regarding the much more common adenomatous polyp. Some authors believe such polyps are capable of malignant transformation while others insist that they have never seen a remnant of an adenomatous polyp in a large bowel carcinoma.[4] Colonoscopy has somewhat simplified the debate, however, by simplifying removal of all polyps larger than 1 cm without requiring the patient to undergo a laparotomy.

Natural History

Colonic Lesions on Right Side Vs Left Side

The clinical presentation of colon cancer depends upon the site of the lesion. There is a definite difference, both clinically and pathogically, between lesions of the right or left colon and lesions of the rectum.[7] These differences may relate to differences in the embryologic development, structure and function of each side of the colon. The right colon is derived from the primitive midgut and the left colon from the hindgut. The function of the right colon is to absorb water and convert the predominately liquid fecal stream from the ileum to semi-solid feces. The left colon is a heavier, bulkier structure whose main function is the storage of fecal material prior to evacuation.

Colonic lesions on the right side tend to be polypoid and massive, but colonic lesions on the left side and rectal lesions tend to be infiltrative and

Although colorectal cancer remains a major problem in the United States, some progress is being made. It is now possible to define patient groups at high risk of developing the disease as well as patients with the disease who are at high risk of recurrence. The authors emphasize the need to document hepatic metastases with tissue and discuss the role of the carcinoembryonic antigen in patient follow-up. They recommend that while chemotherapy and radiation therapy are playing increasingly important roles, surgery remains the mainstay of therapy.

Dr. Kardinal is Director of Internal Medicine, Ellis Fischel State Cancer Hospital and Cancer Research Center. Dr. Perry is Consultant at the Cancer Hospital and Assistant Professor of Medicine, University of Missouri School of Medicine.

This investigation was supported in part by Clinical Cancer Education Program Grant CA-17946 from the National Cancer Institute, Department of Health, Education and Welfare.

constrictive. This difference results in different modes of presentation and symptoms (Table 1). Right colonic lesions usually present with abdominal pain or cramping. They also may present with anemia because of the slow oozing of blood from the tumor mass. Many patients with lesions on the right side have a palpable abdominal mass, but this is unusual in a lesion on the left side. Obstruction from a right-side colonic lesion is uncommon, but obstruction or partial obstruction from a left-side colonic lesion is not uncommon because of the infiltrative constrictive nature. Because of constriction of the lumen with left-side lesions, changes in bowel habits are a frequent symptom. Left-side lesions also bleed. Rectal lesions present with bleeding, change in the caliber of the stool, change in bowel habits and a sensation of incomplete evacuation.[7–9]

Risk Factors and Staging

The overall survival of all stages of colorectal carcinoma is only 25% to 30% at five years.[8–10] Therefore, 70% to 75% of all colorectal cancer patients die of their disease. The median survival period of patients who die of their disease is approximately two years. What are the prognostic factors in colorectal cancer? (Table 2) The most important risk factors are the degree of penetration through the bowel wall and the presence or absence of regional node metastases. Other risk factors include the degree of differentiation of the tumor, the presence or absence of venous or perineural invasion and the presence or absence of obstruction. The diameter of the tumor mass does not appear to be as critical a prognostic factor as the presence of regional node involvement.[11]

Other factors that do not seem to influence prognosis more than a few percentage points are the anatomic site of the lesion and the patient's age, race and sex.

Dukes, in 1932, devised the first staging system for colorectal cancer with a good clinicopathologic correlation.[12] His system consisted of three stages: Dukes' A, Dukes' B and Dukes' C. *A* lesions are confined to the bowel wall; *B* lesions extend through the bowel wall; and *C* lesions have regional node involvement. This staging system has been modified many times over the years.[13–15]

Currently, an *A* is a superficial lesion that does not penetrate through the muscularis; a *B1* lesion extends through the muscularis but not through the serosa; a *B2* lesion extends through the serosa with local extension to the pericolic fat; a *C1* lesion is associated with regional node metastases; and a

TABLE 1

PRESENTING SIGNS AND SYMPTOMS IN COLORECTAL CANCER

(Modified from References 7-9)

Lesions on Right Side	%	*Lesions on Left Side*		*Rectal Lesions*	%
Abdominal pain	70-90	Abdominal pain	65-80	Bleeding	65-90
Anemia	50-75	Change in bowel habits	50-80	Palpable rectal mass	65-80
Abdominal mass	60-80	Bleeding	35-50	Change in bowel habits	50-80
Change in bowel habits	20-30	Anemia	25-30	Change in caliber of stools	30-50
Obstruction	0-10	Obstruction	15-30	Pain	25-50
				Sense of incomplete evacuation	20-35
				Tenesmus	15-25
				Obstruction	0-7

TABLE 2

POOR PROGNOSTIC SIGNS IN COLORECTAL CANCER
(Modified from References 8-11)

Advanced clinical stage (B2 or greater).
Penetration through the bowel wall.
Regional lymph node involvement (greater than five nodes very high risk).
Poorly differentiated histology.
Presence of venous and/or perineural invasion.
Presence of stenosis or obstruction.
Perforation.

C2 lesion has node metastases as well as penetration through the serosa. Stage *D* is extension into adjacent organs or distant metastases or both (Table 3).

As in breast cancer, there is a correlation between the number of nodes involved and prognosis.[16] If the patient with colorectal cancer has one positive node, his five-year survival is 27%. If he has five positive nodes or more, his five-year survival is only 9%. Unfortunately, colorectal cancers are largely asymptomatic during their early stages and tend to present with locally advanced or even metastatic disease (Table 4). From 15% to 25% have hepatic metastases at the time of original surgery.

Patterns of Recurrence

There is a strong tendency for colorectal cancer to recur locally. Almost half of all recurrences are marginal recurrences or involve regional nodes and many are amenable to surgical treatment.[11] Regional recurrences are associated with distant metastases in at least half of the cases, however.

Distant metastases occur most commonly in liver and lung, but may appear at almost any site (Table 5). As has been previously noted, liver metastases are present in 15% to 25% of cases at the time of diagnosis. However, liver involvement can be documented in 64% of cases at autopsy.[16] Liver failure with jaundice and ascites is a common cause of death in advanced colorectal carcinoma. In a study performed at the Ellis Fischel Hospital, it was shown that once hepatic metastases were documented, the median survival was only 146 days, but when jaundice or ascites developed, survival was only 33 days.[17]

The diagnosis of hepatic metastatic disease is extremely important for both prognostic as well as therapeutic reasons. Diagnosis should be by tissue documentation whenever possible. A haphazard diagnosis made on the basis of abnormal liver function tests, a borderline liver scan or a surgeon's visual inspection at the time of surgery is unacceptable. The liver scan, although helpful, is frought with a 10% to 20% incidence of both false negatives and false positives.[18]

Screening for Colorectal Cancer

Colorectal cancer lends itself to early diagnosis and early surgical treatment. At least half of all colonic cancers are in the rectosigmoid area, i.e., at least half are within the reach of the sigmoidoscope and half of these are within reach of the ex-

TABLE 3

THE DUKES, ASTLER-COLLER, TURNBULL STAGING OF COLORECTAL CANCER
(References 11-16)

Stage		*5-Year Survival %*
A	Confined to the mucosa	90
B1	Penetrates the muscularis but does not penetrate the serosa	65
B2	Penetrates entire thickness of bowel wall	40
C1	Regional node involvement	30
C2	Regional node involvement and penetration of the bowel wall	15
D	Direct extension to other organs and/or distant metastases	5

TABLE 4

CLINICAL STAGE AT DIAGNOSIS
(References 11-16)

Dukes	*Percent*
A & B1	10-15
B2	15-20
C1 & C2	35-40
D	15-30

TABLE 5

SITES OF DISTANT METASTASES IN COLORECTAL CANCER

Site	*Incidence*
Liver	65
Lung	25
Bone	< 10
Brain	< 10
Cutaneous	< 10

amining finger. It thus has been proposed that every individual over the age of 40 should undergo sigmoidoscopy yearly to rule out colorectal cancer. Most individuals, including physicians, who are over age 40 have never been sigmoidoscoped once, much less annually. Sigmoidoscopy is time consuming, expensive and associated with low patient acceptance. The yield of routine sigmoidoscopy of asymptomatic patients is 1.5 carcinomas per 1,000 examinations. This means that only one in 667 sigmoidoscopies will reveal a cancer.[19] Sigmoidoscopy, therefore, is not a feasible procedure for routine screening of asymptomatic patients.

An effective means of screening large numbers of asymptomatic individuals must be sensitive and inexpensive and have a reasonable degree of patient acceptance. The testing of stools for occult blood using the hemoccult slide test seems to best fit these criteria.[19] The hemoccult slide test uses stabilized reagents in a fixed quantitative amount. The fixed quantity of stabilized reagents helps minimize false positives and false negatives. The subject should be on a meat-free, high-roughage diet for several days. He then should submit three separate stool specimens on separate days. Two areas of the same stool should be examined for a total of six slides. More than 80% of colorectal carcinomas will have at least one of the six slides positive for occult blood. Between 1% and 5% of the population will have a positive hemoccult slide test. These individuals must be worked up intensely. Of this group, most are found to have some type of colorectal pathology, i.e., polyps, diverticulae or carcinoma.[20] If a patient has a positive hemoccult slide test, he obviously should be sigmoidoscoped and have a barium enema. If these are negative, however, the patient should be colonoscoped and have an air-contrast barium enema. One cannot safely ignore occult blood in the stool.

Surgery

Surgical resection remains the primary treatment of choice in those patients without clinical evidence of metastatic disease. The important features in the choice of an operation are the wide removal of the carcinomatous segment of bowel and excision of all lymphatics draining the involved segment.[21]

If distant metastases are found during the preoperative investigation, then the risks of obstruction or bleeding (in the unoperated patient) must be weighed against the risks associated with palliative resection of the primary lesion, if this is feasible. It is often preferable, even in the face of known metastases, to operate upon the patient when he is in good condition rather than be forced into such an operation when the patient's physical status has deteriorated.

It is also imperative that any lesions thought to be metastases should be biopsied, preferably with frozen section confirmation. All too often benign lesions have simulated metastatic disease, giving the false impression of unresectability.

Radiation Therapy

Radiation therapy is seldom used in the primary management of colon cancer but has a special place in the treatment of rectal adenocarcinoma. With this modality, it is possible to control symptoms in a high percentage of inoperable patients, avoiding colostomy. In addition, in some inoperable patients, lesions may become operable after radiotherapy.[22] The role of radiation therapy, both preoperative and postoperative, is being actively investigated in a prospective manner by the major cooperative groups.

Chemotherapy

Unfortunately, many patients will eventually show evidence of recurrent or metastatic disease. The mainstay of chemotherapeutic treatment has been 5-fluorouracil (5-FU). Although given by nearly every conceivable route and dosage schedule, the results usually show a 20% objective response rate and no prolongation of survival.[23]

At this time, there are few other chemotherapeutic agents useful in colorectal cancer so more active single agents are clearly needed. The combination of 5-FU, methyl CCNU and vincristine has been reported to have produced an objective response rate of more than 40%. Response durations were short, however, and survival was not improved.[24]

Even before the widely announced success of adjuvant chemotherapy in breast cancer and osteogenic sarcoma, 5-FU had been used in colon cancer in an attempt to eliminate micrometastases. No advantage was seen when 5-FU treated patients were compared to an untreated control group. (In view of 5-FU's low activity, this is not surprising.) It is hoped that more effective chemotherapy will be developed and then used at earlier stages of disease. Such trials are currently underway for combinations of 5-FU and methyl CCNU with or without vincristine.

Carcinoembryonic Antigen

Carcinoembryonic antigen (CEA) is a glycoprotein that was first identified in extracts of colon carcinoma. It is also found in fetal tissues and, hence, is an oncofetal protein. When it was found in increased levels in a high percentage of patients with colon cancer, it was hoped that serum levels of this antigen would be helpful in the detection of asymptomatic (and, hopefully, early) cases of colorectal cancer. These hopes were dashed when the antigen was found elevated not only in a wide variety of other malignancies (breast, lung, genitourinary cancers) but, also, in a number of benign conditions. These include cigarette smoking, chronic bronchitis, emphysema, cirrhosis and inflammatory bowel disease.[25,26]

Although useless as a screening test for cancer, the CEA test does have some utility. Probably the main role of carcinoembryonic antigen is in following patients who have colorectal cancer. It is now considered a very poor prognostic sign if an elevated preoperative carcinoembryonic antigen in a colorectal cancer patient does not fall into the normal range within one month following surgery. If it persists, there should be a very high suspicion of recurrent disease or of residual disease left behind at the time of surgery. With the biology of colorectal cancer, many patients with persistently elevated CEA or a CEA that goes down initially and then comes back have a local recurrence which may be resected by a second surgery. A persistently elevated CEA on two occasions at least one month postoperatively is sufficient justification for reexploration.[25,26]

The most optimistic view of the future for colon cancer would involve finding a socially acceptable means of preventing the disease. Since this remains unlikely, new investigations will concentrate on the following:

1. Better screening techniques to uncover asymptomatic cases which have a high cure rate.
2. Earlier use of effective chemotherapy (combinations or single agents).
3. True multimodality therapy with optimal use of radiotherapy, surgery, chemotherapy and immunotherapy.

REFERENCES

1. American Cancer Society: 1977 Cancer Facts and Figures. New York, American Cancer Society, 1976.
2. Walker, A. R. P. and Burkitt, D. P.: Colon Cancer: Epidemiology. Semin. Oncol. 3:341-350, 1976.
3. Reddy, B. S.: Dietary Factors and Cancer of the Large Bowel. Semin. Oncol. 3:351-359, 1976.
4. Rawson, R. W.: Colonic Polyps: Antecedent—or Associated—Lesions of Large Bowel Cancer. Semin. Oncol. 3:361-367, 1976.
5. Devroede, G. J., Taylor, W. E., Sauer, W. G. *et al:* Cancer Risk and Life Expectancy of Children With Ulcerative Colitis. N. Engl. J. Med. 285:17-21, 1971.
6. Weedon, D. D., Shorter, R. G., Ilstrup, D. M. *et al:* Crohn's Disease and Cancer. N. Engl. J. Med. 289:1099-1103, 1973.
7. Woolley, P. V.: Clinical Manifestations of Cancer of the Colon and Rectum. Semin. Oncol. 3:373-376, 1976.
8. Falterman, K. W., Hill, C. B., Markey, J. C. *et al:* Cancer of the Colon, Rectum, and Anus: A Review of 2313 Cases. Cancer 34:951-959, 1974.
9. Ragland, J. J., Londe, A. M. and Spratt, J. S.: Correlation of the Prognosis of Obstructing Colorectal Carcinoma With Clinical and Pathologic Variahles. Am. J. Surg. 121:552-556, 1971.
10. Grinnell, R. S.: Results in the Treatment of Carcinoma of the Colon and Rectum. Surg. Gynecol. Ohstet. 96:31-42, 1953.
11. Hoth, D. F. and Petrucci, P. E.: Natural History and Staging of Colon Cancer. Semin. Oncol. 3:331-336, 1976.
12. Dukes, C. E.: The Classification of Cancer of the Rectum. J. Pathol. Bacteriol. 35:323-332, 1932.
13. Astler, V. B. and Coller, F. A.: The Prognostic Significance of Direct Extension of Carcinoma of the Colon and Rectum. Ann. Surg. 139:846-851, 1954.
14. Kirklin, J. W., Dockerty, M. B. and Waugh, J. M.: The Role of the Peritoneal Reflection in the Prognosis of Carcinoma of the Rectum and Sigmoid Colon. Surg. Gynecol. Obstet. 88:326-331, 1949.
15. Turnbull, R. B., Kyle, K., Watson, F. R. *et al:* Cancer of the Colon: The Influence of the No-touch Isolation Technique on Survival Rates. Ann. Surg. 166:420-425, 1967.
16. Copeland, E. M., Miller, L. D. and Jones, R. S.: Prognostic Factors in Carcinoma of the Colon and Rectum. Am. J. Surg. 116: 875-881, 1968.
17. Jaffe, B. M., Donegan, W. L., Watson, F. *et al:* Factors Influencing Survival in Patients With Untreated Hepatic Metastases. Surg. Gynecol. Obstet. 127:1-11, 1968.
18. Castagna, J., Benfield, J. R., Yamada, H. *et al:* The Reliability of Liver Scans and Function Tests in Detecting Metastases. Surg. Gynecol. Obstet. 134:463-466, 1972.
19. Winawer, S. J. and Sherlock, P.: Approach to Screening and Diagnosis in Colorectal Cancer. Semin. Oncol. 3:387-397, 1976.
20. Greegor, D. H.: Occult Blood Testing for Detection of Asymptomatic Colon Cancer. Cancer 28:131-134, 1971.
21. Stearns, M. W.: Surgical Aspects of Colorectal Carcinoma. Semin. Oncol. 3:399-405, 1976.
22. Kligerman, M. M.: Radiation Therapy for Rectal Carcinoma. Semin. Oncol. 3:407-413, 1976.
23. Woolley, P. V., MacDonald, J. S. and Schein, P. S.: Chemotherapy of Colorectal Carcinoma. Semin. Oncol. 3:415-419, 1976.
24. Moertel, C. G., Schutt, A. J., Hahn, R. G. *et al:* Therapy of Advanced Colorectal Cancer With a Combination of 5-Fluorouracil, Methyl-1,3-CIS (2-Chlorethyl)-1-Nitrosourea, and Vincristine. J. Natl. Cancer. Inst. 54:69-71, 1975.
25. Ravry, M., Moertel, C. G., Schutt, A. J. *et al:* Usefulness of Serial Serum Carcinoembryonic Antigen (CEA) Determinations During Anticancer Therapy or Long-term Follow Up of Gastrointestinal Carcinoma. Cancer 34:1230-1234, 1974.
26. Holyoke, E. D. and Cooper, E. H.: CEA and Tumor Markers. Semin. Oncol. 3:377-385, 1976.

Rep. Claude Pepper (D-Fla.), chairman of the Select Committee on Aging, wrote to AMA President John H. Budd, M.D. recently saying that the American Medical Association's position on retirement was "instrumental" to passage of a bill ending mandatory retirement for most federal workers and raising the minimum age to 70 for nonfederal workers. He said that passage of the bill was "a magnificent victory for the elderly of this nation." In a letter to the committee, the AMA said that forced retirement at age 65 is detrimental to health.

LOLITA N. MONTANO, M.D. *and*
NESTOR R. CANOY, M.D., *Columbia*

Primary Malignant Melanoma of the Vagina

Case Reports

MALIGNANT MELANOMA is a tumor of the pigment cells (melanocytes). Malignant melanoma represents 1.2% of all types of cancer and is responsible for 0.74% of all cancer deaths. The spread may be by direct extension along continguous fascial planes or by embolic spread through lymphatics or vascular channels. In addition, malignant melanoma has a tendency to develop junctional change and intra-epithelial spread in the vicinity of the primary lesion or to produce embolic metastases to the dermis or subcutaneous tissues producing satellites. In cutaneous melanoma, prognosis is related to the depth of invasion and the involvement of regional nodes. The depth of the invasion of the disease definitely correlates with the risk of subsequent lymph node metastases and survival. Five levels of dermal invasion have been categorized as follows:

Level I—tumor not penetrating the basement membrane.
Level II—extending only to papillary dermis.
Level III—extending between papillary and reticular dermis.
Level IV—extending into the reticular dermis.
Level V—tumor extending into subcutaneous fat.

Levels I and II have the best prognosis.

The problem of malignant melanoma in other sites has not been as well categorized as that of the cutaneous melanoma. Cutaneous malignant melanoma has always been considered radioresistant, but this is not true of melanoma in other sites. Malignant melanoma of the choroid of the eye has been successfully treated with radiation and the prognostic criteria are based on size as follows:

Group I—not larger than 3 mm in diameter.
Group II—between 3 to 7.5 mm in diameter.
Group III—larger than 7.5 mm in diameter, periphery visible.
Group IV—larger than 7.5 mm; periphery not visible.

Groups I and II have the best prognosis. The control rate for radiotherapy of melanomas of the conjunctiva or limbus is excellent. Lederman[1] reported control of disease in 24 of 32 patients. Malignant melanomas of the mucosa of the upper respiratory tract are rare cancers. Although the melanoma may be localized initially, a great majority of the patients will die of disseminated disease. Reporting on 31 cases of localized mucosal melanoma of the head and neck, Catlin[2] had only five patients free of the disease after five years. Most mucosal melanomas will not respond to irradiation. In some cases, however, a good response can be obtained as shown by the following case illustration.

CASE REPORT

A 66-year-old white man was admitted to the Ellis Fischel State Cancer Hospital complaining of an exophytic, bulky, necrotic polypoid mass arising from the right side of the nasal septum. The mass presented a bluish-black color and biopsy of this mass confirmed the clinical diagnosis of malignant melanoma. A rhinotomy and removal of the polypoid masses were done. A bacillus Calmette-Guérin (BCG) scarification was done four weeks later. This was done weekly until the purified protein derivative (PPD) would reach an induration of 20 mm. However, this was discontinued after three scarifications because of severe systemic reaction.

Five months after the operation, the pigmented mass recurred obstructing the entire right side of the nose and protruding externally. Recurrence was associated with pain and headache in the right side. X-rays of the paranasal sinuses showed opacity of the right frontal and maxillary sinuses consistent with secondary sinusitis from the obstruction of this mass.

Endoscopy showed no involvement of the nasopharynx. The patient was then treated with Co-60 through lateral wedged fields and an AP field weighted to three anterior and one lateral to a total of 6,000 rads in the entire tumor volume in 31 fractions over 43 days. There was complete regression of the mass. He simultaneously received dacarbazine (DTIC), 360 mg intravenously (IV) times five days at monthly cycle. He had completed ten cycles when a pulmonary nodule was noted in a chest x-ray 12 months after completion of his radiotherapy. No local recurrence was noted in the nasal cavity.

Also, a mucosal melanoma, primary malignant melanoma of the vagina has been a controversial issue in the past but is now considered an entity by the majority of authors. The primary development of the melanoma is conditioned by the possible existence in the vagina of melanocytes which can have different origins. They may originate in the skin which covers the urogenital cavity in the embryonic phase or in cells in the vagina that possess the potential of producing pigment. The histopathologic study of tumors which exhibit junctional activity in the covering epithelium presents irrefutable evidence for the existence of malignant melanoma in the vagina.

Primary malignant melanoma of the vagina is an uncommon tumor accounting for only 3% of primary epithelial tumors in the vagina and for 0.3% of cutaneous melanomas. In this article, we are reporting three cases of primary malignant melanoma of the vagina. The purpose of this paper is to define the clinical behavior of malignant melanoma of the vagina as to its rate of growth and propensity for lymph node and hematogenous metastases and to propose optimal management.

CASE REPORTS

Case # 1 A 59-year-old white woman, G_3P_3, was 11 years postmenopausal.

Diagnosis: Superficial malignant melanoma of the vagina with melanosis.

Clinical Data: Vaginal spotting for four years' duration. A dilatation and curettage (D&C) performed in another hospital was reported as negative and the Pap smears were essentially normal. A growth was noted in the vagina. It was biopsied by the patient's private physician and the specimen was sent to a medical center. The histological diagnosis was reported as a malignant mesenchymoma, probably sarcoma botryoides Upon her admission to the Ellis Fischel State Cancer Hospital, the patient's pelvic examination showed two nodules, measuring 1 cm x 0.8 cm and 2 cm x 1.8 cm x 1 cm with a 0.5 cm hemorrhagic area in the posterior wall of the vagina.

Ancillary Examinations: A chest x-ray, intravenous pyelogram (IVP) and liver scan were essentially normal. The complete blood cell count (CBC) was essentially normal. The blood chemistries showed an elevated lactic acid dehydrogenase (LDH) and serum glutamic-oxaloacetic transaminase (SGOT). The routine urinalysis showed numerous white blood cells and red blood cells.

Treatment: A radical total hysterectomy and vaginectomy with bilateral salpingo-oophorectomy and pelvic lymphadenectomy (enbloc) were performed.

Operative Findings:

1. A friable tumor involved the upper third of the vagina which was hemorrhagic with black discoloration. The cervix appeared essentially normal. Two polypoid masses were observed in the posterior wall of the vagina. They measured 2 cm x 1.8 cm x 1 cm and 1 cm x 0.8 cm x 0.5 cm and were attached to the vagina by a narrow pedicle measuring 0.7 cm x 0.5 cm in diameter and exhibited a tan-brown color with areas of hemorrhage.

Malignant melanoma, a cancerous tumor of the pigmented cells, is responsible for 0.74% of all cancer deaths. In general, mucosal melanomas present a management problem and a poor prognosis. For primary malignant melanoma of the vagina, treatment should be aggressive, consisting of preoperative irradiation, radical surgery and sequential immunochemotherapy.

Dr. Montano is Director of Outpatient Services and in charge of the Colposcopy Clinic and Dr. Canoy is Director of the Department of Radiotherapy, Ellis Fischel State Cancer Hospital.

This investigation was supported by Cancer and Leukemia Group B CA/12046 from the National Cancer Institute, DHEW.

2. In the non-tumorous mucosa, there were numerous confluent areas with a blackish discoloration distributed more prominently in the surface of the anterior wall reaching the proximal portion of the mucosa to about 1 cm from the cervix. Most of these areas of discoloration were flat with a smooth surface.

3. There was no involvement of the ovaries, adnexae, fallopian tubes, uterus or the pelvic lymph nodes and the low periaortic nodes.

4. The liver was smooth except for one nodule in the inferior surface of the lateral aspect of the left lobe. A wedge biopsy was done. The frozen section and the permanent sections did not show any evidence of metastatic disease.

Histologic Examination: The tumor was rather superficial and extended in areas of deepest penetration to the limit between the lamina propriae and submucosa without infiltrating the subjacent muscularis propriae. Although it was minimal in some sections, there was superficial infiltration of the muscularis propriae. The tumor showed a great deal of necrosis and granulating tissue in the more superficial portions. Here, there were many newly formed vessels giving the tumor a vascular appearance with some edema in the stroma. In numerous sections, various degrees of variant into nevus cells were present and in some areas, the appearance was of a superficial malignant melanoma.

Clinical Course:

1. Postoperatively, the patient developed a fistula with a defect in the urinary bladder posteriorly measuring about 2 cm and communicating with the perineal area. Conservative management with a foley catheter failed to close the defect. Repair with diverting suprapubic and urethral catheters was undertaken seven months later. The urethral catheter was removed

six weeks after, leaving the suprapubic catheter.

2. Fifteen months after the operation, a 3 cm nodule was noted in the left lower lobe on a routine chest x-ray. Tomographic studies revealed multiple nodules in both lungs. The renal and liver scans were both essentially normal. Chemotherapy was started and consisted of vinblastine, 8 mg administered intravenously (IV) on days one and eight; dactinomycin, 0.8 mg on day eight; procarbazine, 150 mg per mouth (PO) per day for ten days. These were administered in a 26-day cycle.

3. Seventeen months and three weeks after the operation, infection of the suprapubic cystostomy with purulent greenish discharge was treated with urinary antiseptic (Bactrim and Mandelamine) and controlled within four weeks. Chemotherapy was discontinued temporarily during the course of the urinary infection.

4. Twenty-two months and three weeks after the operation, there was a progressive problem with the suprapubic catheter. Severe leukopenia occurred a month later and the chemotherapy was discontinued.

5. Progression of the metastatic nodules was noted 24 months and two weeks postoperatively and the chemotherapeutic program was changed to BCNU, 200 mg on day one; dacarbazine (DTIC), 200 mg; and hydroxyurea, 200 mg on day one to day five. The second cycle after 28 days could not be administered due to severe leukopenia. The pulmonary metastases continued to progress and the program was changed to 13 mg of piperazinedione given intravenously. The patient was anemic and had to be transfused with two units of packed red blood cells. Blood chemistries and liver scan remained essentially normal. Cytoxan was given the following month, 50 mg PO four times a day. The disease continued to progress and all programs were abandoned 30 months and three weeks after the operation. The patient died 32 months and three weeks postoperatively.

Case # 2 A 39-year-old Oriental woman, G_6P_5 (abortus 1) had a normal menstrual history.

Diagnosis: Malignant melanoma of the vagina with diffuse melanosis.

Clinical Data: She had two months of vaginal spotting with a history of chronic cervicitis and intermittent trichomonas infection for three years. She underwent a D&C in another hospital. A pigmented lesion was noted in the vagina by her local gynecologist. This was biopsied with a histological report of malignant melanoma. She was seen in the Ellis Fischel State Cancer Hospital four weeks later.

On pelvic examination, a diffuse pigmented area was noted in the upper vagina in the left fornix with minimal induration over the biopsy site. She had no subjective complaints or weight loss. In 1968, seven years prior to Ellis Fischel State Cancer Hospital admission, she had an anterior-posterior (A&P) repair, a D&C in 1970 for a missed abortion and a normal delivery in 1971. Her gynecologist did not notice any pigmented area in her vagina until this present episode.

Ancillary Examinations:

1. Chest x-ray and IVP were essentially normal.
2. Cysto-proctoscopy up to 18 cm were essentially normal.
3. CBC, urinalysis, blood chemistries and electrolytes were essentially normal.

Treatment: Radical vaginectomy and hysterectomy with bilateral salpingo-oophorectomy and pelvic lymphadenectomy.

Operative Findings: Lesion in the vagina was as described without any definite palpable masses. The cervix, uterus, fallopian tubes, ovaries and adnexae were essentially normal. There were no enlarged pelvic and perioaortic nodes. The liver was essentially normal. The left kidney was smaller than the right kidney, but both appeared to be normal. Thin adhesions were noted around the gall bladder, but no gall stones were palpable. The spleen and both gutters of the intestinal tract were thoroughly explored and showed no abnormalities. There were extensive varicosities covering the ureters and, also, in and around the area of the uterine cervix and in the septum, making dissection difficult and resulting in an unanticipated degree of hemorrhage. Because of the oozing from the numerous varicosities, a laparotomy pack was left in place with the plan to remove it in five days postoperatively allowing time for clot lysis.

Histological Examination: In the left lateral vaginal wall, there was a 1.5 cm scar from a previous biopsy; much of the posterior vaginal wall and to a lesser degree the anterior vaginal wall were mottled with tan to brown melanotic patches. In the permanent sections, there were areas of melanoma as well as remnants of tumor which appeared to be located below the mucosa and were represented as well delineated nests of tumor without any evidence of melanin pigment. However, review of slides from the first biopsy and 20 microscopic slides from four parafin blocks from the previous biopsy showed cells containing pigments mostly located deep in the stroma.

Pigmented cells representing melanoses were also observed in adjacent areas. The tumor undermined and infiltrated the overlying mucosa with a moderate amount of necrosis. In the melanotic area, there were discrete melanin-containing cells which in general showed no evidence of malignancy. In the perivaginal tissue, there was an aggregate of small cells larger than mature lymphocytes which probably represented tumor within lymph nodes or reticulum epithelial cells. The lines of surgical excision of both anterior and posterior walls of the vagina showed no tumor. The cervix showed chronic cervicitis and the endometrium showed a mild secretory phase of the menstrual cycle. The myometrium, fallopian tubes and both ovaries were essentially normal. Forty-four pelvic lymph nodes showed only reticulum epithelial hyperplasia.

Clinical Course:

A. First Hospitalization: The following occurred during the radical vaginectomy and hysterectomy, salpingo-oophorectomy, and pelvic lymphadenectomy.

1. The patient developed a rash after a blood transfusion associated with rises of temperature averaging 100 F with thrombocytopenia as low as 52,800. Coomb's test was negative. Output was essentially normal. A ureteral catheter was left in place because of a rent in the ureter during the operation. A laparotomy pack also was left in place because of

the oozing from the varicosities in the pelvis.

2. On the fourth postoperative day, the temperature rose to 103 F without any chills and with diminished breath sounds in both bases. Chest x-ray showed bilateral basal effusion.

3. On the fifth postoperative day with the patient under general anesthesia, the pelvic laparotomy pack was removed and no bleeding was noted.

4. On the sixth postoperative day, the vaginal pack was removed and there also was no bleeding.

5. A retrograde pyelogram on the seventh postoperative day showed hydronephrosis and hydroureter in the right side and there was a small leak in the left ureter. This was repeated on the 27th postoperative day and there was only a minimal leak and hydronephrosis.

6. The patient continued to spike a temperature on the 30th postoperative day and was given Keflex. The urinalysis showed gram negative rods and pseudomonas aeruginosa. Electrolytes and CBC were normal.

7. When she was discharged on the 34th postoperative day, she was ambulatory, afebrile and with a good urinary output. A retention urethral catheter was left in place.

B. Second Hospitalization: The patient was readmitted nine days after her discharge complaining of cough, chest pains and shortness of breath. A chest x-ray showed effusion in the lower half of the left hemithorax. The differential diagnosis was between a pulmonary infarct and a metastatic or infectious effusion. The CBC showed no leukocytosis or lymphocytosis with 9 gm of hemoglobin, a hematocrit value of 28.4 and a normal platelet count. Thoracocentesis done on admission showed a bloody effusion and no malignant cells could be demonstrated.

1. A chest tube was inserted on the second hospital day. She continued to spike fever with a temperature of 102 F. The lung scan was equivocal between an infarct or a lung mass. A regimen of heparin was prescribed. However, there was a question as to whether this was a metastatic malignancy.

2. The patient underwent exploratory thoracotomy on the third hospital day. The thoracotomy showed large internal mammary nodes with large melanotic masses in the left lower lobe and in the diaphragmatic surface and in the pericardium. The histological diagnosis showed metastatic malignant melanoma in all sites stated above.

3. She recovered fairly well postoperatively. The blood gasses showed a PO_2 of 33.5, a PCO_2 of 41 and Ph of 7.35. The electrolytes remained normal. The blood chemistry showed an elevated alkaline phosphatase value of 143.

4. Work-up for immuno-chemotherapy was started on the 12th hospital day. Skin tests for mumps and PPD were positive.

5. On 14th hospital day, she was started on BCNU, 200 mg IV drip on day one; DTIC, 200 mg IV on day one to day five; and hydroxyurea, 2,000 mg PO on day one to day five.

6. The IVP was repeated, showing normal kidney function with slight dilatation of the right ureter.

7. She was discharged on the 20th hospital day.

8. She died in another hospital with jaundice, ascites and shortness of breath four months after her first admission to the Ellis Fischel State Cancer Hospital.

Case # 3 The patient is an 80-year-old white woman, G_5P_5 with a normal menstrual history until her hysterectomy 25 years previously in 1948 for abnormal bleeding.

Histological Diagnosis: Undifferentiated tumor—malignant melanoma (special melanin stains).

Extent of Lesion: A fungating ulcer 7.5 cm in diameter, which was hard and indurated, involved mainly the anterior vaginal wall. A 1 cm nodule was in the posterior vaginal wall. The mass almost occluded the vagina, was friable and extended into the vestibule of the vagina and the urethral meatus.

Clinical Data: The patient had experienced five months of vaginal spotting. She had a suprapubic bladder repair in years previously with a complication of an abdominal hernia and a 3.5 cm x 5 cm ulcer in the right hypogastric area with a draining sinus in the left side. The culture showed staph infection on this admission. The CBC was essentially normal. The urinalysis showed numerous red blood cells. The blood chemistry and electrolytes were not remarkable except for a hypoproteinemia, total proteins of 5.6, and albumin of 2.5. A chest x-ray, electrocardiogram (EKG) and IVP were not remarkable.

Treatment: Because of her age and her clinical status (practically bedridden), radical surgery and systemic chemotherapy were not instituted. She had fulguration of the entire necrotic and friable growth which she tolerated very well and which stopped the bleeding. She died two weeks after her admission in a nursing home. Unfortunately, no necropsy was done.

DISCUSSION

Primary malignant melanoma of the vagina appears to be an aggressive tumor. Two of the three cases that we are reporting showed only minimal involvement of the lamina muscularis propriae. Although there was a questionable involvement of the perivaginal tissues in one case, the 44 lymph nodes obtained from the lymphadenectomy did not show any metastatic disease. Despite the fact that the disease appeared localized in both cases, pulmonary metastases occurred as the first site of dissemination, appearing as early as six weeks postoperatively in one case and 15 months postoperatively in the other case. There are about 60 cases of malignant melanoma of the vagina reported in the English literature and only three patients have survived five years or more without any evidence of disease. One patient survived more than five years but with metastatic disease. It is interesting to note that in two of our cases, a background of diffuse melanoses is present. In both cases, these melanoses were not noted in the previous pelvic examinations prior to the diagnosis of malignant melanoma.

The origin of malignant melanomas of the vagina is controversial. Meyer[3] asserts that they originate from the skin which covers the urogenital cavity in the embryonic phase. Nicholson[4] postulates that in abnormal conditions, physiologic mesoderm can acquire the character of ectoderm and describes the existence of a pigmented nevus in the vagina. Ewing[5] believes that there are multiple sites of origin (probably five) and that the neoplastic alterations are due to repeated trauma and probably are under the direct influence of the sympathetic nervous system. Mino *et al*[6] theorizes that malignant melanomas of the vagina are epithelial or mesoblastic in origin and embryologically misplaced or else they may originate in the endothelial cells of the superficial nerve or vessel trunks. However, in 1962, Batasakis and Dito[7] confirmed the presence of melanin pigment or melanocytes in normal vaginal mucosa and discounted the neurogenesis of vaginal melanoma due to the scarcity of nerve endings in the vagina.

There are only isolated cases in the literature in which the extent of vaginal wall invasion has been fully described. Most of the cases were treated with local excision. Many of the authors, however, state that there were no enlarged regional nodes. Despite the fact that these cases were apparently localized, most of the patients succumbed to the disease within 12 months. Among those who underwent radical surgery in the form of total vaginectomy with lymphadenectomy, wide local excision with pelvic or inguinal node dissection or pelvic exenteration, dissemination occurred within 12 to 20 months. Three are reported to have survived more than five years free of the disease and one has lived more than five years but with metastatic disease.

The most frequent sites of metastases are the regional nodes, either the pelvic or inguinal nodes depending on the location and extent of the tumor. Among those who had necropsy, dissemination was frequent in the lungs and liver and less frequent in the brain but also included mesentery, cecum, retroperitoneal area and the epidural spaces of the spinal cord.

With local excision, the recurrence rate is almost 100%, occurring within two to 12 months after the first excision. There is only one documented case without any local recurrence after 15 months reported by Lewis and Chapman.[8] With total vaginectomy, the local recurrence rate appears to be very low. Fenn and Abell[9] report two cases of local recurrence after vaginectomy five and six months after vaginectomy with inguinal node dissection.

Treatment

In most of the cases reported in the literature, the patients were treated with local excision. The radical surgery consisted either of a wide local excision plus inguinal or pelvic node dissection, total vaginectomy with inguinal or pelvic node dissection or pelvic exenteration where there is invasion of the adjacent organs. Our two cases were treated with total vaginectomy and pelvic lymphadenectomy.

According to the literature, a number of cases were treated primarily with radiation therapy in the form of vaginal radium, external radiation or radioactive isotopes. Table 1 is a consolidation of published cases of primary malignant melanoma of the vagina treated primarily with irradiation. There is ample evidence from the literature that unlike cutaneous malignant melanoma, primary malignant melanoma of the vagina responds to high dose radiotherapy. However, it is obvious that complete sterilization of the tumor is not possible with radiotherapy either with intracavitary implants or external radiation or both.

Table 2 is a consolidation from the literature of cases treated with adjunctive or adjuvant chemoimmunotherapy. Our two cases received chemotherapy when metastases were documented. It appears that immunochemotherapy administered to these cases has not altered the median survival of these patients.

Judging from the data collected from the literature and our experience with three cases, it seems that if we are to improve our survival with primary malignant melanoma of the vagina, treatment must combine the three modalities of treatments: radical surgery, radiotherapy and immunochemotherapy. Malignant melanoma of the vagina has a very high propensity for lymphatic and hematogenous metastases. In our two cases, we feel that the dissemination was hematogenous in view of the negative lymph nodes from the pelvic lymphadenectomy. Despite the progression of the pulmonary metastases in the first case, the liver enzymes and liver scan remained normal. In the second case, it can be postulated that the involvement of the liver must have been a descending process from the metastatic disease in the chest. There are authors who feel strongly that even a simple biopsy of these lesions can trigger dissemination.

TABLE 1

PRIMARY MALIGNANT MELANOMA TREATED WITH RADIOTHERAPY
CONSOLIDATION OF THE LITERATURE

Author	*Extent of Lesion*	*Treatment & Response*	*Follow-up*
Jentys *et al*, 1975[13] 3 cases	1. Smooth, resilient, blue-black, mid-vagina posterior wall; no palpable regional nodes.	Vaginal radium, 2 applications 4 wks apart; 10,440 mg hrs. Excellent regression to few mm.	New focus 6 mos. 3 cm left lateral wall. One mo later numerous blue-black elevated patches in vaginal mucosa & vestibule with parametrial infiltration. SPI direct infusion into subabdominal arteries total 8 gm. No response. Died 21 mos after.
	2. Soft infiltration 1.5 cm thick entire vagina; RT mid anterior walls; small satellites in mid left lateral wall & vestibule. Regional nodes not enlarged.	3 applications vag radium in 4 wks 8,430 mg hrs. Excellent flattening & reduction in size.	3 mos. Local recurrence with a 3.5 cm tumor in the right parametrium. Co-60 pelvic radiation 4,800 rads. Good response. Died 14 mos. after with disseminated disease.
	3. Blue-black pigmented vag vestibule & vag up to mid portion 4 cm x 5 cm size & 2 cm x 2.5 cm thick. Hard infiltration anterior vaginal wall.	5 FU IV × 7 days, 5.3 cm. 3 fractions vag radium over 8 wks 8,000 mg hrs. 5 FU 750 mg weekly. Total dose 9.28 GU. Excellent response.	7 mos. Recurrence occluding vagina with inguinal node metas & parametrial infiltration. Died 21 mos after RT.
Masubuchi *et al*, 1974[14] 2 cases	1. Dark brown pedunculated thumb-tip size tumor post wall of vagina. Bled easily.	Local excision followed by vag radium 50 mg × 20 hrs = 1,000 mg hrs. Left inguinal lymphadenectomy negative.	2 mos. 5 mm black polyp portio of uterus. 2nd vag radium + hysterectomy & salpingo-oophorectomy. 5 FU mitomycin C & bleomycin. Died with extensive metastases 6 mos later.
	2. Vag tumor; no description of extent.	External LINAC 5,000 & pelvic + vag radium 6,000 rad with fairly good response. 5 FU bleomycin & cyclophosphamide after RT.	10 mos after chemotherapy, pulmonary metastases. Died 14 mos after RT with liver, lung & brain metastases.
Fenn & Abell, 1972[9]	1. Lesion not described.	Wide local excision & 3,708 rads Co-60 ext. RT.	Died 1 yr 7 mos.
	2. Recurrent lesion, 2 cases, not described.	Modality of radiation & dose not specified. One with temporary subjective & objective improvement for several mos.	No information.
Laufe & Bernstein, 1970[15]	Pedunculated polyp 2-2.5 cm diameter, left lat lower 3rd of vagina.	Local excision & 3 mg x 10 mg vag radium × 36 hrs = 1,080 mg hrs.	6 mos. Necrotic mass, excised, no residual tumor. 12 mos. Coin lesion rt mid lung. 15 mos. Bone metastases. Died 17 mos after treatment. Autopsy—metastases to lungs, pleura, epi & myocardium, spleen, gall bladder, mesentery, lymph nodes, urinary bladder, uterus, brain & meninges, & bone.

(Continued on next page)

TABLE 1 *(Continued)*

Author	*Extent of Lesion*	*Treatment & Response*	*Follow-up*
Norris & Taylor 1966[16] 4 cases	No description.	Radiation. Modality & dose not specified.	Results uniformly poor.
Mullaney, 1961[17]	Hemorrhagic polypoid growth, ant vagina with secondary nodules at the side walls at higher level. No palpable nodes.	Vag radium 6,000 rads on surface. No response.	1 mo later ant exenteration, no secondaries. 10 mos. Bil inguinal adenopathy. Died incontinent & in coma. No autopsy.
Hollstein, 1951[17]	Post vag wall; 2 lumps, rt high up; 1, left, in lower third.	Vag radium dose unspecified.	Died "soon." Vagina full of tumor; liver enlarged. No necropsy.
Vogt, 1944[17]	2 cm above introitus, brownish-gray, pigeon's egg size.	Deep x-ray dose unspecified. 4 mos recurrent, treated with deep x-ray.	7 mos. Died with widespread metastases.
Brzezinsky *et al*, 1950[18]	2.5 cm above introitus, rounded, flat, non-pigmented; dark spot, blue-black, ant wall.	Radium—no effect.	New tumor 6 mos later on post wall. 14 mos. Died with pulmonary & osseous secondaries.
Meigs, 1934[17]	2 cases; no description.	One treated with vag radium. Response unknown.	Advanced rapidly & invaded vulva subcutaneously.
Ariel, 1961[12]	Huge, ulcerated, fungating, friable foul mass filling entire vagina arising mostly from the anterior wall, possibly infiltrating the urinary bladder. The entire posterior vaginal wall was discolored black.	8 mc of radioactive chromic phosphate & 10 mg of thiotepa were injected into the mass. 4 wks later 10 radon seeds, 1 mc/seed were planted. 6 mos later, 6 mc radioactive chromic phosphate injected in residual mass & 5 cm injected. 3 mos later, 8 mc of phosphorus in blotting paper was placed topically in post vag wall; left in place for 96 hrs. Estimated dose 40,000 rads at the surface.	11 mos after the first injection, 1.5 cm nodule in the ant vaginal wall residual lesion. 15 mos after first treatment, all lesion regressed except for 2 mm discoloration in posterior vaginal wall. 5-year follow-up, no evidence of disease anywhere.

Immunochemotherapy studies on cutaneous malignant melanoma have yielded some interesting data. Active immunotherapy with BCG combined with DTIC has resulted in an overall increase in remission rates in cutaneous melanoma. These results suggest that immunotherapy has the capacity to potentiate a chemotherapeutic action of a drug by directly activating components of the immune system which reside within the tumor-involved areas. However, thus far, the major limiting feature with the use of immunotherapy with DTIC has been the low remission rates for patients with visceral metastases. Studies have shown that if the disease in the lymph node appears to be microscopic, there is a higher remission rate when compared to those with macroscopic involvement in multiple nodes. It appears that immunochemotherapy has an inhibiting effect on "micrometastases" of malignant melanoma.[10]

Another interesting study in the treatment of metastatic malignant melanoma with particular reference to nodal metastases is the endolymphatic administration of radioactive isotopes using radioactive iodine with ethiodol (used for lymphography) or radioactive gold as a submicron colloidal suspension or radioactive yttrium in micromicrospheres. Using lymphographic technics, Ariel *et al*[11] administered these radioactive isotopes endolymphatically in the belief that occult metastases may exist in the lymph nodes in high risk cases of cutaneous malignant melanoma. Only active lymphoid tissues within the lymph node will concentrate the administered radioactive isotopes and, therefore, large metastatic deposits of cancer

TABLE 2

PRIMARY MALIGNANT MELANOMA TREATED WITH CHEMOTHERAPY AND IMMUNOTHERAPY CONSOLIDATION OF THE LITERATURE

Author	*Extent of Lesion*	*Treatment*	*Follow-up*
Hooper & Kalfayan, 1975[19]	1. Grayish black friable polypoid lesion 1 cm x 3 cm with 2 satellite lesions. 0.5 cm ant & post to the major lesion.	1. Refused surgery.	
	2. Extends to labium majus.	2. 0.1 cc BCG injected in forearm—2 cm indurated necroses. Isoniazid started.	Purpuric lesions, possible disseminated intravascular coagulation.
		3. 1 mo later left inguinal nodes—methotrexate for 30 days. Leukeran started and continued.	Died 10 mos later. Necropsy: metastases to inguinal & iliac lymph nodes, lungs, liver, adrenals, spine, sella turcica & diaphragmatic sella.
Jentys, *et al*, 1975[13] 4 cases	1. 2 cm ulcerated brown pigmented tumor in the ant vaginal wall.	1. Local excision of tumor with pelvic, peribladder & obturator lymph nodes.	Recurrence 6 mos Died 26 mos after treatment. Disseminated disease.
		2. 5 FU infusions through catheters, total 5 gms. 13 days postop. Methotrexate & mytomycin dose & duration unspecified.	
	2. 3 cm elevated, ulcerated lesion with a large, dark brown base.	1. Wide excision & left iliac lymphadenectomy.	Local recurrence 5 mos.
		2. 5 FU infusion total dose 6.5 gm, 9 days postop.	Died 16 mos after surgery.
	3. 3.5 cm blue-black tumor in the mid portion of the vagina posteriorly. The right lateral wall of the vagina's mucous membrane brown-black pigmented.	1. Vag radium 10,440 mg hrs.	Local recurrence 6 mos after radium.
		2. SP5 direct infusions into subabdominal arteries—total 8 gms. 3. Trenimone—local moist application.	Rapid growth despite treatment. Died 21 mos after treatment.
	4. Blue-black pigmented vag vestibule & vag walls up to mid portion 4 cm x 2.5 cm. Hard infiltration lower ant wall.	1. 5 FU IV 7 days, 5.3 gms. 2. Vag radium 8,000 mg hrs. 3. 5 FU 750 mg weekly, total dose 9.28 gms.	Recurrence after 7 mos completely occluding vagina. Enlarged inguinal nodes, infiltration in both parametria. Died 21 mos after treatment.

will not concentrate the radioactive material. In seven patients, radioactive isotopes were administered endolymphatically prior to the performance of either a groin or axillary dissection in cutaneous malignant melanoma. In two of these cases, no metastatic disease was noted in the lymph nodes and one patient with histologically proved positive lymph nodes is alive without any evidence of active disease.

In view of the high propensity of primary malignant melanoma of the vagina to metastasize to lymph nodes and for hematogenous metastases, preoperative irradiation in the form of fractionated vaginal radium in fairly high dosages, together with the endolymphatic administration of radioactive isotopes, could possibly prevent dissemination of the tumor following radical surgery. We feel that local excision has no place in the management of malignant melanoma of the vagina. The surgery must consist of total vaginectomy with a pelvic or groin dissection or both depending on the location and extent of the lesion. Following definitive surgery, these patients should be placed on a program of immunochemotherapy.

In cases in which the metastatic disease is localized in one region, a combination of external radiotherapy or the instillation of a radioactive isotope into the pleural cavity or abdominal cavity with sequential immunochemotherapy is probably the management of choice. Ariel *et al*[12] reports one case of malignant melanoma of the vagina with extension into the pelvis with complete response to radioactive isotopes. Retrospectively, our two cases with metastases to the mediastinum and lungs might have benefited with a combination of radiotherapy and immunochemotherapy. There are many instances, such as germinal tumors and Ewing's sarcoma, when such a combination of radiotherapy and chemotherapy have resulted in cures. Immunosuppressive agents which include radiation and chemotherapeutic drugs have been combined successfully with immunotherapy. It is known that if this is administered intermittently, there is recovery of immune response between courses of radiotherapy and chemotherapy.

SUMMARY

Three case reports of primary malignant melanoma of the vagina are presented and their clinical behavior is correlated with the cases published in the literature. Presently, the prognosis of primary malignant melanoma of the vagina is grim. A more aggressive management of malignant melanoma of the vagina is proposed. Based on the response data available, we feel that the management of primary malignant melanoma of the vagina should consist of preoperative irradiation, radical surgery and sequential immunochemotherapy.

REFERENCES

1. Lederman, M.: Radiotherapy of Malignant Melanomata of the Eye. Br. J. Radiol. 34:21-42, 1961.
2. Catlin, D.: Mucosal Melanomas of the Head and Neck. Am. J. Roentgenol. 99:809-816, 1967.
3. Meyer, R.: Zur Frage der Entwicklung der Menslicken Vagina. Arch. Gynak. 158:635, 1934.
4. Nicholson, G. W.: An Epidermal Heteromorphosis of Vaginal Vault. J. Pathol. Bacteriol. 43:209, 1936.
5. Ewing, J.: Neoplastic Diseases, 4th Ed. Philadelphia, W. B. Saunders Co., 1942.
6. Mino, R. A., Livingstone, R. G. and Hynes, J. F.: Primary Melanoma of the Vagina: Case Report. Ann. West. Med. Surg. 6:648-652, 1952.
7. Batasakis, J. G. and Dito, W. R.: Primary Malignant Melanoma of the Vagina. Obstet. Gynecol. 20:109-111, 1962.
8. Lewis, V. and Chapman, P. C.: Cytological Diagnosis of a Primary Malignant Melanoma of the Vagina. Br. J. Obstet. Gynecol. 82:74-76, 1975.
9. Fenn, M. E. and Abell, M. R.: Melanomas of Vulva and Vagina. Obstet. Gynecol. 41:902-904, 1973.
10. Gutterman, J. U., Mavligit, G., Gottlieb, J. A., et al: Chemoimmunotherapy of Disseminated Malignant Melanoma With Dimethyl Triazeno Imidazole Carbonxamide and Bacillus Calmette-Guérin. N. Eng. J. Med. 291:592-597, 1974.
11. Ariel, 1. M., Resnick, M. I. and Oropeza, R.: The Intralymphatic Administration of Radioactive Isotopes for Treating Malignant Melanoma. Surg. Gynecol. Obstet. 124:25-39, 1967.
12. Ariel, I. M.: Five-year Cure of a Primary Malignant Melanoma of the Vagina by Local Radioactive Isotope Therapy. Am J. Obstet. Gynecol. 82:405, 1961.
13. Jentys, W., Sikorowa, L. and Mokrzanowski, A.: Primary Melanoma of Vagina: Clinicopathological Study of 7 Cases. Oncology. 31:83-91, 1975.
14. Masubuchi, S., NaGai, I., Hirata, M., et al: Cytologic Studies of Malignant Melanoma of the Vagina. Acta Cytol. 19:527 532, 1974.
15. Laufe, L. E. and Bernstein, E. D.: Primary Malignant Melanoma of the Vagina. Obstet. Gynecol. 37:148-154, 1971.
16. Norris, H. J. and Taylor, H. B.: Melanomas of the Vagina. Am. J. Clin. Pathol. 46:420-426, 1966.
17. Mullaney, J.: Primary Melanoma of the Vagina. J. Pathol. Bacteriol. 81:473-480, 1961.
18. Brzezinsky, A., Bromberg, Y. M. and Laufer, A.: Primary Malignant Melanoma of the Vagina. Am. J. Clin. Pathol. 20:774-778, 1950.
19. Hooper, P. C. and Kalfayan, B.: Primary Malignant Melanoma of Vagina. Wis. Med. J. 74:49-51, 1975.

Reprints: Lolita Montano, M.D.
Ellis Fischel State Cancer Hospital
115 Business 70 West
Columbia, Mo. 65201

For the first time in the nation's history, a national effort is being made to ensure that prisoners in American jails will not suffer the cruel and unusual punishment of inadequate health care.

The American Medical Association announced recently that it has formulated a set of minimum standards for health care services in American jails. (Jails are defined as metropolitan or county-operated installations which hold inmates for trial and/or limited terms of punishment.) The standards, consisting of 83 separate items of health care capability, have been approved by the AMA National Advisory Committee on Health Care in Jails.

The AMA jail program which produced the standards is financed in part by a grant from the Law Enforcement Assistance Administration of the U.S. Department of Justice.

According to Herbert C. Modlin, M.D., of the Menninger Foundation, Topeka, Kans., and chairman of the AMA National Advisory Committee on Health Care in Jails, "The need for a program to upgrade the health care in our jails is urgent. A survey, taken of the 30 jails in the AMA pilot program, showed that of 641 prisoners examined, 12.9% had positive results for tuberculosis, 5.9% had positive results for syphilis and 30% showed positive indications of liver malfunction. All of these diseases are communicable and when they're introduced into a closed society such as a jail population, the results can be disastrous, with the diseases spreading like wildfire."

NED D. RODES, M.D., CORINNE FARRELL, M.D. *and*
CHARLES W. BLACKWELL, M.D., *Columbia*

Missouri's Role in Breast Cancer Detection

Screening asymptomatic women for breast cancer has entered its fourth year at the Cancer Research Center in Columbia, Mo. This is a part of a national program which we described in the December, 1974 Missouri Medicine[1] and in a progress report on Year I in the December, 1975 Missouri Medicine.[2]

In this report, we deal with the summation of three years' experience and include some interpretations and analyses provided by the accumulation of new data and the advantage of experience. This experience now covers 10,166 participants and more than 30,000 sets of examinations. All women have been rescreened at least once and half have been rescreened twice, in addition to the "initial" visit. The data base, therefore, has been expanded and a 94% follow-up by correspondence has been accomplished. All cases (100%) have either a rescreen visit or a follow-up by correspondence. This represents an acceptable sample of the selected population (women 35-74 years of age) as shown by the "participation" map (Fig. 1).

The demographic analysis of these participants indicates as a "typical" profile a 52-year-old white widow with low annual income ($5,000-$10,000), and few years of formal education. These women form a stable group with little tendency to migrate. They provide reliable, traceable medical histories and have shown confidence in their physicians and in the project by their continuing participation. They have done this in spite of being buffeted first by news media waves of over-enthusiasm and, later, hyper-criticism of some aspects of the projects nationwide.

In like manner, the physician of record, who is named by the participant, has been a stable focus for follow-up data and a source for exchange of pertinent medical information. The 10,166 participants have identified 876 doctors as their primary care physicians. Data to substantiate these observations will be provided later in the article.

The format of the screening procedure has undergone some modifications. Mammography is routinely offered to women over 50 years of age. There has been a proved benefit to women in this age group[3] and it is a fact that the greatest number of breast cancers occur in this age group. On May 3, 1977, the National Cancer Institute, unsupported by the American Cancer Society, directed that only those women between ages 35-49 years who meet one or more of these three criteria should have mammograms: (1) previous personal history of breast cancer, (2) mother or sister with breast cancer, (3) a specific request for mammography by their private physician.

This policy eliminated the option of these women to personally elect to have the added detection benefits of this carefully and professionally monitored x-ray examination but, instead, put emphasis on the theoretical and hypothetical risks of such procedures. This affected 35% of our participant population or 3,556 women. It also caused understandable confusion in the minds of both physicians and all other participants. Of greater consequence is the fact that it would have left undetected nine (70%) of the 13 cancer cases detected in this 35-to-40-year age group and 13% of our total cancers detected in all age groups. The national detection average for this age group is even higher in all 27 projects combined. In spite of the manner in which this directive affected this project, it should in no way affect the decision to request

In three years, the experience of the Breast Cancer Detection Demonstration Project at the Cancer Research Center has included 10,166 participants and more than 30,000 sets of examinations. Certain trends are now apparent and suggestions may be made concerning the screening of asymptomatic women. The primary purpose of the project is to demonstrate that breast cancer can be detected at an early potentially curable stage. It is being achieved predominantly by mammography.

Dr. Rodes is Project Director and Director of the Cancer Research Center. Dr. Farrell is Associate Scientist in Radiology at the Center and Professor, Department of Radiology, University of Missouri School of Medicine. Dr. Blackwell is Associate Scientist in Radiology at the Center.

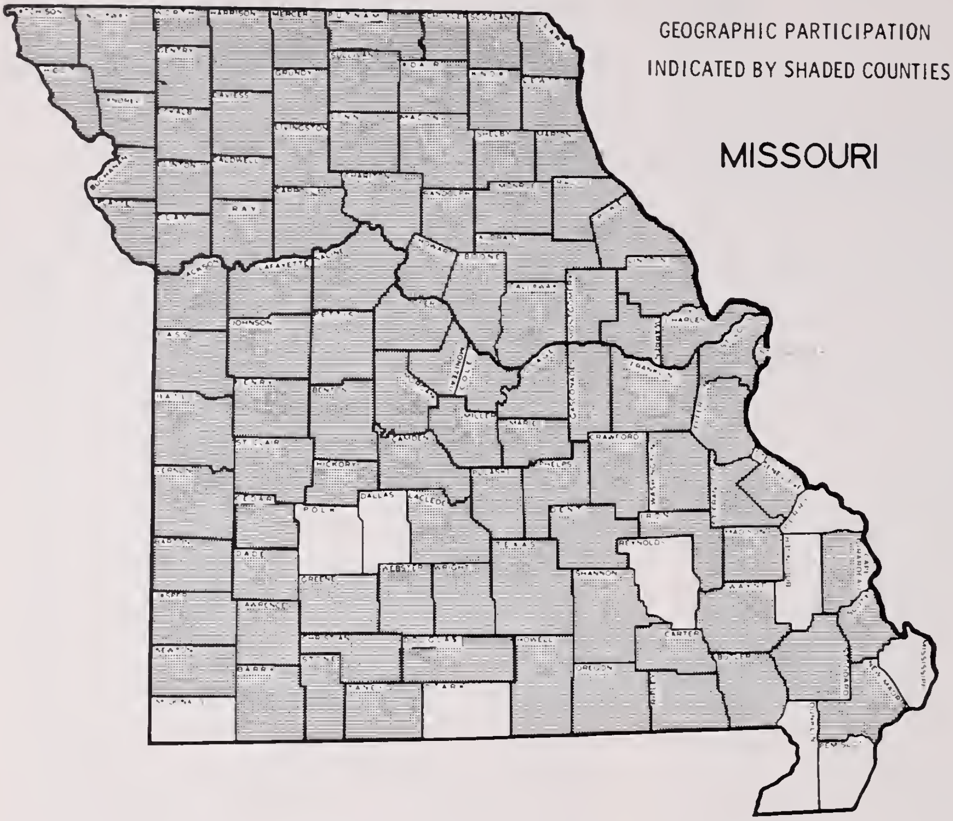


Fig. 1 Women from 105 of Missouri's 115 counties are participating in the Breast Cancer Detection Demonstration Project. Shaded counties indicate those with participants.

mammograms by any practicing physician who has a patient with a breast complaint or condition. This is because, at the present time, mammography offers the only reliable and consistent way of identifying the patient with occult or pre-clinical breast cancer.

The remaining two detection modalities, thermography and physical examination, have remained as originally described.[1]

THREE-YEAR SUMMARY

Seventy-eight total cancer cases have been detected. All diagnoses are based on hospital pathology reports. Three hundred and sixty-one biopsies were reported as benign and will subsequently be under review by a regional pathologist and later by a team of experts in breast histopathology. This is a "compliance" rate of 439 performed out of 482 recommended (91%) and reflects a high-degree of credibility, not just between project and physician but between physician and patient. In Missouri, at least, people still have confidence in their doctors and tend to follow their recommendations.

TABLE 1

TOTAL BIOPSIES RECOMMENDED/ TOTAL NO. OF PARTICIPANTS

Year of Project	*Percent Recommended*
I	4.0
II	1.6
III	1.2

It should be pointed out again that these figures are not final and that a final biostatistical analysis has not been accomplished because the project is active and will be adding new data for several more years. Certain statistics do show trends, however. Table 1 indicates the number of biopsies recommended compared to the number of participants examined each year. The progressive decline in the number of cases thought to require a histologic confirmation of a detected abnormality indicates not only that the initial screen is effective in identifying most of the cancers but, also, that there exists an increasing confidence on the part of the examiners to discriminate between benign and malignant abnormalities.

Another interesting comparison lies in the number of cancers confirmed compared to biopsies performed (Table 2). This, we feel, is an acceptable figure. It is a compromise between "too many" benign biopsies performed (over-diagnosis) and "too few" biopsies performed (under-diagnosis). The former would be declared too high a "false

TABLE 2

NO. OF CANCERS CONFIRMED/
TOTAL BIOPSIES PERFORMED

Year of Project	*Percent Confirmed Cancers*
I	15.0
II	20.0
III	20.5

positive" rate and both participant and physician would be disinclined to follow the project recommendations. The latter would be too high a "false negative" rate and would leave, undiagnosed, an abnormality that could be an early cancer. With our present detection capabilities, it is unlikely that we can safely raise this ratio of one cancer out of five biopsies. It is of interest that we have recommended one procedure with increasing frequency (Table 3). Aspiration of a questionable breast mass may often be an acceptable alternative to clinical observation or incisional biopsy. It is a relatively painless and safe office procedure. If fluid is obtained, not only is the clinical impression of a benign mass confirmed, but the material obtained can be studied cytologically adding still further assurance.

Cancers Detected

Most of our attention, of course, has been directed to detected cancers. Up to this date (Aug. 1, 1977), there have been 78 cancers histologically confirmed in 77 participants by the hospital pathologist. (One participant had bilateral simultaneous primaries.) The histologic grouping is shown in Table 4. The incidence of invasive cancer is somewhat lower than would be found in the usual group of clinical cancers. If a "minimal" breast cancer is defined (a) as 1 cm or less in its largest measurable dimension and/or (b) as an intraductal or in situ lesion, then 22 of the 78 (28%) were "minimal" or "early" cancers. These women could be expected to have a high lifetime survival rate.[4]

TABLE 3

RECOMMENDED ASPIRATIONS*

Year	*Percent*
I	9.5
II	34.5
III	43.0

* Percent derived by dividing the number of aspirations by the total recommended biopsies and aspirations.

TABLE 4

HISTOLOGY OF 78 CANCERS

Kind of Cancer	*Number of Cancers*
Invasive ductal	60
Intraductal (in-situ)	16
Alveolar	1
Lobular (in-situ)	1
Total	78

TABLE 5

AXILLARY NODES

No. of Nodes Found	*Percent of Patients*
One positive node	5-8
More than one positive node	7-11
No positive nodes	53-81

TABLE 6

MODE OF CANCER DETECTION

Method That Detected Cancer	*Percent Detected*
1. Physical examination	11
2. Physical examination and mammography	16
3. Mammography and thermography	73

Axillary Nodes

Another point of interest is in the number with histologic metastases to the axillary nodes since it is generally accepted that, perhaps, this is the most important prognostic factor (Table 5). Sixty-five of the 78 cases provided the axillary contents for this study. Here again a very favorable survival curve is indicated by the low incidence of axillary metastases. The most favorable group certainly should be the clinically occult cancers identified by mammogram. Only seven of 50 cases (14%) were node positive.

Mode of Detection

As stated earlier, the complete examination procedure involves the modes or methods of physical examination, mammography (xero process) and thermography. The first two will be described more explicitly by Dr. Farrell (thermography) and Dr. Blackwell (mammography). Table 6 shows the relative contribution of each mode to the detection of abnormalities that led to the confirmed diagnosis of cancer. If methods #1 and #2 are combined, the total contribution of physical examination is 27%. If methods #2 and #3 are combined, the total contribution of xeromammography is 89%.

TABLE 7

SURGERY FOR 78 CANCERS

Kind of Procedure	*Number of Patients*
Radical mastectomy (Halstead)	37
Modified radical mastectomy	32 (1 bilateral)
Local resection	8
Extended radical mastectomy	1

This emphasizes the importance of mammography as a screening/detection method. Also, if screening had been accomplished by the single method of physical examination, only one cancer out of four would have been identified. Thermography complemented both physical examination and mammography, representing a valued "third opinion" in our deciding on which abnormality to recommend biopsy.

Operative reports were reviewed on all 78 cancers (Table 7). The interesting trend is in the proportion of patients having less-than-radical procedures (51%) and of the eight (10%) who had surgery which removed less than the total breast. It certainly indicates that surgeons are now exercising options and that the evolving concept of "minimal cancer" in some cases offers the patient a selection of surgical procedures.

Thermography

The thermographic examination of the breast (surface temperature variation of infrared emission of the skin) remains the first examination to be performed, thus avoiding artifacts of breast palpation and mammographic balloon compression. The screenee is unclothed to the waist and cooled for 10 to 12 minutes in a room of 70 F allowing for skin temperature equilibration. The elevated arms position has been made more comfortable by the installation of reverse u-shaped bars ⊓ for hand placement, and the screenee watches the 10-minute, American Cancer Society color movie "Breast Self Examination."

The four images are obtained: anterior black hot and white hot polarities as well as each 45 degree angle oblique in the black hot polarity. The white hot anterior polarity affords better evaluation of the background temperature and delineation of out-of-focus vessels.

We have changed the black-and-white Polaroid film to the "coatless" variety of 707 and find that the examination is ready for evaluation more rapidly and that degradation of the image over a long period of time has not occurred.

Interpretation of the thermograms is based on comparison of each breast symmetry as well as change in symmetry.

The abnormal criteria of major importance include the following:

1. Asymmetry of areolar temperature
2. Asymmetry of background temperature
3. Asymmetry of vessel size, caliber, temperature
4. Asymmetry of contour.

The minor parameters or "near suspicious" signs to note include the "smudged nipple sign" associated with areolar vascular blush, the vessel seen at the 6 o'clock position; the pendent sign of the acromino-clavicular or acromino-thoracic vein ending in a focal area of heat; the clustering or fragmentation of the vascular patterns or both in the upper outer quadrants.

While the four basic thermal patterns of avascular, minimally vascular, moderately vascular and highly vascular remain, these patterns may change during ovulatory cycle, hormonal intake, pregnancy, lactation, alcoholism or recent smoking.

Thermography continues to have the problem of nonspecificity. Thermography does not reveal spatial relations of masses and we get positive thermograms in benign as well as malignant conditions. Positive thermographic images are seen in 50% of fibroadenoma, inflammatory lesions and fibrocystic disease. Not all cancers produce enough heat to produce a positive thermogram, thus giving an unacceptable false negative rate of 33%.

We are continuing to screen the mastectomized woman to monitor for recurrence of disease of the operated side. Also, we look for occurrence in the second breast (15% rate).

Raw data and rough review indicate that thermography in our hands has had a true cancer call rate of 67% in those women with primary carcinoma of the breast. Two percent of the thermograms were not available to reread. Four percent were read initially as negative but were recalled early for repeat thermogram. Eleven percent of the thermograms initially read as negative were reread as abnormal, and 19% of the cancers had negative thermograms. Modification of machine and technique has improved the true positive recurrence call rate of the operated side.

At the present time, thermography is more art and experience than science and its full definitive role in early breast cancer detection and mass screening will not be known for some years. To date, in the United States there are too many conflicting and varying reports with varying expertise, experience and results to say nothing of varying techniques, image presentation and scanning devices. The lack of cancer specificity and sensitivity continues to be a major problem. We believe it is mandatory that we continue to improve machines, techniques and images and to put interpretation on a scientific basis. This possibly can be assisted by the use of computer-aided diagnostic programs and standardization of machine and images.

The assessment of false positive will take years because what is false positive in June, 1974 may not manifest itself in the other modalities as detectable disease for a number of years. Thirty percent of the screenees have an abnormal thermogram, i.e., asymmetry or change in the major and minor abnormal parameters. Because there is no suspicion according to the other modalities (mammography and physical examination), however, the woman's breast is not biopsied and the presence or absence of disease is not proved.

To date, we believe that thermography works best in tandem with physical examination and mammography. It serves in many instances as a warning flag for further investigatory modalities. Abnormal thermographic and mammographic findings have resulted in biopsy instead of early recall or annual rescreen. This modality also reinforces what is otherwise an equivocal mammographic or physical finding. Indeed, thermography is worthy of continued investigation.

MAMMOGRAPHY

We continue to utilize the Xerox technique of mammography as previously described.[1] Since the inception of the project, two changes have been made in the technique to reduce the patient radiation exposure. These changes have been (1) the conversion from molybdenum to tungsten target x-ray tubes and (2) the addition of increased aluminum filtration to the x-ray beam. This results in an exposure of about 1 roentgen to the skin for each view. This is comparable to dosages employed by other screening centers using similar radiographic technique and is considered acceptable. Radiation measurements are monitored weekly by an independent radiation physics laboratory sponsored by the National Cancer Institute. Letton *et al*[5] have calculated from similar exposure data that this technique would result in a 0.46 rads absorbed dose per exposure. They further state that Upton has calculated that 1 rad absorbed would cause an increased carcinogenic risk of no more than 1% of the original risk (7%). (One out of 15 women will have breast cancer.) Each examination of 1 rad, therefore, would cause an increase in risk from 7% to 7.07%. At the end of five years of annual mammographic screening, the risk would be 7.35%. They further calculated that for the under-50 age group, almost three times as many patients would be cured by breast cancer screening as might be lost due to the highly theoretical disadvantage of induced carcinomas. It may very well be that the critics of mammography and the scare tactics used by some in the lay press will unnecessarily frighten women from being screened. This will result in more cancer deaths by lack of early detection than would ever be theoretically induced by current diagnostic x-ray levels.

As stated above, current guidelines of the protocol for the detection projects has limited mammography to only a very high risk group in the under-50-years-of-age participants. The American Cancer Society is not in total agreement with these limitations on the utilization of mammography for screening.[6] Approximately one third of all of the cancers detected by the total of the screening projects have been in women under 50 years of age. Physicians should not be hesitant, therefore, to utilize the possible benefits of mammography for their patients in the 40-to-50-year age group just because annual screening of asymptomatic women in this group is not being done under our current protocol. There is no question about the benefit of annual mammography screening of asymptomatic women over the age of 50. Carefully controlled, randomized studies need to be done on the 40-to-50-year age group to definitely determine the true efficacy and possible risk of mammography screening on either an annual or to-be-determined variable frequency rate.

Of the 78 cancers we have detected, 50 have been clinically occult. Of these 50 clinically occult cancers, only seven (14%) had positive axillary lymph nodes.

Mammography has failed to detect approximately 10% of our cancers. It should be reemphasized that mammography is not a procedure that should replace the physical examination. Any lesion that is suspicious clinically for cancer should be biopsied in spite of a negative mammogram report. It also should be emphasized that patients and their physicians should not be lulled into a false sense of security by both a negative physical and negative mammogram. Diligent breast self examination, as taught in the detection project, should be stressed. A few cancers will grow so fast that, although they were not detectable by any modality at the time of the screening, they will become clinically evident within the year prior to a rescreening examination date. If an abnormality is detected on breast self examination or by a participant's physician, it is recommended that the mammograms be repeated at that time to help in the differential diagnosis.

There is no question now that mammography is the dominant modality leading to breast cancer detection through screening. However, current mammographic techniques are not 100% perfect and without a theoretical, albeit very slight, carcinogenic risk. Also a slight risk, inconvenience and expense have been incurred by the patients undergoing biopsy for benign disease. Some of the biopsies have been recommended for what was presumed to be benign disease and some have been recommended for suspicious lesions that were benign but considered premalignant in nature. The true benefit, if any, derived from removing such a premalignant lesion is unknown at this time. It is indeterminate what percentage of these premalignant lesions would, indeed, progress to clinically significant neoplasms and how much time it would take.

Neither do we know at this time what the effect is of length bias sampling (the propensity of screening to detect cancers that are more likely to be indolent than cases found in clinical practice).

The primary purpose of these projects was to demonstrate to the cancer patient and her physician that breast cancer can be detected at an early, potentially curable stage. This primary purpose is unquestionably being achieved predominantly by mammography. A working group headed by Dr. Oliver Beahrs of the Mayo Clinic has done a preliminary evaluation of the Breast Cancer Detection Demonstration Projects for the National Cancer Institute. Their report favors continuation of the Breast Cancer Detection Demonstrations Projects and continued utilization of mammography.[7]

References

1. Rodes, N. D., Blackwell, C. W. and Farrell, C.: Missouri Breast Cancer Detection Demonstration Project. Mo. Med. 71:685, 1974.

2. Rodes, N. D., Blackwell, C. W. and Farrell, C.: Screening Asymptomatic Women for Breast Cancer. Mo. Med. 72:692, 1975.

3. Shapiro, S., Strax, P. and Venet, L.: Periodic Breast Cancer Screening in Reducing Mortality From Breast Cancer. JAMA 215: 1777, 1971.

4. Wanebo, H. J., Huvos, A. G. and Urban, J. A.: Treatment of Minimal Breast Cancer. Cancer 33:349, 1974.

5. Letton, A. H., Wilson, J. P. and Mason, E. M.: The Value of Breast Screening in Women Less Than 50 Years of Age. Cancer 40:1, 1977.

6. National Cancer Institute and the American Cancer Society Statement on X-Ray Mammography and Screening for Breast Cancer. U. S. Department of Health, Education, and Welfare. Bethesda, Maryland, Aug. 23, 1976.

7. Report of the Working Group to Review the NCI-ACS Breast Cancer Detection Demonstration Projects, Vol. 1. Special Report Section A, Sept. 1977.

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

EASTERN MISSOURI OFFICE: Ralph E. Borgmann, Representative
Suite 215, 13100 Manchester Road, St. Louis 63131
Telephone: (Area Code 314) 965-7400
WESTERN MISSOURI OFFICE: Robert E. McCurdy, Representative
6908 W. 101st Terrace, Overland Park, Kansas — P.O. Box 6101, Leawood, Kansas 66206
Telephone: (Area Code 913) 381-4222

President's Message

In April, 1975, the House of Delegates approved the development of the Missouri State Medical Insurance, Inc. (MSMI). At that time, many physicians found themselves unable to obtain liability coverage, others were cancelled outright and new physicians were in a dilemma. The MSMI did not resolve all problems, but it did provide availability to those physicians who could secure no insurance. If you recall, MSMI is controlled by the MSMA and since 1975, the MSMA has received substantial dividends. These funds have been used to the advantage of the MSMA. Most will agree that the MSMI has served a useful purpose, but it has not fulfilled all of the needs of our members.

Howard J. McAlhany, M.D.

In November, at the 1977 Interim Session in Springfield, the House of Delegates approved a plan to create and develop an insurance liability company to be totally owned and controlled by the MSMA. This program should answer the needs of our physicians regarding professional liability coverage. However, we will not see a resolution of this problem until additional tort reform legislation is enacted in Jefferson City. We can accomplish this only through our Legislative Contact Committees.

The new plan adopted by the MSMA is a stock insurance program devised to afford coverage to all physicians in Missouri. It will represent *our* program —totally owned and controlled by the MSMA. Under these terms, the MSMA will qualify for reinsurance under the American Medical Assurance Company (AMACO).

In order for this program to become strong and viable, we must use the capital assets of the MSMA, MSMI and the physicians who participate in the program. This is no ***assessment plan;*** it is modeled after the plan used by the physicians in Ohio. We *must* create a capital company which will respond to the needs of the members of the MSMA.

The plan has been presented. I enlist your support.

FOUNDED 1924
WOMAN'S AUXILIARY TO THE MISSOURI STATE MEDICAL ASSN.

MSMA Auxiliary

Public Relations (Webster's New World Dictionary)—Those functions of an organization concerned with informing the public of its activities, policies, etc. and attempting to create a favorable public opinion.

Image—The total impression created by a person, company, nation, etc. as a result of practices, policies, etc.

In one week recently, I attended three meetings at which public relations and the public image of medicine were discussed. It is interesting to contemplate the three views of these subjects and try to coordinate them in an effort to find a plan that could prove most helpful—a goal of most MSMA members and Auxilians.

Mrs. W. Jack Stelmach
President

The first meeting was the Fall Conference of the MSMA Auxiliary in Joplin. It was "packed" with information in many areas. One excellent piece of "public relations" was created by the Jasper County Auxiliary, the hostess group, who had obtained the services of Dr. David Ohlms and Rev. Bill Little of St. Louis, two knowledgeable and excellent speakers, to discuss the problem of alcoholism in young people at our afternoon session.

The Jasper County Auxiliary also had invited community leaders in concerned areas (school counselors, nurses, social workers) to hear these two speakers at a special meeting that morning and more than 90 attended. This unique opportunity to hear such highly qualified speakers was greatly appreciated by these leaders. The Jasper County Auxiliary, indeed, had provided a valuable community service.

It was stressed at the Conference that Auxilians should undertake such community service projects to point up the positive image of medicine.

Next, I attended a Campus Re-Entry program sponsored by the Women's Council at the University of Missouri-Kansas City and heard Dr. Hans W. Uffelmann speak on "Modern Medicine: Friend or Foe?" The room was filled since this topic apparently is a question causing a good deal of concern. Health care costs were discussed as were the expectations (many times unrealistic) of the modern American and the fact that many health problems are actually the responsibility of the individual. Dr. Uffelmann reiterated many points that physicians have been projecting for several years, so this information has not been getting through to the public or it has been falling on deaf ears.

The third meeting was the Interim Session of the MSMA in November. Two resolutions dealt with public relations. The general consensus was that something has to be done to enhance the public image of medicine in Missouri, and the best way to achieve this goal was debated in both the reference committee hearings and in the House of Delegates.

The suggestion that a Public Relations firm be retained to conduct a survey to assess the strengths and weaknesses of the image of medicine in Missouri seems to be a logical first step to create an ongoing informative program.

It is well known that personal physicians are viewed positively by their *own* patients, but physicians in organized groups in general are often viewed somewhat negatively. *Why?*

Perhaps we all, physicians and Auxiliary members, need to be active in more community programs and be willing to be speakers on health topics at organization meetings, schools, factories, businesses, churches and, particularly, for nonprofessional groups. Positive visibility can polish and improve that image.

New Members

Paul B. Convery, M.D., 3915 Watson, St. Louis 63109, has become a member of St. Louis Medical Society. Dr. Convery is a native of Illinois, received his preliminary education at St. Louis University and his M.D. degree at the University of Illinois in 1974. He specializes in internal medicine.

Thomas V. Cradock, M.D., 1401 S. Grand, St. Louis 63104, has become a member of St. Louis Medical Society. Dr. Cradock is a native of St. Louis, received his preliminary education at Georgetown University and his M.D. degree at St. Louis University in 1969. He specializes in pediatric surgery.

Alan M. Gall, M.D., 4989 Barnes Hospital Plaza, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Gall is a native of Brooklyn, N. Y., received his preliminary education at Brooklyn College and his M.D. degree at the University of Cincinnati in 1972. He specializes in otolaryngology.

Korgi V. Hegde, M.D., 3915 Watson Rd., St. Louis 63109, has become a member of St. Louis Medical Society. Dr. Hegde is a native of India, received his preliminary education in India and his M.D. degree at Bangalore Medical College in 1970. He specializes in internal medicine.

John R. Jacobs, M.D., 4989 Barnes Hospital Plaza, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Jacobs is a native of Evanston, Ill., received his preliminary education at Northwestern University and his M.D. degree at Northwestern University Medical School in 1975. He specializes in otolaryngology.

Robert C. Lander, M.D., 4919 Forest Park, St. Louis 63108, has become a member of St. Louis Medical Society. Dr. Lander is a native of Chicago, Ill., received his preliminary education at the University of Michigan and his M.D. degree at the University of Illinois in 1972. He specializes in orthopedics.

Gary A. Landers, D.O., 2800 Hospital Dr., North Kansas City 64116, has become a member of Clay County Medical Society. Dr. Landers is a native of Rapid City, S.D., received his preliminary education at Hastings College and his D.O. degree at the College of Osteopathic Medicine and Surgery, Des Moines, Iowa in 1972. He specializes in emergency medicine.

Stephen J. Mathes, M.D., 4960 Audubon, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Mathes is a native of New Orleans, La., received his preliminary education at Louisiana State University and his M.D. degree at Louisiana State University in 1968. He specializes in plastic surgery.

Thomas Miller, M.D., 2709 Hospital Dr., Kansas City 64116, has become a member of Clay County Medical Society. Dr. Miller is a native of Kansas City, received his preliminary education at the University of Kansas and his M.D. degree at the University of Kansas in 1977. He specializes in family practice.

Steven H. Nichols, M.D., 10010 Kennerly Rd., St. Louis 63128, has become a member of St. Louis Medical Society. Dr. Nichols is a native of St. Louis, received his preliminary education at Vanderbilt University and his M.D. degree at Washington University, St. Louis in 1973. He specializes in pathology.

Henry G. Ollinger, M.D., 4910 Forest Park, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Ollinger is a native of St. Louis, received his preliminary education at the University of Missouri and his M.D. degree at the University of Missouri in 1971. He specializes in plastic surgery.

David W. Ortbals, M.D., 8631 Delmar Blvd., Suite 201, St. Louis 63124, has become a member of St. Louis Medical Society. Dr. Ortbals is a native of St. Louis, received his preliminary education at St. Louis University and his M.D. degree at Washington University in 1970. He specializes in internal medicine and infectious diseases.

Vicente C. Palmeri, M.D., No. Kansas City Memorial Hospital, 2800 Hospital Dr., No. Kansas City 64116, has become a member of Clay County Medical Society. Dr. Palmeri is a native of Buenos Aires, Argentina, received his preliminary education at Eswela Normal deProfesores and his M.D. degree at the University of Buenos Aires in 1975. He specializes in family practice.

Dennis L. Ross, M.D., 216 S. Kingshighway, St. Louis 63110, has become a member of St. Louis Medical Society. Dr. Ross is a native of Nebraska, received his preliminary education at the University of Nebraska and his M.D. degree at the University of Nebraska in 1973. He specializes in internal medicine.

In Memoriam

Robert Eugene Koch, M.D., 35 N. Central, Clayton 63105; a graduate of Washington University Medical School, 1940; a member of St. Louis County Medical Society; age, 64; died Oct. 17, 1977.

Levi M. Rigney, M.D., 806 E. Linwood Dr., Springfield 65806; a graduate of St. Louis University, 1928; member of Greene County Medical Society; age, 74; died Oct. 24, 1977.

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION (REQUIRED BY 39 U.S.C. 3685)

1. Title of Publication: MISSOURI MEDICINE.
2. Date of filing: September 29, 1977.
3. Frequency of issue: Monthly, except semi-monthly in August.
4. Location of known office of publication: 1201-05 Bluff Street, Fulton (Callaway), Missouri 65251.
5. Location of the headquarters or general business offices of the publishers: 113 Madison Street, Jefferson City, Missouri 65101.
6. Names and addresses of publisher, editor and managing editor: Publisher, Missouri State Medical Association, 113 Madison Street, Jefferson City, Missouri 65101. Editor, Joseph V. Finnegan, 113 Madison Street, Jefferson City, Missouri 65101. Managing Editor, Miss Jean Duensing, 113 Madison Street, Jefferson City, Missouri 65101.
7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) Missouri State Medical Association, 113 Madison Street, Jefferson City, Missouri 65101.
8. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None.
9. For optional completion by publishers mailing at the regular rates (Section 132.121, Postal Service Manual) 39 U.S.C. 3626 provides in pertinent part: "No person who would have been entitled to mail matter under former section 4359 of this title shall mail such matter at the rates provided under this subsection unless he files annually with the Postal Service a written request for permission to mail matter at such rates."

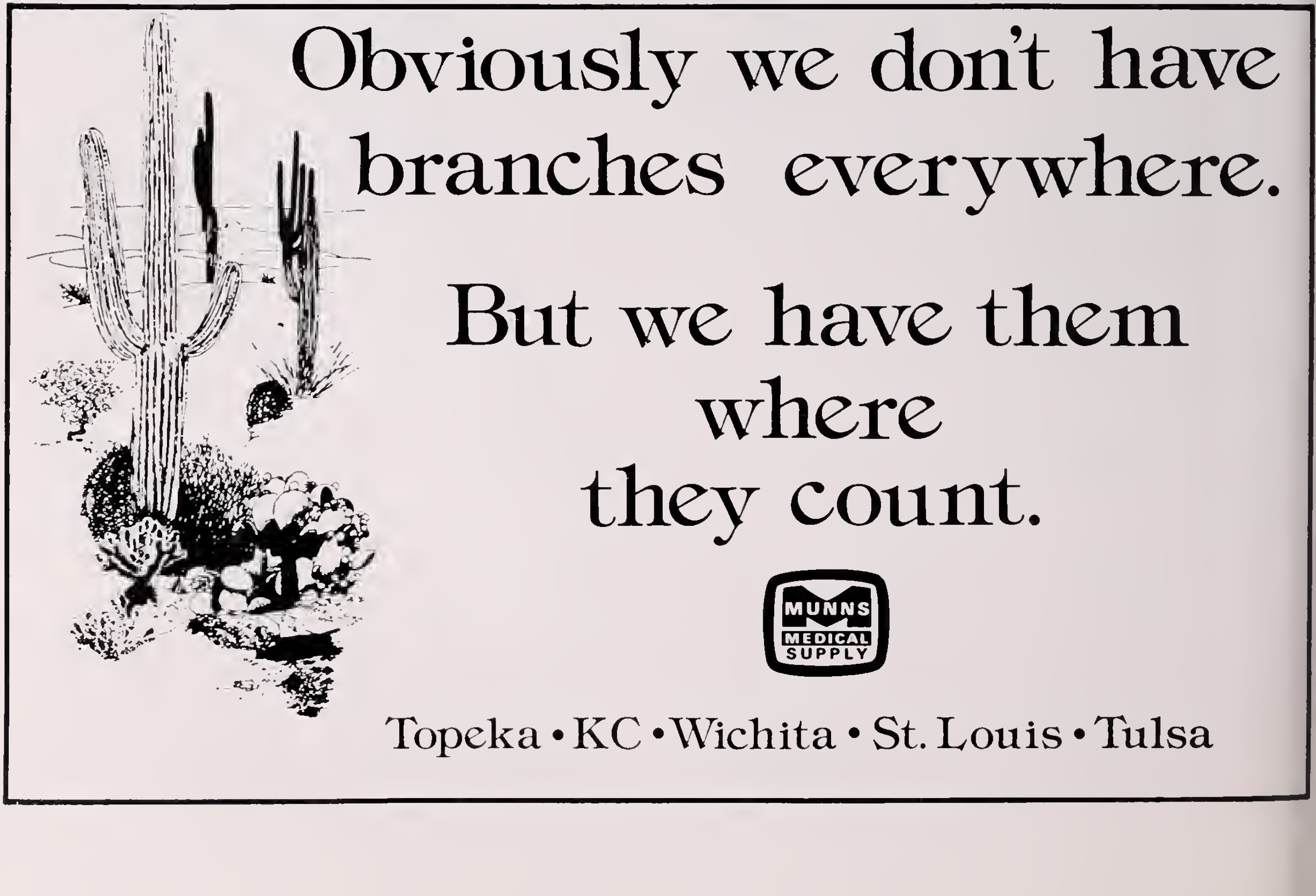
In accordance with the provision of this statute, I hereby request permission to mail the publication named in Item 1 at the reduced postage rates presently authorized by 39 U.S.C. 3626.

Jean Duensing, *Managing Editor*

10. Extent and nature of circulation. The average number of copies each issue during preceding 12 months are: (A) Total number copies printed. (Net Press Run), 5,522; (B) Paid circulation: 1. Sales through dealers and carriers, street vendors and counter sales, 0; 2. Mail subscriptions, 5,220; (C) Total paid circulation, 5,220; (D) Free distribution by mail, carrier or other means; Samples, complimentary, and other free copies, 220; (E) Total distribution. (Sum of C and D), 5,440; (F) Copies not distributed: 1. Office use, left-over, unaccounted, spoiled after printing, 82; 2. Returns from news agents, 0; (G) Total (sum of E and F—should equal net press run shown in A), 5,522. Actual number of copies of single issue published nearest to filing date: (A) Total number copies printed. (Net Press Run), 5,515; (B) Paid Circulation: 1. Sales through dealers and carriers, street vendors and counter sales, 0. 2. Mail subscriptions, 5,219; (C) Total paid circulation, 5,219; (D) Free distribution by mail, carrier or other means; Samples, complimentary, and other free copies, 220; (E) Total distribution. (Sum of C and D), 5,439; (F) Copies not distributed: 1. Office use, left-over, unaccounted, spoiled after printing, 76; 2. Returns from news agents, 0; (G) Total (Sum of E and F—should equal net press run shown in A), 5,515.

I certify that the statements made by me above are correct and complete.

Jean Duensing, *Managing Editor*



Obviously we don't have branches everywhere.

But we have them where they count.

MUNNS MEDICAL SUPPLY

Topeka • KC • Wichita • St. Louis • Tulsa

Index to Volume 74

A

- Abstracts From the Annual Meeting of the Missouri Chapter, American College of Surgeons—Special Feature 623
- Alcoholic Hepatitis—Smith 174
- Almond, Carl *et al*—Chronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade—Case Report 170
- 126th AMA Convention to Be Held in San Francisco 198
- AMA—In Brief—A Summary of AMA, Medical & Health News 8, 50, 140, 157, 199, 245, 366, 545, 578, 622
- AMA Winter Scientific Meeting in Miami Beach 631
- An Outline of the History of Cancer, Part 1—Kardinal—Special Article 662
- Anderson, Philip C.—What's New in Loxoscelism—1978—Case Report 549
- Anderson, Philip C. and Roller, James A.—Chloroquine in the Treatment of Porphyria Cutanea Tarda—Case Report 167
- Anthony, Dallas D., Jr. *et al*—Oculodentodigital Dysplasia 379
- Aortic Root Aneurysm—Barner 373
- Arnold, Malcolm *et al*—Survival Following Coronary Artery Bypass 635

B

- Barner, Hendrick B.—Aortic Root Aneurysm 373
- Bates, Guy P., Jr., *et al*—Oculodentodigital Dysplasia 379
- Begleiter, Michael L. *et al*—Clinical Cytogenetics in Kansas City—Ten Years' Experience 117
- Blackwell, Charles W. *et al*—Missouri's Role in Breast Cancer Detection 689
- Bradley, William B.—Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities—Case Report 597
- Brady, Harry R. and Lewis, Robert D.—Visual Rehabilitation in the "Blind"—Case Reports 641
- Bronchogenic Carcinoma: A Plea for Conservative Management—Patton and Kardinal 19
- Brothinard, Bhisit *et al*—Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities—Case Report 597

C

- Canoy, Nestor R. and Montano, Lolita N.—Primary Malignant Melanoma of the Vagina—Case Reports 680
- Canoy, Nestor R.—The Judgement Seat 667
- Canoy, Nestor R. and Richter, Clifford W.—Use of Computers in Radiation Oncology 256
- Carcinoma of the Vulva—Zeller and Newman—Case Report 258
- The Carter Administration and Cost Containment—Myers—Editorial 134
- **Case Reports—**
  - Carcinoma of the Vulva—Zeller and Newman 258
  - Chloroquine in the Treatment of Porphyria Cutanea Tarda—Roller and Anderson 167
  - Chronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade—Lababidi, Hakami and Almond 170
  - Circulatory Failure Secondary to Loss of Atrial Contribution—Wang, Stickley and Hamilton 125
  - Colonic Obstruction and Strangulation in Traumatic Diaphragmatic Hernia—Garvin and Codd 599
  - Halothane Hepatitis—Huffman and Wilkinson 261
  - Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities—Srivastava, Brothinard, Myers and Bradley 597
  - Microinvasive Carcinoma of the Cervix—Kiser and Newman 207
  - Midline Malignant Reticulosis—Yesus 375
  - Nasal Septal Dislocation in the Newborn—Daily and Davis 381
  - Pleural Thorn Sign of Pleural Effusion—Oestreich 172
  - 'Post-Appendectomy Cotton Swabs' Retained for 55 Years—Devgan and Tucker 23
  - Primary Malignant Melanoma of the Vagina—Montano and Canoy—Case Reports 680
  - Pulmonary Vasculitis in a Patient Taking Nitrofurantoin—Oxenhandler 25
  - Trophoblastic Disease—Taylor and Newman 553
  - Visual Rehabilitation in the 'Blind'—Lewis and Brady 641
  - What's New in Loxoscelism—1978—Anderson 549
- Chapel, J. and Kashani, J.—Enuresis: An Updating 557
- Chloroquine in the Treatment of Porphyria Cutanea Tarda—Roller and Anderson—Case Report 167
- Chronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade—Lababidi, Hakami and Almond—Case Report 170
- Circulatory Failure Secondary to Loss of Atrial Contribution—Wang, Stickley and Hamilton—Case Report 125
- Clinical Cytogenetics in Kansas City—Ten Years' Experience—Begleiter, Harris, Francisco and Hankins 117
- Codd, John E. and Garvin, Paul J.—Colonic Obstruction and Strangulation in Traumatic Diaphragmatic Hernia—Case Report 599
- Colonic Obstruction and Strangulation in Traumatic Diaphragmatic Hernia—Case Report—Garvin and Codd 599
- Colorectal Cancer—1977—Kardinal and Perry 675
- Continuing Education Coming Events 16, 64, 114, 164, 204, 251, 369, 546, 588, 630, 670
- Costello, Cyril—Letters to the Editor 228
- Council Reports, The 67, 349, 362, 579, 665
- County Society News 32, 86, 135, 183, 224, 267, 605, 649, 672
- Cybernetics of Cancer Control by Prevention—Spratt 213

D

- Daily, William and Davis, William E.—Nasal Septal Dislocation in the Newborn—Case Report 381
- Davis, William E. *et al*—Management of Epistaxis 210
- Davis, William E. and Daily, William—Nasal Septal Dislocation in the Newborn—Case Report 381
- **Deaths—**
  - Alvis, Bennett Y. 353
  - Aquino, Philip J. 219
  - Boyd, Arthur M. 137
  - Braverman, Elliot M. 137
  - Brother, George M. 270
  - Broun, Goronwy O. 182
  - Burford, Thomas H. 270
  - Campbell, Cecil S. 652
  - Carr, A. D. 565
  - Chambers, James Q., Jr. 565
  - Coates, Thomas A. 353
  - Cremer, William J. 28
  - Crouch, F. Richard 353
  - Davis, Edgar W. 565
  - DeMaria, Peter F. 182
  - DeMotte, John A. 182
  - Diekroeger, Manuel L. 392
  - Ellison, Leroy E. 607
  - Farnsworth, Jesse J. 565
  - Ferguson, Ralph L. 137
  - Ford, William 182
  - Gaines, Quentin 219
  - Gildea, Edwin F. 392
  - Goldenson, Max J. 270
  - Gruenfeld, Gerhard E. 219
  - Guldner, Edmond 28
  - Heideman, Milo L. 219
  - Hennelly, John J. 28
  - Herrman, George V. 565
  - Hopkins, Florian G. 86
  - Kelley, Robert W. 565
  - Kimberlin, Herbert C. 270
  - Koch, Robert Eugene 698
  - Kovac, Albert P. 182
  - Lawton, Lawrence M. 28
  - Lichtor, Alexander 182
  - McVay, James R. 652
  - Meyers, Harold L. 182
  - Mooney, Marcel L. 607
  - Mullinax, Orr 86
  - Nester, Charles A. 652
  - Peterson, George L. 137
  - Post, Winfred L. 270
  - Rauch, James E. 137
  - Rigney, Levi M. 698
  - Schaefer, George J. 28
  - Staley, Harry R. 137
  - Stevens, Robert W. 392
  - Stewart, John W. 353
  - Struessel, Kenneth F. 652
  - Taylor, Helen L. 137
  - Thompson, Ian M. 137
  - Turner, Clarence M. 219
  - Tygett, Glen J. 353
  - Wayland, Thomas A. 270
  - Weis, Matthew W. 270
  - Wheeler, John H. 353
  - Williams, Robert S. 28
  - Zink, Oscar C. 219
- Death of the Brain—Woolsey—Special Article 540
- Devgan, Manju and Tucker, Eugene F.—'Post-Appendectomy Cotton Swabs' Retained for 55 Years—Case Reports 23
- Dr. James R. McVay, Sr., Dies; MSMA President 1939-1940 633
- Dr. John N. Martin Named MSMA President-Elect 198
- Document on High Blood Pressure Control Now Available 543
- Donnell, Denney *et al*—Epidemic of "Swimmer's Itch" Traced in Cercarial Trematodes 218

E

- **Editorials—**
  - The Carter Administration and Cost Containment—Myers 134
  - Glaucoma and the Family Physician—Hart 182
  - Medical Schools Find an Intruder—Los Angeles Times 31
- Enuresis: An Updating—Kashani and Chapel 557
- Epidemic of "Swimmer's Itch" Traced to Cercarial Trematodes—Oyoo, Donnell and Prendergast 218

F

- Farrell, Corinne *et al*—Missouri's Role in Breast Cancer Detection 689
- Francisco, C. B. *et al*—Clinical Cytogenetics in Kansas City—Ten Years' Experience 117
- Fried, Frederick E. *et al*—Treatment of Tension and Migraine Headaches With Biofeedback Techniques 253
- Fritts, Deborah—Hearing Evaluations for the Young Child 177
- From the Medical Schools 34, 66, 141, 162, 202, 247, 367, 566, 585, 627, 668

G

- Garvin, Paul J. and Codd, John E.—Colonic Obstruction and Strangulation in Traumatic Diaphragmatic Hernia—Case Report 599
- Gist, William W. *et al*—Simplified Hiatus Herniorrhaphy—A Review 122

Glaucoma and the Family Physician—Editorial—Hart 182

H

Hakami, Nasrollah *et al*—Chronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade—Case Report 170
Halothane Hepatitis—Huffman and Wilkinson—Case Report 261
Hamilton, W. P.—Circulatory Failure Secondary to Loss of Atrial Contribution—Case Report 125
Hankins, Lana *et al*—Clinical Cytogenetics in Kansas City—Ten Years' Experience 117
Harris, David J., *et al*—Clinical Cytogenetics in Kansas City—Ten Years' Experience 117
Hart, William M.—Glaucoma and the Family Physician—Editorial 182
Hearing Evaluations for the Young Child—Fritts 177
Huffman, Thomas L. and Wilkinson, E. A.—Halothane Hepatitis—Case Report 261

J

Joseph, Donald J. *et al*—Management of Epistaxis 210

K

Kardinal, Carl G.—An Outline of the History of Cancer—Special Article 662
Kardinal, Carl G. and Patton, Allen J.—Bronchogenic Carcinoma: A Plea for Conservative Management 19
Kardinal, Carl G. and Perry, Michael C.—Colorectal Cancer—1977 675
Kashani, J. and Chapel, J.—Enuresis: An Updating 557
Killen, Duncan A. *et al*—Survival Following Coronary Artery Bypass 635
Kilroy, John M.—Malpractice Pre-Screening Panel—Panacea or Pandora's Box? 11
Kindred, Lynn H. *et al*—Survival Following Coronary Artery Bypass 635
Kiser, Rick E. and Newman, Robert L.—Microinvasive Carcinoma of the Cervix—Case Report 207
Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities—Case Report—Srivastava, Brothinard, Myers and Bradley 597

L

Lababidi, Zuhdi *et al*—Chronic Granulomatous Disease Associated With Acute Pericarditis With Tamponade—Case Report 170
Lally, James J. *et al*—Simplified Hiatus Herniorrhaphy—A Review 122
Lamberti, Joseph *et al*—Treatment of Tension and Migraine Headaches With Biofeedback Techniques 253
Letters to the Editor—Costello 228, 605
Lewis, Robert D. and Brady, Harry R.—Visual Rehabilitation in the "Blind"—Case Reports 641
Los Angeles Times—Editorial—Medical Schools Find an Intruder 31

Mc

McCallister, Ben D. *et al*—Survival Following Coronary Artery Bypass 635

M

Malpractice Pre-Screening Panel—Panacea or Pandora's Box?—Kilroy 11
Malt, Sherwin H.—Outcome Audit Techniques Used To Write Medical Articles—Special Article 639
Management of Epistaxis—Templer, Davis and Joseph 210
Medical Melange 158
Medical Schools Find An Intruder—Editorial—Los Angeles Times 31
Microinvasive Carcinoma of the Cervix—Kiser and Newman—Case Report 207
Midline Malignant Reticulosis—Yesus—Case Report 375
Missouri Medicine in Review
38, 90, 146, 190, 230, 274, 394, 570, 614, 654, 702
Mrs. W. Jack Stelmach Elected President of Woman's Auxiliary 201
Missouri State Medical Association—
Commercial Exhibits List—119th Annual Session 109, 347
Committees and Commissions 403
Component Societies, Officers 405
Council 402
Councilor Districts and Counties in Each District 404
Financial Statement for the Year 1976 142
MSMA Members Receive Physicians' Recognition Award 583, 651
Minutes of the 119th Annual Session 293
Minutes of the First Interim Session 53
News Round-Up
Inserts 4-5, 50-51, 96-97, 154-155, 196-197, 238-239, 280-281, 360-361, 536-537, 578-579, 620-621, 664-665
Officers 400
Official Delegates 104
Policy Manual 524
Preliminary Program—119th Annual Session 6, 47, 101
Registration of the 119th Annual Session 345
Remarks of Howard J. McAlhany, M.D., President-Elect 287
Remarks of Max S. Franklin, M.D., President 285
Reports of Mrs. George P. Wilson, President of the Woman's Auxiliary 289
Roster of Members, Alphabetical 406
Roster of Members by County Societies 438
Roster of Woman's Auxiliary Members by Society 514
Voluntary Health Agencies and Organizations 528
Woman's Auxiliary to MSMA, Officers 510
Missouri State Medical Foundation—
Financial Statement for 1976 144, 348
Minutes of Annual Meeting 348
Minutes of Board of Trustees Meeting 348
Missouri's Role in Breast Cancer Detection—Rodes, Farrell and Blackwell 689
Montano, Lolita N. and Canoy, Nestor R.—Primary Malignant Melanoma of the Vagina—Case Reports 680
Myers, Jack D.—Editorial—The Carter Administration and Cost Containment 134
Myers, James P. *et al*—Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities—Case Report 597

N

Nasal Septal Dislocation in the Newborn—Daily and Davis—Case Report 381
Newman, Robert L. and Kiser, Rick E.—Microinvasive Carcinoma of the Cervix—Case Report 207
Newman, Robert L. and Taylor, Bruce E.—Trophoblastic Disease—Case Report 553
Newman, Robert L. and Zeller, Darrell E.—Carcinoma of the Vulva—Case Report 258
New Members
35, 83, 138, 184, 225, 267, 351, 387, 565, 606, 652, 697

O

Oculodentodigital Dysplasia—Wooldridge, Anthony, Olson, Bates and Sammon 379
Oestreich, Alan E.—Pleural Thorn Sign of Pleural Effusion—Case Reports 172
Olson, E. Rule *et al*—Oculodentodigital Dysplasia 379
Outcome Audit Techniques Used to Write Medical Articles—Malt—Special Article 639
Oxenhandler, Ronald W.—Pulmonary Vasculitis in a Patient Taking Nitrofurantoin—Case Report 25
Oyoo, A. O. *et al*—Epidemic of 'Swimmer's Itch' Traced to Cercarial Trematodes 218

P

Palmer, Richard E.—The State of the Nation's Health—No. 1, No. 2 and No. 3 205, 244, 371
Patton, Allen J. and Kardinal, Carl G.—Brochogenic Carcinoma: A Plea For Conservative Management 19
Perry, Michael C. and Kardinal, Carl G.—Colorectal Cancer—1977 675
Petit, Carl A. *et al*—Simplified Hiatus Herniorrhaphy—A Review 122
The Physician and the Law—Child Abuse 626
The Physicians and the Law—Minor's Consent 584
Physician Help Requested 159
Physician Manpower for Missouri: 1975—Remmert 239
Pleural Thorn Sign of Pleural Effusion—Oestreich—Case Reports 172
'Post-Appendectomy Cotton Swabs' Retained for 55 Years—Devgan and Tucker—Case Report 23
Prendergast, T. J., Jr. *et al*—Epidemic of "Swimmer's Itch" Traced to Cercarial Trematodes 218
President's Message
29, 81, 131, 179, 221, 265, 385, 563, 603, 647, 695
Primary Malignant Melanoma of the Vagina—Montano and Canoy—Case Reports 680
Pseudomembranous Colitis—A Review—Smith 593
Pulmonary Vasculitis in a Patient Taking Nitrofurantoin—Oxenhandler—Case Report 25

R

Reed, William A. *et al*—Survival Following Coronary Artery Bypass 635
Remmert, Mary Jean—Physician Manpower for Missouri: 1975 239
A Review—Pseudomembranous Colitis—Smith 593
A Review—Simplified Hiatus Herniorrhaphy—Lally, Gist and Petit 122
Richter, Clifford W. and Canoy, Nestor R.—Use of Computers in Radiation Oncology 256
Rodes *et al*—Missouri's Role in Breast Cancer Detection 689
Roller, James A. and Anderson, Philip C.—Chloroquine in the Treatment of Prophyria Cutanea Tarda—Case Report 167

S

Sammon, T. James *et al*—Oculodentodigital Dysplasia 379
Simplified Hiatus Herniorrhaphy—A Review—Lally, Gist and Petit 122
Singing Doctors Will 'Keep You in Stitches' at President's Banquet in St. Louis 111
Smith, Chandler—Pseudomembranous Colitis—A Review 593
Smith, J. Ned—Alcoholic Hepatitis 174
Sneed, Pamela *et al*—Treatment of Tension and Migraine Headaches With Biofeedback Techniques 253
Special Articles—
An Outline of the History of Cancer, Part I—Kardinal 662
Death of the Brain—Woolsey 540
Outcome Audit Techniques Used to Write Medical Articles—Malt 639
Special Feature—Abstracts From the Annual Meeting of The Missouri Chapter, American College of Surgeons 623
Spratt, John S., Jr.—Cybernetics of Cancer Control By Prevention 213
Srivastava, Probodh K. *et al*—Klinefelter's Syndrome in a Boy With Severe Somatic and Genital Abnormalities—Case Report 597
State of the Nation's Health No. 1, No. 2 and No. 3—Palmer 205, 244, 371
Stickley, L. P. *et al*—Circulatory Failure Secondary to Loss of Atrial Contribution—Case Report 125
Survival Following Coronary Artery Bypass—Arnold, Killen, Wathanacharoen, Reed, McCallister and Kindred 635

INDEX TO ADVERTISERS

They Help Make MISSOURI MEDICINE *Possible*

Burroughs Wellcome Co. . . . . . Insert (672-673)
Fred S. James & Co. of Missouri, Inc. 659
Eli Lilly and Company 674
Medical Protective Company 694
Munns Medical Supply 698
Pharmaceutical Manufacturers Association
. . . . Insert (672-673), 673
Roche Laboratories
. . . . . 658, Insert (664-665), Insert (672-673), 703, 704
Smith Kline & French . . . . . Insert (672-673)

CLASSIFIED ADS

CLASSIFIED ADVERTISING INFORMATION

Rates: $5 per insertion for 50 words or less for members and $10 per insertion for 50 words or less for nonmembers, with an additional 10c per word in excess of 50.

Copy Deadline: Copy due by the first of the month prior to month of publication. Send to MISSOURI MEDICINE, 113 Madison, Jefferson City 65101.

Word Count: Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count box numbers as five words.

Box Numbers—Advertisers using box numbers forbid disclosure of their identity. Written inquiries are forwarded to such advertisers. To assure prompt delivery when replying to an advertisement with a Journal box number, address letters as follows: Box (insert number), c/o Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

All advertisements are subject to approval by the Editorial Board prior to acceptance.

PRIMARY CARE PHYSICIANS—Who are seeking new group practice opportunities in urban or non-metropolitan areas. Inquiries or CVs may be directed in confidence to Dr. Ronald L. Hammerle, Health Resources, Ltd.; 2700 Hospital Drive, P.O. Box 12621, Kansas City, MO 64116. Phone: (816) 221-5577.

SURGEON—St. Joseph Hospital has a new position for full-time first assistant in General Surgery, effective January, 1978. Board eligible or Certified ACS. Contact G. J. Duling, M.D., St. Joseph Hospital, St. Charles, Missouri 63301. (314) 946-6811.

MSMA MEMBERS—Have you moved recently? Please send any changes of address to MISSOURI MEDICINE, 113 Madison, Jefferson City, Mo. 65101. We need your help in keeping our mailing list up to date. You are our best source of information.

UNIVERSITY AFFILIATED HOSPITAL—In St. Louis County. In need of full-time physicians for emergency care center. Forty-hour week with guaranteed minimum salary. Reply to Box 429, Missouri State Medical Association, 113 Madison, Jefferson City, Mo. 65101.

MARSHFIELD—Webster County. Located 20 miles northeast of Springfield. Population immediate area 4,000 to 5,000; practice area approximately 16,000. Office space, x-ray and laboratory facilities are available at Marshfield Clinic. General hospital facilities in Springfield, Missouri. A very real need for an additional physician. Superb area for education, recreation and in a moderate year-round climate. For additional information concerning this fine opportunity, please contact T. M. Macdonnell, M.D. or R. J. Bareis, M.D., 1331 Spur Drive, Marshfield, Mo. 65706.

FAMILY PRACTICE—Group or solo practice in town of 10,000, service area 18,500. Located 30 miles from Kansas City, Mo. New full service, 48-bed hospital. Guaranteed salary and other benefits. Contact Don Black, Administrator, Excelsior Springs City Hospital, 1700 Rainbow Drive, Excelsior Springs, Missouri 64024. 816-637-6081.

VACANCIES EXIST—For Board Certified/Board Eligible physicians with specialties in internal medicine and general practice, in this 225-bed hospital. Liberal fringe benefits. Equal opportunity employer. Contact Chief of Staff, VA Hospital, Poplar Bluff, Missouri 63901. Telephone 314-686-4151, Ext. 201.

(Continued from page 700)

T

Taylor, Bruce E. and Newman, Robert L.—Trophoblastic Disease —Case Report 553
Templer, Jerry W. *et al*—Management of Epistaxis 210
The Judgement Seat—Canoy 667
Topical Antibiotic Therapy of the Contaminated Myelomeningocele Sac—Watts 591
Treatment of Tension and Migraine Headaches With Biofeedback Techniques—Fried, Lamberti and Sneed 253
Trophoblastic Disease—Taylor and Newman—Case Report 553
Tucker, Eugene F. and Devgan, Manju—'Post-Appendectomy Cotton Swabs' Retained for 55 Years—Case Report 23

U

Use of Computers in Radiation Oncology—Richter and Canoy . . 256

V

isual Rehabilitation in the "Blind"—Lewis and Brady—Case Reports 641

W

Wang, Peng Nan *et al*—Circulatory Failure Secondary to Loss of Atrial Contribution—Case Report 125
Wathanacharoen, Suchint *et al*—Survival Following Coronary Artery Bypass 635
Watts, Clark—Topical Antibiotic Therapy of the Contaminated Myelomeningocele Sac 591
What's New In Loxoscelism—1978—Anderson—Case Report . 549
Wilkinson, E. A. and Huffman, Thomas L.—Halothane Hepatitis—Case Report 261
Woman's Auxiliary 30, 82, 133, 181, 223, 266, 386, 564, 604, 648, 696
Wooldridge, Wilfred E. *et al*—Oculodentodigital Dysplasia 379
Woolsey, Robert M.—Death of the Brain—Special Article 540

Y

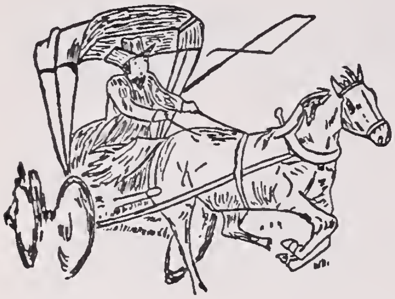
Yesus, Yohannes W.—Midline Malignant Reticulosis—Case Report 375

Z

Zeller, Darrell E. and Newman, Robert L.—Carcinoma of the Vulva—Case Report 258

LEO H. POLLOCK, M.D.

Missouri Medicine in Review



FORTY YEARS AGO

The Committee on Cancer met in Fulton at the State Hospital on October 4. Committee members present were Drs. Ellis Fischel, St. Louis; Earl C. Padgett, Kansas City; and Dudley A. Robnett, Columbia. Guests of the committee were Dr. M. Pinson Neal, Columbia; Drs. T. S. Lapp and Ralf Hanks, Fulton; and Mr. W. Ed Jameson, president of the Eleemosynary Board.

Dr. Ira H. Lockwood of Kansas City was elected first vice-president of the International Congress of Radiology at the session held in Chicago on September 13-17.

The Southeast Missouri Medical Association held its 61st annual session in Fredericktown on October 12-13. About 60 physicians attended and included Dr. George W. Vinyard, Jackson, the only living charter member. The Society was organized 61 years ago last April. Dr. W. Harry Barron, Fredericktown, was installed as President and Dr. H. M. Henrickson, Poplar Bluff, was elected President-Elect. Dr. M. H. Shelby, Cape Girardeau, was elected corresponding secretary to succeed Dr. John D. Van Cleve, Malden, who had served for six years. Dr. Van Cleve was elected treasurer to succeed Dr. Paul Baldwin, Kennett.

TWENTY-FIVE YEARS AGO

The Woman's Auxiliary to the Franklin-Gasconade-Warren County Medical Society held a Health Day tea at the Presbyterian Church in Union on October 21. Representatives of the various women's clubs and groups in the three counties were invited guests and 175 attended. James P. Murphy, M.D., St. Louis, addressed the group on the subject, "Enjoy Your Age."

Emmett F. Hoctor, M.D., Farmington, was the guest speaker at a meeting of the Sorosis Club in Farmington.—Harold F. Hoelscher, M.D., Warrenton, was appointed county physician of the Warren County Court.

Physicians who were honored in Missouri recently by communities or by county medical societies were Drs. H. A. Hite, Green Ridge; R. C. Parker and John Zahorsky, Steelville; William H. Bailey, Perryville; John Brown, Perry; Walter D. Pipkin, Monroe City; E. R. Motley, Charlotte, N. C. (formerly of Hannibal; and U. S. Smith, Hannibal.

Jerome I. Simon, M.D., St. Louis, was elected president of the Doctors' Medical Foundation.—Stanley G. Legner, M.D., Perryville, has been assigned to the State Hospital at Camp Breckenridge, Ky. as chief of the Obstetric and Gynecological Surgery Division.

TEN YEARS AGO

Fifteen physicians and 42 coaches attended the first fall meeting of the West Central Missouri Medical Society in Nevada in September. This was the annual meeting of members of the Society and coaches from schools in the surrounding area. Featured speakers were Garth S. Russell, M.D., orthopedic surgeon and a team physician for the University of Missouri football team, and Coach Bob Frala, head freshman coach for the team.

The Cape Girardeau County Medical Society and the Missouri Division, American Cancer Society presented the Southeast Missouri Annual Cancer Conference at Southeast Missouri College in Cape Girardeau on November 19.

Thirty-five members were present at the annual election meeting of the Buchanan County Medical Society in St. Joseph on October 4. Dr. John L. Mothershead, vice-president, presided. The following officers were elected: John L. Mothershead, President-Elect; Maxwell Day, Vice-President; Owen W. D. Craig, Secretary; Robert W. Kieber, Treasurer (reelected for the 15th consecutive year). The newly elected officers and Berwyn H. Moen, incoming President, will be installed at the annual meeting of the Society in December.

THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

LIBRIUM® ©IV

chlordiazepoxide HCl/Roche

5mg, 10mg, 25mg capsules

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.
Contraindications: Patients with known hypersensitivity to the drug.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

> ***Usage in Pregnancy:*** **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, ncreasing gradually as needed and tolerated. Not recommended in children under ix. Though generally not recommended, if ombination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.
Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)
Supplied: Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc
Nutley, New Jersey 07110

Please see following page.

THE
ANXIETY-SPECIF

College of Physicians
of Philadelphia, Library
19 South 22nd Street 19103
Philadelphia 3, Pa.

Since its discovery in the research laboratories at Roche, L
has been the object of ongoing pharmacologic and clinical investig

The published record on Librium is enormous. So large, in t
put it into a computer literature retrieval system to make it more acc
in answering your inquiries.*

It's a record that reveals a consistent pattern of patient resp
A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

LIBRIUM® ⒸⅣ
chlordiazepoxide HCl/Roche

ROCHE

*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page for a summary of product information.

4 5003

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

This Book is due on the last date stamped below. No further preliminary notice will be sent. Requests for renewals must be made on or before the date of expiration.

DUE	DUE

A fine of twenty-five cents will be charged for each week or fraction of a week the book is retained without the Library's authorization.